

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

JUL -6 A 9 33

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

AMERICAN SHEEP INDUSTRY ASSOCIATION RAMS PAC

ADDRESS (number and street)

9785 S MARCON CIRCLE #360

Check if different than previously reported. (ACC)

CENTENNIAL CO 20112

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00043059

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

(a) Quarterly Reports:

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

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [] in the State of []

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [] in the State of []

5. Covering Period

09/01/2003

through

06/30/2004

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

VICKIE GREER - AGENT

Signature of Treasurer

[Handwritten Signature]

Date

06/30/2004

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 Office Use Only 10: 23

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**

Tennessee Pharmaceutical Political Action Committee

ADDRESS (number and street) P.O. Box 190067

Check if different than previously reported. (ACC) Nashville TN 37219

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00176396

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

4. TYPE OF REPORT (Choose One)

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

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)
- Election on _____ in the State of _____

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on _____ in the State of _____

5. Covering Period **04** / **01** / **2004** through **06** / **30** / **2004**

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 Bateena M. Black

Signature of Treasurer Bateena M. Black Date **07** / **09** / **2004**

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Office Use Only							
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FEC FORM 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American SHEEP INDUSTRY ASSOC Rams PAC

Report Covering the Period:

From:

04' 07' 2004

To:

06' 30' 2004

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

(i) Itemized (use Schedule A)

25000

(ii) Unitemized

188785

(iii) TOTAL (add

Lines 11(a)(i) and (ii)

213785

1344924

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs)

0

0

(d) Total Contributions (add Lines

11(a)(ii), (b), and (c)) (Carry

Totals to Line 33, page 5)

213785

1344924

12. Transfers From Affiliated/Other

Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5)

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

17. Other Federal Receipts

(Dividends, Interest, etc.)

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule HS)

(b) Levin Funds (from Schedule HS)

(c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

213785

1344924

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

213785

1344924

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Report Covering the Period: From: **04** ' **01** ' **2004** To: **06** ' **30** ' **2004**

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		
(i) Itemized (use Schedule A)	9,000.00	
(ii) Unitemized	36,260.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	45,260.00	26,780.00
(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)	45,260.00	26,780.00
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 Transfers (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))	45,260.00	26,780.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45,260.00	26,780.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	213785	1344924
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	213785	1344924
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

14 03 14 56

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)	45,260.00	26,780.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-2,776.00	-18,830.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-2,776.00	-18,830.00

**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 1 OF 4

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

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

NAME OF COMMITTEE (in Full)
American Sheep Industry Assoc. Law PA

Full Name (Last, First, Middle Initial)
A *Texans for Henry Bonilla*

Date of Disbursement
04 *13* *2004*

Mailing Address
POB 17292

City *San Antonio* State *TX* Zip Code *78217*

Amount of Each Disbursement this Period
100000

Purpose of Disbursement
Campaign Contr.

Candidate Name
HENRY BONILLA

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *TX* District:

Full Name (Last, First, Middle Initial)
B *BENNETT Election Committee*

Date of Disbursement
05 *17* *2004*

Mailing Address
175 S. WEST TEMPLE STREET SUITE 650

City *SALT LAKE CITY* State *UT* Zip Code *84101*

Amount of Each Disbursement this Period
100000

Purpose of Disbursement
Campaign Contrib.

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *UT* District:

Full Name (Last, First, Middle Initial)
C *MIKE CRAPO for Senate*

Date of Disbursement
05 *17* *2004*

Mailing Address
POB 1948

City *BOISE* State *ID* Zip Code *83701*

Amount of Each Disbursement this Period
100000

Purpose of Disbursement
Campaign Contrib.

Candidate Name
MIKE CRAPO

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *ID* District:

SUBTOTAL of Disbursements This Page (optional) *300000*

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 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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)

Tennessee Pharmaceutical Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 15 / 2004

A. Tennessee Pharmacists Association

Mailing Address

500 Church St. Suite 650

City

Nashville

State

TN

Zip Code

37219

Purpose of Disbursement

Administrative / Overhead Expenses

Candidate Name

001

Category/
Type

Amount of Each Disbursement this Period

1,750.00

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

1,750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN SLEEP THERAPY ASSOC KAN PAC

Full Name (Last, First, Middle Initial)

A. THUNE FOR Senate

Date of Disbursement

05/22/2004

Mailing Address

2908 W. 11th ST

City

SIOUX FALLS

State

SD

Zip Code

57104

Purpose of Disbursement

Campaign Contribution

Candidate Name

JOHN THUNE

Category/Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: SD

District:

Full Name (Last, First, Middle Initial)

B. VOINOVICH FOR Senate

Date of Disbursement

05/17/2004

Mailing Address

526 SUPERIOR AVE EAST SE1

City

CLEVELAND

State

OH

Zip Code

44114

Purpose of Disbursement

Campaign Contribution

Candidate Name

FRANCO VOINOVICH

Category/Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: OH

District:

Full Name (Last, First, Middle Initial)

C. ROB CORLETT FOR CONGRESS

Date of Disbursement

06/10/2004

Mailing Address

POB 3591

City

ALEXANDRIA

State

VA

Zip Code

22302

Purpose of Disbursement

Campaign Contribution

Candidate Name

Category/Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: VA

District:

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

24028434441
REPORT OF RECEIPTS AND DISBURSEMENTS
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED
 FEC MAIL
 OPERATIONS CENTER

2004 JUL 14 A 10:23

1. NAME OR COMMITTEE (In full)
**WORKERS WORLD PARTY PRESIDENTIAL
 CAMPAIGN COMMITTEE**

ADDRESS (number and street) Check if different than previously reported
55 WEST 17th ST 5th FL

CITY, STATE, and ZIP CODE
NEW YORK, N.Y. 10011

2. IDENTIFICATION NUMBER
C00316091

3. IS THIS REPORT OF RECEIPTS AND DISBURSEMENTS FOR:
 Primary General

4. TYPE OF REPORT (Check here if this is a Termination Report.)
 (a) "X" appropriate box and complete, if applicable.

April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report

Monthly Report Due on:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

Thirtieth day report following the General Election on _____

(b) Is this Report an Amendment? Yes No

5. COVERING PERIOD FROM **4/1/04** THROUGH **6/30/04**

SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	-1,094.44
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	-0-
	8. SUBTOTAL (Lines 6 and 7)	-1,094.44
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	-0-
	10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	-1,094.44
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	1,500.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	
	13. EXPENDITURES SUBJECT TO LIMITATION	
	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 20d, Column B from 17a, Column B, Page 2)	
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	
	NET YEAR-TO-DATE CONTRIBUTIONS AND EXPENDITURES	

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
GARY WILSON

SIGNATURE OF TREASURER
Gary Wilson

DATE
7/8/04

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530
 Local 202-219-3420

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g.
 All previous versions of FEC FORM 3P are obsolete and should no longer be used.

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**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 6-30-0
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>for</i> PREPARER	7-6-04 DATE PREPARED

(5/2004)

2004-07-06 13:44:22