

**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

American Dream PAC

ADDRESS (number and street)

P. O. Box 171022

☐Check if different
than previously
reported. (ACC)

San Antonio

TX

78217

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331744

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

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 (12G)

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

01

01

2002

through

03

31

2002

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

Cindy Barberio Payne

Signature of Treasurer

Electronically Filed by Cindy Barberio Payne

Date

06

30

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dream PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	2

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		17214.46
(b) Cash on Hand at Beginning of Reporting Period	17214.46	
(c) Total Receipts (from Line 19)	7600.00	7600.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24814.46	24814.46
7. Total Disbursements (from Line 31)	11765.07	11765.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13049.39	13049.39
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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
American Dream PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	2

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	2

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	5000.00	5000.00
(i) Itemized (use Schedule A)	600.00	600.00
(ii) Unitemized	5600.00	5600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	2000.00	2000.00
(c) Other Political Committees (such as PACs)	7600.00	7600.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡		
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))	7600.00	7600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7600.00	7600.00

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10063.66	10063.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	10063.66	10063.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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.....	701.41	701.41
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))..	11765.07	11765.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11765.07	11765.07

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)	7600.00	7600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7600.00	7600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10063.66	10063.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10063.66	10063.66

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

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

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dream PAC

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

Mr. J. R. Chalk

Mailing Address 20085 Hoya Lane

City State Zip Code
 San Antonio TX 78266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cal-Tex Protective Coatin-
gs

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 0 2

Transaction ID: SA11A1.4835

Amount of Each Receipt this Period

2500.00

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

Mrs. Judy Chalk

Mailing Address 20085 Hoya Lane

City State Zip Code
 San Antonio TX 78266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 0 2

Transaction ID: SA11A1.4837

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 14

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dream PAC

Full Name (Last, First, Middle Initial)

A. American Home Products Corporation - AHP Good Government Fund

Mailing Address Five Giralda Farms

City

Madison

State

NJ

Zip Code

07940

FEC ID number of contributing
federal political committee.

C C00115303

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 2

Transaction ID: SA11C.4839

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Phil Gramm

Mailing Address P. O. Box 601329

City

Dallas

State

TX

Zip Code

75360

FEC ID number of contributing
federal political committee.

C C00253971

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 2

Transaction ID: SA11C.4842

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 14

<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)
American Dream PAC

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Delivery Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4709

Date of Disbursement

01 / 24 / 2002

Amount of Each Disbursement this Period

212.30

Full Name (Last, First, Middle Initial)

B. Ms. Lydia Meuret

Mailing Address 9726 Silver Moon

City San Antonio State TX Zip Code 78254

Purpose of Disbursement
Consultant Expense/Accounting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4785

Date of Disbursement

01 / 01 / 2002

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Ms. Lydia Meuret

Mailing Address 9726 Silver Moon

City San Antonio State TX Zip Code 78254

Purpose of Disbursement
Travel Expense Reimbursement

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4778

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

122.14

SUBTOTAL of Disbursements This Page (optional)

1584.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 14

<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)
American Dream PAC

A. Full Name (Last, First, Middle Initial) Ms. Lydia Meuret		Transaction ID: SB21B.4779 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 2</div> </div>	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period <div>1250.00</div>	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	<div>001</div> 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) ▼		
B. Full Name (Last, First, Middle Initial) Ms. Lydia Meuret		Transaction ID: SB21B.4786 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 2</div> </div>	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period <div>1250.00</div>	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	<div>001</div> 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) ▼		
C. Full Name (Last, First, Middle Initial) Ms. Lydia Meuret		Transaction ID: SB21B.4798 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 2</div> </div>	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period <div>1250.00</div>	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	<div>001</div> 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)

3750.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<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)
American Dream PAC

Full Name (Last, First, Middle Initial)

A. Morgan Meredith & Associates

Mailing Address 4451 Brookfield Corporate Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Consultant Expense/Fundraising

Candidate Name

003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	2

Amount of Each Disbursement this Period

2340.00

Full Name (Last, First, Middle Initial)

B. Southwestern Bell

Mailing Address P.O. Box 4845

City Houston State TX Zip Code 77097

Purpose of Disbursement
Telephone Expense

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4790

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	2

Amount of Each Disbursement this Period

212.30

Full Name (Last, First, Middle Initial)

C. Visa Card Service Center

Mailing Address P. O. Box 45793

City Dallas State TX Zip Code 75245

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	2

Amount of Each Disbursement this Period

277.49

SUBTOTAL of Disbursements This Page (optional)

2829.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<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)
American Dream PAC

Full Name (Last, First, Middle Initial)

A. Wiley, Rein & Fielding

Mailing Address 1776 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Consultant Expense/Legal

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4783

Date of Disbursement

01 / 24 / 2002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wiley, Rein & Fielding

Mailing Address 1776 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Consultant Expense/Legal

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4787

Date of Disbursement

02 / 27 / 2002

Amount of Each Disbursement this Period

512.09

Full Name (Last, First, Middle Initial)

C. Wiley, Rein & Fielding

Mailing Address 1776 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Consultant Expense/Legal

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4788

Date of Disbursement

02 / 27 / 2002

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

1662.09

TOTAL This Period (last page this line number only)

9826.32

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 12 / 14

<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)
American Dream PAC

A. Full Name (Last, First, Middle Initial)
Heather Wilson For Congress

Mailing Address P. O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Heather Wilson For Congress

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 01

Disbursement For: 2002
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4800

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2002

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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 13 / 14

<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 Dream PAC

Full Name (Last, First, Middle Initial)

A. Visa Card Service Center

Mailing Address P. O. Box 45793

City Dallas State TX Zip Code 75245

Purpose of Disbursement
Misappropriated Funds-L. Meuret

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5101

Date of Disbursement

01 / 24 / 2002

Amount of Each Disbursement this Period

463.95

B. Eagle Forms

Mailing Address 1835 W. Orangewood Ave.

City Orange State CA Zip Code 92868

Purpose of Disbursement
Misappropriated Funds-L. Meuret

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5144

Date of Disbursement

01 / 24 / 2002

Amount of Each Disbursement this Period

202.35

[MEMO ITEM]

C. Sprint PCS

Mailing Address P. O. Box 219718

City Kansas City State MO Zip Code 64121

Purpose of Disbursement
Misappropriated Funds-L. Meuret

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5139

Date of Disbursement

01 / 24 / 2002

Amount of Each Disbursement this Period

220.72

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

463.95

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 14 / 14

<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 Dream PAC

Full Name (Last, First, Middle Initial)

A. Visa Card Service Center

Mailing Address P. O. Box 45793

City
Dallas

State
TX

Zip Code
75245

Purpose of Disbursement
Misappropriated Funds-L. Meuret

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

237.46

SUBTOTAL of Disbursements This Page (optional)

237.46

TOTAL This Period (last page this line number only)

701.41