



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HARVEST PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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		13150.83
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	40444.20									
(c) Total Receipts (from Line 19) .....	8500.00	71600.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48944.20	84750.83								
7. Total Disbursements (from Line 31) .....	36298.00	72104.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12646.20	12646.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
HARVEST PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	3540.00
(i) Itemized (use Schedule A) .....	0.00	1060.00
(ii) Unitemized .....	0.00	4600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	8500.00	67000.00
(c) Other Political Committees (such as PACs) .....	8500.00	71600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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)) .....	8500.00	71600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8500.00	71600.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	798.00	7104.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	798.00	7104.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	64000.00
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	1000.00
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))..	36298.00	72104.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36298.00	72104.63

**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) .....	8500.00	71600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8500.00	71600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	798.00	7104.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	798.00	7104.63

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 15</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**HARVEST PAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b>		Date of Receipt
Mailing Address <b>1625 L STREET NW</b>		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City	State	Zip Code
<b>WASHINGTON</b>	<b>DC</b>	<b>20036</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00011114"/>	<b>Transaction ID: SA11C.4416</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address <b>1550 Crystal Drive Suite 300</b>		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City	State	Zip Code
<b>Arlington</b>	<b>VA</b>	<b>22202</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00303024"/>	<b>Transaction ID: SA11C.4418</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>C. PFIZER INC. PAC</b>		Date of Receipt
Mailing Address <b>235 East 42nd Street</b>		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City	State	Zip Code
<b>New York</b>	<b>NY</b>	<b>10017</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00016683"/>	<b>Transaction ID: SA11C.4420</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8500.00"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB21B.4279	
Mailing Address PO Box 360002		Date of Disbursement 10 / 13 / 2006	
City Ft. Lauderdale	State FL	Zip Code 33336-0002	Amount of Each Disbursement this Period 798.00
Purpose of Disbursement Generic fundraising catering		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sonoma Catering</b>		Transaction ID: SB21B.4279.0	
Mailing Address 223 Pennsylvania Avenue, SE		Date of Disbursement 10 / 13 / 2006	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 798.00
Purpose of Disbursement Generic fundraising catering		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:	[MEMO ITEM]		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	798.00
<b>TOTAL</b> This Period (last page this line number only) .....	798.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. ARCURI FOR CONGRESS</b>		<b>Transaction ID: SB23.4301</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 2000.00
City Utica	State NY	
Zip Code 13505		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name MICHAEL ANGELO ARCURI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 24		

Full Name (Last, First, Middle Initial) <b>B. BOSWELL FOR CONGRESS</b>		<b>Transaction ID: SB23.4317</b> Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 2000.00
City Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name LEONARD L. BOSWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>C. CHARLIE MELANCON CAMPAIGN COMMITTEE INC</b>		<b>Transaction ID: SB23.4311</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 511 CONGRESS ST PO BOX 549		Amount of Each Disbursement this Period 1000.00
City NAPOLEONVILLE	State LA	
Zip Code 70390		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name CHARLIE JR MELANCON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 03		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. CHARLIE STUART FOR CONGRESS</b>		Transaction ID: SB23.4312 Date of Disbursement																				
Mailing Address P.O. Box 560908		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	6													
City Orlando	State FL	Zip Code 32856																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name CHARLES SAMUEL STUART		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td>011</td></tr></table>	011																			
011																						
State: FL	District: 08																					

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE JENNINGS FOR CONGRESS</b>		Transaction ID: SB23.4297 Date of Disbursement																				
Mailing Address 8211 241ST STREET EAST		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	6													
City MYAKKA CITY	State FL	Zip Code 34251																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name CHRISTINE L JENNINGS		<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																			
2000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td>011</td></tr></table>	011																			
011																						
State: FL	District: 13																					

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO BRING BACK BARON</b>		Transaction ID: SB23.4296 Date of Disbursement																				
Mailing Address PO BOX 1071		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	6													
City SEYMOUR	State IN	Zip Code 47274																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name BARON P HILL		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td>011</td></tr></table>	011																			
011																						
State: IN	District: 09																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. CRANLEY FOR CONGRESS</b>		Transaction ID: SB23.4304 Date of Disbursement 10 / 11 / 2006
Mailing Address 37 W 7TH ST SUITE 804		Amount of Each Disbursement this Period 2000.00
City CINCINNATI State OH Zip Code 45202	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JOHN J IV CRANLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA</b>		Transaction ID: SB23.4388 Date of Disbursement 10 / 06 / 2006
Mailing Address 214 South Bronough Street		Amount of Each Disbursement this Period 2500.00
City Tallahassee State FL Zip Code 32302	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DONNELLY FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.4318 Date of Disbursement 10 / 11 / 2006
Mailing Address 211 WEST WASHINGTON STREET SUITE 1 CENTURY BUILDING		Amount of Each Disbursement this Period 2000.00
City SOUTH BEND State IN Zip Code 46601	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JOSEPH SIMON DONNELLY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. ELLSWORTH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4321</b> Date of Disbursement 10 / 11 / 2006	
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 2000.00	
City EVANSVILLE	State IN Zip Code 47708		
Purpose of Disbursement Contribution Candidate Name BRAD ELLSWORTH			011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CHARLIE WILSON</b>		<b>Transaction ID: SB23.4327</b> Date of Disbursement 10 / 11 / 2006	
Mailing Address 7 CADIZ PIKE		Amount of Each Disbursement this Period 1000.00	
City BRIDGEPORT	State OH Zip Code 43912		
Purpose of Disbursement Contribution Candidate Name CHARLES A JR WILSON			011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM MARSHALL</b>		<b>Transaction ID: SB23.4310</b> Date of Disbursement 10 / 11 / 2006	
Mailing Address PO BOX 125		Amount of Each Disbursement this Period 2000.00	
City MACON	State GA Zip Code 31201		
Purpose of Disbursement Contribution Candidate Name JIM MARSHALL			011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOHN BARROW</b>		<b>Transaction ID:</b> SB23.4314 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31412	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name JOHN J BARROW		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HEATH SHULER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4285 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00
City Hazelwood State NC Zip Code 28738	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name JOSEPH HEATH SHULER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JILL DERBY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4307 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO BOX 1901		Amount of Each Disbursement this Period 2000.00
City MINDEN State NV Zip Code 89423	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name JILL T DERBY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. KELLAM FOR CONGRESS</b>		<b>Transaction ID: SB23.4298</b> Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 56254 PO BOX 56254		Amount of Each Disbursement this Period 2000.00
City Virginia Beach	State VA Zip Code 23456	
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name PHILIP JEFFERSON KELLAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 02		

Full Name (Last, First, Middle Initial) <b>B. LUCAS FOR CONGRESS</b>		<b>Transaction ID: SB23.4289</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 17344		Amount of Each Disbursement this Period 1000.00
City Covington	State KY Zip Code 41017	
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name KENNETH RAY LUCAS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 04		

Full Name (Last, First, Middle Initial) <b>C. MELISSA BEAN FOR CONGRESS</b>		<b>Transaction ID: SB23.4316</b> Date of Disbursement 10 / 11 / 2006
Mailing Address POST OFFICE BOX 3068		Amount of Each Disbursement this Period 2000.00
City BARRINGTON	State IL Zip Code 60010	
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name MELISSA LUBURICH BEAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 08		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. MOUL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4293</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO BOX 85445		Amount of Each Disbursement this Period 2000.00
City LINCOLN State NE Zip Code 68501	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name MAXINE B MOUL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PATRICK MURPHY FOR CONGRESS</b>		<b>Transaction ID: SB23.4282</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO BOX 868		Amount of Each Disbursement this Period 1000.00
City LEVITTOWN State PA Zip Code 19058	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name PATRICK J MURPHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TIM MAHONEY FOR FLORIDA</b>		<b>Transaction ID: SB23.4290</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Amount of Each Disbursement this Period 2000.00
City ROYAL PALM BEACH State FL Zip Code 33411	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name TIMOTHY EDWARD MAHONEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

Full Name (Last, First, Middle Initial) <b>A. WEAVER FOR CONGRESS 2006</b>		Transaction ID: SB23.4286 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO BOX 807		Amount of Each Disbursement this Period 1000.00	
City RADCLIFF	State KY	Zip Code 40159	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name JOHN MICHAEL WEAVER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	35500.00