

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) 45 School Street, 2nd Fl Boston MA 02108 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2006 through 03 31 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 Jessica Peterson

Signature of Treasurer Electronically Filed by Jessica Peterson Date 04 14 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| 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 | | 30110.41 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 30110.41 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 259600.00 | 259600.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 289710.41 | 289710.41 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 74189.11 | 74189.11 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 215521.30 | 215521.30 | | | | | | | | |
| 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
The Commonwealth PAC

Report Covering the Period: From: To:

| 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 | 259500.00 | 259500.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 100.00 | 100.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 259600.00 | 259600.00 |
| (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) | 259600.00 | 259600.00 |
| 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)) | 259600.00 | 259600.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 259600.00 | 259600.00 |

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..... | 66089.11 | 66089.11 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 66089.11 | 66089.11 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 8100.00 | 8100.00 |
| 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..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 74189.11 | 74189.11 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 74189.11 | 74189.11 |

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) | 259600.00 | 259600.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 259600.00 | 259600.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 66089.11 | 66089.11 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 66089.11 | 66089.11 |

**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 / 41 |
| | <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)
Gail Berry

Mailing Address 10252 Hidden Oak Dr

City State Zip Code
American Fork UT 84003-9542

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C61

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leo Beus

Mailing Address 1776 E Tapestry Hts

City State Zip Code
Phoenix AZ 85048-4526

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60404.C101

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
David Bradford

Mailing Address 11 San Sovino

City State Zip Code
Newport Coast CA 92657-1312

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

Name of Employer Occupation
Greenberg Traurig Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: 60404.C87

Amount of Each Receipt this Period
2000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 12000.00 |
| 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 7 / 41 |
| | <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)
Jonathan Bullen

Mailing Address 18439 Calle La Serra

City Rancho Santa Fe State CA Zip Code 92091-0140

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

Name of Employer Eagle State College Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C49

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 5733 W 10040 N

City American Fork State UT Zip Code 84003-9110

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

Name of Employer Raser Technologies, Inc Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C54

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jonathan Coon

Mailing Address 4848 Highland Dr # 601 #601

City Salt Lake City State UT Zip Code 84117-6007

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

Name of Employer 1 800 Contacts Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2006

Transaction ID: 60404.C75

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 8 / 41 |
| | <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)
Craig Cox

Mailing Address 455 S 300 E Ste 200
Suite 200

City State Zip Code
Salt Lake City UT 84111-3227

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 60404.C74

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lane Critchfield

Mailing Address 11277 Palisade View Dr

City State Zip Code
South Jordan UT 84095-2239

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

Name of Employer Occupation
JRM-C Management Chief Financial Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C46

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 9 The Ledges Rd

City State Zip Code
Newton MA 02459-2072

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

Name of Employer Occupation
New Balance Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: 60404.C96

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 9 / 41 |
| | <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) A. Sheri Dew | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 1348 Elk Hollow Rd | | Transaction ID: 60404.C11 |
| City State Zip Code North Salt Lake UT 84054-3378 | Amount of Each Receipt this Period 3000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation Deseret Book Company Publisher | Aggregate Year-to-Date ▼ 3000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Ronald Ferrin | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 5288 Havenwood Ln | | Transaction ID: 60404.C67 |
| City State Zip Code Salt Lake City UT 84117-7116 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation RA Ferrin Company Contractor | 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) C. E. Marlowe Goble | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 2380 N 400 E Ste G Suite G | | Transaction ID: 60404.C45 |
| City State Zip Code Logan UT 84341-1769 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation Self Employed Orthopedic Surgeon | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 13000.00 |
| 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 10 / 41 |
| | <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)
Dell Loy Hansen

Mailing Address 1715 N 1700 E

City Logan State UT Zip Code 84341-2176

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

Name of Employer Wasatch Property Management Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 07 / 2006

Transaction ID: 60404.C57

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Raymond Howell

Mailing Address 51 Jackson St

City Newton State MA Zip Code 02459-2511

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

Name of Employer Howell Communications Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
03 / 27 / 2006

Transaction ID: 60404.C98

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Paul Huntsman

Mailing Address 500 Huntsman Way

City Salt Lake City State UT Zip Code 84108-1235

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 07 / 2006

Transaction ID: 60404.C19

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 12500.00 |
| 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 11 / 41 |
| | <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)
Gary Kennedy

Mailing Address 7814 Pheasant Wood Dr

City State Zip Code
Sandy UT 84093-6291

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

Name of Employer Occupation
Remedy MD Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C52

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jane Kennedy

Mailing Address 7814 Pheasant Wood Dr

City State Zip Code
Sandy UT 84093-6291

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C51

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 442 S 455 E

City State Zip Code
Smithfield UT 84335-1329

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

Name of Employer Occupation
Wasatch Property Management CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: 60404.C120

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 12 / 41 |
| | <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)
Robert Litchfield

Mailing Address PO Box 625

City State Zip Code
La Verkin UT 84745-0625

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C64

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Karl Malone

Mailing Address 1720 Highway 820

City State Zip Code
Choudrant LA 71227-3332

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

Name of Employer Self Employed Occupation Retired Basketball Player

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 60404.C72

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Anne Marie Miller

Mailing Address 201 E South Temple Apt 401 #401

City State Zip Code
Salt Lake City UT 84111-1281

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

Name of Employer J & V Miller Occupation Office Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C37

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 13 / 41 |
| | <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)
John Ryan Miller

Mailing Address 4723 N Flint Ridge Rd

City State Zip Code
Riverside MO 64150-1103

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

Name of Employer National Beef Packing Occupation Business Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60404.C41

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leah Miller

Mailing Address 4723 N Flint Ridge Rd

City State Zip Code
Riverside MO 64150-1103

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

Name of Employer National Beef Packing Occupation Marketing Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60404.C43

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Victoria Miller

Mailing Address 3562 Oakwood Dr

City State Zip Code
Park City UT 84060-7806

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60404.C39

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 14 / 41 |
| | <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)
John Miller, Sr

Mailing Address 3562 Oakwood Dr

City State Zip Code
Park City UT 84060-7806

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

Name of Employer National Beef Packing
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C30

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marianne Moffitt

Mailing Address 2331 S 1800 E

City State Zip Code
Salt Lake City UT 84106-4130

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

Name of Employer Gold Cross Services
Occupation Office Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C60

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Alex Monroe

Mailing Address 1415 Grevelia St

City State Zip Code
South Pasadena CA 91030-2607

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

Name of Employer Self Employed
Occupation Independent Film Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C33

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 15 / 41 |
| | <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) A. Katherine Monroe | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 300 South 336 West #214 | | Transaction ID: 60404.C36 | |
| City State Zip Code Salt Lake City UT 84101 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation The Bastille L.C. Sales Associates | 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. Gabriella Morton | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 386 N 1100 E | | Transaction ID: 60404.C70 | |
| City State Zip Code Orem UT 84097-5063 | Amount of Each Receipt this Period 3000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation Homemaker Homemaker | Aggregate Year-to-Date ▼ 3000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Gordon Morton | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 619 Fitz Ln | | Transaction ID: 60404.C71 | |
| City State Zip Code Draper UT 84020-5308 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation Xango Co-Founder | Aggregate Year-to-Date ▼ 5000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 13000.00 |
| 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 16 / 41 |
| | <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)
Gordon Morton, Sr.

Mailing Address 386 N 1100 E

City Orem State UT Zip Code 84097-5063

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

Name of Employer Three Visions LC Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60404.C69

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Laura Munder

Mailing Address 231 Royal Palm Way

City Palm Beach State FL Zip Code 33480-4349

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

Name of Employer Laura Munder Fine Jewelry Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60404.C118

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lee Munder

Mailing Address 231 Royal Palm Way

City Palm Beach State FL Zip Code 33480-4349

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

Name of Employer Munder Capital Management Occupation Investment Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60404.C108

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 12000.00 |
| 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 17 / 41 |
| | <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) A. R. Don Oscarson | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 | |
| Mailing Address 6450 E Amber Sun Dr | | Transaction ID: 60404.C99 | |
| City State Zip Code Scottsdale AZ 85262-7205 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Susan Peay | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 4477 Sunset Cir | | Transaction ID: 60404.C66 | |
| City State Zip Code Bountiful UT 84010-5885 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Brad Pelo | | Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 | |
| Mailing Address 2957 Winterton Rd | | Transaction ID: 60404.C73 | |
| City State Zip Code Heber City UT 84032-3935 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Next Page Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chairman Aggregate Year-to-Date ▼ 5000.00 | | |

| | |
|--------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 15000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty field) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 41 |
| | <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) A. Alan Perriton | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 14189 Spyglass Hill Dr | | Transaction ID: 60404.C14 |
| City State Zip Code Draper UT 84020-5605 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation Retired Retired | 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. Jessica Perry | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 385 E 14205 S | | Transaction ID: 60404.C17 |
| City State Zip Code Orem UT 84058 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation Nu Skin Enterprises Account Representative | 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) C. Kacey Perry | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 11723 Chalk Creek Way | | Transaction ID: 60404.C16 |
| City State Zip Code South Jordan UT 84095-7941 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation Retired Retired | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional) | 15000.00 |
| 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 19 / 41 |
| | <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)
Joel Peterson

Mailing Address 6033 S 2300 E

City State Zip Code
Salt Lake City UT 84121-1439

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

Name of Employer Occupation
Stanford University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60404.C103

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Walter Plumb

Mailing Address 809 Edgehill Rd

City State Zip Code
Salt Lake City UT 84103-3726

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

Name of Employer Occupation
Plumb & Dalton Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C59

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 14 Golf Club Rd

City State Zip Code
Greenwich CT 06830-4848

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

Name of Employer Occupation
IMG Sales Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: 60404.C92

Amount of Each Receipt this Period
1000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 11000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 41 |
| | <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)
John Price

Mailing Address 230 E South Temple

City State Zip Code
Salt Lake City UT 84111-1205

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

Name of Employer Occupation
JP Realty Inc Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60404.C122

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Melissa Rappleye

Mailing Address 73515 S 3085 S

City State Zip Code
Salt Lake City UT 84121

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

Name of Employer Occupation
Berlex Laboratories Sales Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60404.C18

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 1796 White Oaks Cir

City State Zip Code
Salt Lake City UT 84121-6506

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

Name of Employer Occupation
Rice Industries Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60404.C68

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 21 / 41 |
| | <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)
Blake Roney

Mailing Address 3187 Foothill Dr

City Provo State UT Zip Code 84604-4882

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

Name of Employer Nu Skin Enterprises Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60404.C1

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Nancy Roney

Mailing Address 3187 Foothill Dr

City Provo State UT Zip Code 84604-4882

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60404.C2

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Sharon Seiner

Mailing Address 56 E Dorchester Dr

City Salt Lake City State UT Zip Code 84103-2203

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

Name of Employer Jerry Seiner Dealerships Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60404.C12

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| 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 22 / 41 |
| | <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)
Mick Shannon

Mailing Address 13459 S 1400 E

City State Zip Code
Draper UT 84020-8510

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

Name of Employer Childrens Miracle Network
Occupation Founder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60404.C15

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 515 S 700 E # 2F #2F

City State Zip Code
Salt Lake City UT 84102-2801

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

Name of Employer Simmons Capital LLC
Occupation Founder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2006

Transaction ID: 60404.C86

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Skates

Mailing Address 4 Boardman Ave

City State Zip Code
Manchester MA 01944-1406

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

Name of Employer Self Employed
Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2006

Transaction ID: 60404.C77

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 / 41 |
| | (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) A. Jeffrey Smith | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 |
| Mailing Address PO Box 684200 | | Transaction ID: 60404.C123 |
| City State Zip Code Park City UT 84068-4200 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Information Requested Occupation Information Requested | 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. Jeanne Sorensen-Leff | | Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 |
| Mailing Address 781 5th Ave | | Transaction ID: 60404.C80 |
| City State Zip Code New York NY 10022-1012 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Homemaker Occupation Homemaker | 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) C. James Lee Sorenson | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 1405 Siesta Dr | | Transaction ID: 60404.C55 |
| City State Zip Code Sandy UT 84093-6139 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Sorenson Development, Inc Occupation Vice Chairman | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 15000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 24 / 41 |
| | (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

A. Full Name (Last, First, Middle Initial)
Richard Sotell

Mailing Address 31 Lathrop Rd

City Wellesley State MA Zip Code 02482-7011

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

Name of Employer Kraematon Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: 60404.C76

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dennis Webb

Mailing Address 2626 Hillsden Dr

City Salt Lake City State UT Zip Code 84117-7722

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

Name of Employer City of Holladay Occupation Mayor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2006

Transaction ID: 60404.C91

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|------------------------------------------------------------------|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 259500.00 |

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 25 / 41

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. Nstar | | Transaction ID: 60414.E158 Date of Disbursement MM / DD / YYYY 03 / 17 / 2006 |
| Mailing Address PO Box 4508 | | Amount of Each Disbursement this Period 850.00 |
| City Woburn | State MA | |
| Zip Code 01888-4508 | | UTILITY DEPOSIT |
| Purpose of Disbursement UTILITIES DEPOSIT | 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. Blue Cross Blue Shield | | Transaction ID: 60404.E147 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006 |
| Mailing Address PO Box 4701 | | Amount of Each Disbursement this Period 392.98 |
| City Woburn | State MA | |
| Zip Code 01888-4701 | | HEALTHCARE |
| Purpose of Disbursement HEALTHCARE | 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) C. Sally Canfield | | Transaction ID: 60404.E132 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006 |
| Mailing Address 9 W Broadway | | Amount of Each Disbursement this Period 619.21 |
| City Boston | State MA | |
| Zip Code 02127-1039 | | REIMBURSEMENT: SEE BELOW |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW | 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: | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1862.19 |
| 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 26 / 41

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. United Airlines | | Transaction ID: 60404.E133 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 66100 | | Amount of Each Disbursement this Period 619.21 |
| City Amf Ohare State IL Zip Code 60666-0100 | Purpose of Disbursement STAFF TRAVEL 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: STAFF TRAVEL |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. OBrien Communications | | Transaction ID: 60404.E13 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address PO Box 659 | | Amount of Each Disbursement this Period 3326.26 |
| City Wrentham State MA Zip Code 02093-0659 | Purpose of Disbursement PHONE SYSTEM DEPOSIT 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) ▼ | PHONE SYSTEM DEPOSIT |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: 60404.E20 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 1007.09 |
| City Fort Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement CREDIT CARD - SEE BELOW Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CREDIT CARD - SEE BELOW |

| | |
|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4333.35 |
| TOTAL 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) A. American Airlines | | Transaction ID: 60405.E152 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd | | Amount of Each Disbursement this Period 668.60 |
| City Fort Worth State TX Zip Code 76155- | | |
| Purpose of Disbursement STAFF TRAVEL | | [MEMO ITEM] MEMO: 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) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Hilton Hotel Back Bay | | Transaction ID: 60405.E153 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 40 Dalton St | | Amount of Each Disbursement this Period 268.49 |
| City Boston State MA Zip Code 02115-3155 | | |
| Purpose of Disbursement STAFF TRAVEL | | [MEMO ITEM] MEMO: 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) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: 60404.E25 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 2527.07 |
| City Fort Lauderdale State FL Zip Code 33336-0001 | | |
| Purpose of Disbursement CREDIT CARD - SEE BELOW | | CREDIT CARD - SEE BELOW |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2527.07 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 41

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. American Airlines | | Transaction ID: 60404.E106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd | | Amount of Each Disbursement this Period 369.30 |
| City Fort Worth State TX Zip Code 76155- | | |
| Purpose of Disbursement STAFF TRAVEL | | [MEMO ITEM] MEMO: 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) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. United Airlines | | Transaction ID: 60405.E151 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 66100 | | Amount of Each Disbursement this Period 314.30 |
| City Amf Ohare State IL Zip Code 60666-0100 | | |
| Purpose of Disbursement STAFF TRAVEL | | [MEMO ITEM] MEMO: 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) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Hilton Hotel Back Bay | | Transaction ID: 60405.E150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 40 Dalton St | | Amount of Each Disbursement this Period 1808.77 |
| City Boston State MA Zip Code 02115-3155 | | |
| Purpose of Disbursement STAFF TRAVEL | | [MEMO ITEM] MEMO: 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) ▼ | |

| | |
|--------------------------------------------------------------------|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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 29 / 41

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. Federal Express | | Transaction ID: 60404.E86 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 545.82 |
| City Pittsburgh State PA Zip Code 15250-7461 | SHIPPING | |
| Purpose of Disbursement 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. Federal Express | | Transaction ID: 60404.E82 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 98.31 |
| City Pittsburgh State PA Zip Code 15250-7461 | SHIPPING | |
| Purpose of Disbursement 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) C. Max Farbmán | | Transaction ID: 60404.E80 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address 2755 E Cottonwood Pkwy Ste 520 Suite 520 | | Amount of Each Disbursement this Period 2500.00 |
| City Salt Lake City State UT Zip Code 84121-6963 | CONSULTANT | |
| Purpose of Disbursement CONSULTANT 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) ▼ |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3144.13 |
| 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 30 / 41

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

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Doug Gamble Full Name (Last, First, Middle Initial) Mailing Address PO Box 4517 City Carmel By The Sea State CA Zip Code 93921-4517 Purpose of Disbursement CONSULTANT 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) ▼ | | Transaction ID: 60404.E87 Date of Disbursement 03 / 21 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type CONSULTANT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. Conquest Inc Full Name (Last, First, Middle Initial) Mailing Address 84 October Hill Rd Bldg 7 Building #7 City Holliston State MA Zip Code 01746-1371 Purpose of Disbursement COMPUTER SOFTWARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60404.E109 Date of Disbursement 03 / 29 / 2006 Amount of Each Disbursement this Period 2281.70 Category/Type COMPUTER SOFTWARE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. Aristotle Inc Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement COMPLIANCE SOFTWARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60404.E12 Date of Disbursement 03 / 01 / 2006 Amount of Each Disbursement this Period 9750.00 Category/Type COMPLIANCE SOFTWARE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 13031.70 |
| 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 31 / 41

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. Paychex Inc. | | Transaction ID: 60414.E160 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 120 Presidential Way | | Amount of Each Disbursement this Period 91.65 |
| 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. Paychex Inc. | | Transaction ID: 60404.E148 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 120 Presidential Way | | Amount of Each Disbursement this Period 1308.34 |
| City Woburn State MA Zip Code 01801-1181 | 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) ▼ | PAYROLL TAXES |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Paychex Inc. | | Transaction ID: 60404.E149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address 120 Presidential Way | | Amount of Each Disbursement this Period 2086.85 |
| City Woburn State MA Zip Code 01801-1181 | 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) ▼ | PAYROLL TAXES |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3486.84 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Old City Landmark Corporation | | Transaction ID: 60404.E85 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 45 School St | | Amount of Each Disbursement this Period 1254.00 |
| City Boston State MA Zip Code 02108-3206 | Category/ Type RENT | |
| Purpose of Disbursement RENT | | |
| 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. Elizabeth Lascaze | | Transaction ID: 60404.E72 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 44 | | Amount of Each Disbursement this Period 503.55 |
| City Boston State MA Zip Code 02133-0044 | Category/ Type SALARY | |
| Purpose of Disbursement SALARY | | |
| 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) ▼ | |

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|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Elizabeth Lascaze | | Transaction ID: 60404.E142 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 44 | | Amount of Each Disbursement this Period 1007.12 |
| City Boston State MA Zip Code 02133-0044 | Category/ Type SALARY | |
| Purpose of Disbursement SALARY | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2764.67 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Elizabeth Lascaze Full Name (Last, First, Middle Initial) Mailing Address PO Box 44 City Boston State MA Zip Code 02133-0044 Purpose of Disbursement 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) ▼ | | Transaction ID: 60404.E143 Date of Disbursement 03 / 29 / 2006 Amount of Each Disbursement this Period 534.98 REIMBURSEMENT: SEE BELOW |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. Government Center Garage Full Name (Last, First, Middle Initial) Mailing Address 50 New Sudbury St City Boston State MA Zip Code 02114-2912 Purpose of Disbursement PARKING 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) ▼ | | Transaction ID: 60404.E144 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 202.00 [MEMO ITEM] MEMO: PARKING |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|
| C. Joshua Leffler Full Name (Last, First, Middle Initial) Mailing Address 18 Tophet Rd City Lynnfield State MA Zip Code 01940-1625 Purpose of Disbursement SALARY 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) ▼ | | Transaction ID: 60404.E73 Date of Disbursement 03 / 10 / 2006 Amount of Each Disbursement this Period 794.71 SALARY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|

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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1329.69 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) Joshua Leffler | | Transaction ID: 60404.E137 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 | |
| Mailing Address 18 Tophet Rd | | Amount of Each Disbursement this Period 1589.43 | |
| City Lynnfield State MA Zip Code 01940-1625 | Purpose of Disbursement SALARY Candidate Name <input type="text"/> Category/Type <input type="text"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ SALARY | | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) Joshua Leffler | | Transaction ID: 60404.E136 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 | |
| Mailing Address 18 Tophet Rd | | Amount of Each Disbursement this Period 66.00 | |
| City Lynnfield State MA Zip Code 01940-1625 | Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name <input type="text"/> Category/Type <input type="text"/> | | |
| Office Sought: <input type="checkbox"/> House <input 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 | | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
| C. Full Name (Last, First, Middle Initial) ENIlsson, LLC | | Transaction ID: 60404.E14 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 | |
| Mailing Address 6 Depot St | | Amount of Each Disbursement this Period 5000.00 | |
| City Westford State MA Zip Code 01886-2608 | Purpose of Disbursement WEBSITE DESIGN Candidate Name <input type="text"/> Category/Type <input type="text"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ WEBSITE DESIGN | | |

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|--------------------------------------------------------------------|----------------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6655.43 |
| TOTAL This Period (last page this line number only) ▶ | <input type="text"/> |

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) A. SJZ, LLC | | Transaction ID: 60404.E84 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006 | |
| Mailing Address PO Box 151 | | Amount of Each Disbursement this Period 5814.17 | |
| City Boston State MA Zip Code 02117-0151 | Purpose of Disbursement CONSULTING | Category/ Type CONSULTING | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. SJZ, LLC | | Transaction ID: 60404.E81 Date of Disbursement MM / DD / YYYY 03 / 24 / 2006 | |
| Mailing Address PO Box 151 | | Amount of Each Disbursement this Period 6685.00 | |
| City Boston State MA Zip Code 02117-0151 | Purpose of Disbursement ADMINSTRATIVE EXPENSE | Category/ Type ADMINSTRATIVE EXPENSE | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Konica Minolta Business Solutions | | Transaction ID: 60404.E70 Date of Disbursement MM / DD / YYYY 03 / 08 / 2006 | |
| Mailing Address 1 International Blvd | | Amount of Each Disbursement this Period 2650.99 | |
| City Mahwah State NJ Zip Code 07495-0027 | Purpose of Disbursement PRINTER AND XEROX MACHINE | Category/ Type PRINTER AND XEROX MACHINE | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 15150.16 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. New England Office Supply | | Transaction ID: 60404.E11 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 135 Lundquist Dr | | Amount of Each Disbursement this Period 2034.26 |
| City Braintree State MA Zip Code 02184-5208 | OFFICE FURNITURE | |
| Purpose of Disbursement 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) ▼ |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Jessica Peterson | | Transaction ID: 60404.E74 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 175 Cottage St Unit 605 Unit 605 | | Amount of Each Disbursement this Period 1162.60 |
| City Chelsea State MA Zip Code 02150-3300 | SALARY | |
| Purpose of Disbursement SALARY 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) ▼ |

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|--------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Jessica Peterson | | Transaction ID: 60404.E140 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address 175 Cottage St Unit 605 Unit 605 | | Amount of Each Disbursement this Period 1211.36 |
| City Chelsea State MA Zip Code 02150-3300 | SALARY | |
| Purpose of Disbursement SALARY 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) ▼ |

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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4408.22 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Jessica Peterson | | Transaction ID: 60404.E139 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2006 |
| Mailing Address 175 Cottage St Unit 605 Unit 605 | | Amount of Each Disbursement this Period 129.73 |
| City Chelsea State MA Zip Code 02150-3300 | 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. Lauren Rakolta | | Transaction ID: 60404.E1 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2006 |
| Mailing Address 1 Central Park W Apt 37C Apartment 37C | | Amount of Each Disbursement this Period 2000.00 |
| City New York State NY Zip Code 10023-7703 | CONSULTING | |
| Purpose of Disbursement 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) ▼ |

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|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Trent Wisecup | | Transaction ID: 60404.E16 Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2006 |
| Mailing Address 1772 Washington Blvd | | Amount of Each Disbursement this Period 971.03 |
| City Birmingham State MI Zip Code 48009-1918 | 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) ▼ |

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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3100.76 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

| | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. United Airlines | | Transaction ID: 60411.E155 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 66100 | | Amount of Each Disbursement this Period 568.60 |
| City Amf Ohare State IL Zip Code 60666-0100 | [MEMO ITEM] MEMO: STAFF TRAVEL | |
| Purpose of Disbursement STAFF 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. La Cost Resort | | Transaction ID: 60414.E162 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 |
| Mailing Address 2100 Costa Del Mar Rd | | Amount of Each Disbursement this Period 342.70 |
| City Carlsbad State CA Zip Code 92009-6823 | [MEMO ITEM] MEMO: STAFF TRAVEL | |
| Purpose of Disbursement STAFF 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) C. Trent Wisecup | | Transaction ID: 60404.E114 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address 1772 Washington Blvd | | Amount of Each Disbursement this Period 1805.55 |
| City Birmingham State MI Zip Code 48009-1918 | CONSULTING | |
| Purpose of Disbursement CONSULTING | | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1805.55 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Trent Wisecup

Mailing Address 1772 Washington Blvd

City Birmingham State MI Zip Code 48009-1918

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60404.E115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial)
Mayflower Transit

Mailing Address 1 Mayflower Dr

City Fenton State MO Zip Code 63026-2934

Purpose of Disbursement
ADMINISTRATIVE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60404.E131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: ADMINISTRATIVE EXPENSE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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) A. Bass Victory Committee | | Transaction ID: 60404.E18 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 3451 | | Amount of Each Disbursement this Period 1000.00 |
| City Concord State NH Zip Code 03302-3451 | Category/ Type CONTRIBUTION | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name CHARLES F. BASS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Jeb Bradley for Congress | | Transaction ID: 60404.E22 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address 645 S Main St | | Amount of Each Disbursement this Period 1000.00 |
| City Wolfeboro State NH Zip Code 03894-4419 | Category/ Type CONTRIBUTION | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name JOSEPH E III BRADLEY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. King for Congress | | Transaction ID: 60404.E17 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 576 | | Amount of Each Disbursement this Period 1000.00 |
| City Odebolt State IA Zip Code 51458-0576 | Category/ Type CONTRIBUTION | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name STEVEN A KING | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05 | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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)

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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) A. Latham for Congress | | Transaction ID: 60404.E15 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 71 | | Amount of Each Disbursement this Period 1000.00 CONTRIBUTION |
| City Clarion State IA Zip Code 50525-0071 | | |
| Purpose of Disbursement CONTRIBUTION Candidate Name THOMAS P LATHAM 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: IA District: 04 | | |
| Category/Type | | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Steele for Maryland | | Transaction ID: 60404.E88 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 347 | | Amount of Each Disbursement this Period 2100.00 CONTRIBUTION |
| City Annapolis State MD Zip Code 21404-0347 | | |
| Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL STEELE 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: MD District: 03 | | |
| Category/Type | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Bouchard for US Senate | | Transaction ID: 60404.E19 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address 4050 W Maple Rd | | Amount of Each Disbursement this Period 2000.00 CONTRIBUTION |
| City Bloomfield Hills State MI Zip Code 48301-3148 | | |
| Purpose of Disbursement CONTRIBUTION 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 | | |
| Category/Type | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5100.00 |
| TOTAL This Period (last page this line number only) ▶ | 8100.00 |