

# 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  
VFW Political Action Committee

ADDRESS (number and street) 200 Maryland Avenue NE  
 Check if different than previously reported. (ACC)  
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00113001  
**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 09 01 2006 through 09 30 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 Frank Lightowler

Signature of Treasurer Electronically Filed by Frank Lightowler Date 10 09 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
VFW Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

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		1106678.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1355471.30									
(c) Total Receipts (from Line 19) .....	30760.94	450653.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1386232.24	1557332.16								
7. Total Disbursements (from Line 31) .....	47331.26	218431.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1338900.98	1338900.98								
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  
VFW Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

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	2346.17	22575.47
(i) Itemized (use Schedule A) .....	28414.77	428078.49
(ii) Unitemized .....	30760.94	450653.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	30760.94	450653.96
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)) .....	30760.94	450653.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30760.94	450653.96

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	8331.26	174431.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8331.26	174431.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	44000.00
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))..	47331.26	218431.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47331.26	218431.18

**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) .....	30760.94	450653.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30760.94	450653.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8331.26	174431.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8331.26	174431.18

# 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 / 17
	<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	

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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> National Association Wachovia Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address NC8502 P.O. Box 563966		Transaction ID: SA11A1.7440
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 1710.77	
FEC ID number of contributing federal political committee. <b>C</b>	Money Market Account 2891	
Name of Employer Wachovia Bank	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18275.07	

Full Name (Last, First, Middle Initial) <b>B.</b> National Association Wachovia Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address NC8502 P.O. Box 563966		Transaction ID: SA11A1.7441
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 598.38	
FEC ID number of contributing federal political committee. <b>C</b>	Money Market Account (946-2)	
Name of Employer Wachovia Bank	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18873.45	

Full Name (Last, First, Middle Initial) <b>C.</b> National Association Wachovia Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address NC8502 P.O. Box 563966		Transaction ID: SA11A1.7444
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 37.02	
FEC ID number of contributing federal political committee. <b>C</b>	Checking account interest for 9-06	
Name of Employer Wachovia Bank	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18910.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2346.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2346.17

# 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Business Service AT&amp;T</b>		<b>Transaction ID:</b> SB21B.7472 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 262.43
City Omaha State NE Zip Code 68103-2969	Purpose of Disbursement Phone and Long Distance Service 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Forrest Barker</b>		<b>Transaction ID:</b> SB21B.7486 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P O Box 43313		Amount of Each Disbursement this Period 470.86
City Phoenix State AZ Zip Code 85080	Purpose of Disbursement Board of Director's Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Salvatore J. Capirchio</b>		<b>Transaction ID:</b> SB21B.7455 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 9 Wellspring Drive		Amount of Each Disbursement this Period 820.00
City Cranston State RI Zip Code 02920	Purpose of Disbursement Director's Expense 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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1553.29
<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 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Paul Chevalier</b>		<b>Transaction ID: SB21B.7448</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 118 Belknap Road		Amount of Each Disbursement this Period 189.00
City Hudson State NH Zip Code 03051-4466	Purpose of Disbursement Board of Director's Expense 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Spring Water Deer Park</b>		<b>Transaction ID: SB21B.7454</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address P. O. Box 52271		Amount of Each Disbursement this Period 54.93
City Phoenix State AZ Zip Code 85072-2271	Purpose of Disbursement Office Supplies 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Financial Services De lage landen</b>		<b>Transaction ID: SB21B.7447</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P O Box 41601		Amount of Each Disbursement this Period 290.04
City Philadelphia State PA Zip Code 19101-1601	Purpose of Disbursement Copier Maintenance 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>533.97</b>
<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 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Financial Services De lage landen</b>		<b>Transaction ID:</b> SB21B.7487
Mailing Address P O Box 41601		Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
City Philadelphia	State PA	Amount of Each Disbursement this Period 319.79
Zip Code 19101-1601		
Purpose of Disbursement copier maintenance		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. Financial Services De lage landen</b>		<b>Transaction ID:</b> SB21B.7478
Mailing Address P O Box 41601		Date of Disbursement MM / DD / YYYY 09 / 27 / 2006
City Philadelphia	State PA	Amount of Each Disbursement this Period 290.04
Zip Code 19101-1601		
Purpose of Disbursement copier maintenancecqq		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>C. Express Federal</b>		<b>Transaction ID:</b> SB21B.7481
Mailing Address P. O. Box 1140		Date of Disbursement MM / DD / YYYY 09 / 27 / 2006
City Memphis	State TN	Amount of Each Disbursement this Period 449.44
Zip Code 38101-1140		
Purpose of Disbursement Postage (Convention 2006 Expense)		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1059.27</b>
<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 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Frank Lightowler</b>		<b>Transaction ID: SB21B.7450</b> Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
Mailing Address 200 Maryland Ave NE		Amount of Each Disbursement this Period 220.20	
City Washington State DC Zip Code 20002	Purpose of Disbursement Treasurer's Expense 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>B. Robert Maxwell</b>		<b>Transaction ID: SB21B.7451</b> Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
Mailing Address P O Box 2790		Amount of Each Disbursement this Period 205.00	
City Burney State CA Zip Code 96013	Purpose of Disbursement Board of Director's Expense 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>C. Inc OCE Imagistics</b>		<b>Transaction ID: SB21B.7479</b> Date of Disbursement MM / DD / YYYY 09 / 27 / 2006	
Mailing Address P O Box 856193		Amount of Each Disbursement this Period 255.84	
City Louisville State KY Zip Code 40285	Purpose of Disbursement Equipment maintenance 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) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>681.04</b>
<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)

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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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. INC Pitney Bowes</b>		<b>Transaction ID:</b> SB21B.7452 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address P. O. Box 856460		Amount of Each Disbursement this Period 242.09
City Louisville State KY Zip Code 40285-6460	Category/ Type	
Purpose of Disbursement Rental Equipment Tax 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>B. Purchase Power Pitney Bowes</b>		<b>Transaction ID:</b> SB21B.7484 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P O Box 856042		Amount of Each Disbursement this Period 1000.00
City Louisville State KY Zip Code 40285-6042	Category/ Type	
Purpose of Disbursement Postage refill 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>C. for Business Platinum Plus</b>		<b>Transaction ID:</b> SB21B.7446 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 237.86
City Wilmington State DE Zip Code 19866-5469	Category/ Type	
Purpose of Disbursement Director's Visa Card 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1479.95
<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 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. PCS SPRINT</b>		<b>Transaction ID: SB21B.7485</b>	
Mailing Address P O Box 62012		Date of Disbursement 09 / 06 / 2006	
City Baltimore	State MD	Zip Code 21264-2012	Amount of Each Disbursement this Period 93.82
Purpose of Disbursement Director's Cell Phone	Category/ Type		
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>B. PCS SPRINT</b>		<b>Transaction ID: SB21B.7480</b>	
Mailing Address P O Box 62012		Date of Disbursement 09 / 27 / 2006	
City Baltimore	State MD	Zip Code 21264-2012	Amount of Each Disbursement this Period 93.82
Purpose of Disbursement Director's Cell Phone	Category/ Type		
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>C. Parking St. Joseph's</b>		<b>Transaction ID: SB21B.7477</b>	
Mailing Address P. O. Box 70915		Date of Disbursement 09 / 20 / 2006	
City Washington	State DC	Zip Code 20024	Amount of Each Disbursement this Period 630.00
Purpose of Disbursement Quarterly Expense for Employee Parking	Category/ Type		
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>817.64</b>
<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 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. VFW National Headquarters</b>		<b>Transaction ID: SB21B.7445</b>																					
Mailing Address 406 West 34th Street		Date of Disbursement																					
City Kansas City State MO Zip Code 64111		<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>0</td><td>9</td><td></td><td>0</td><td>6</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	0	9		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
Purpose of Disbursement September 2006 Rent		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1686.01</td> </tr> </table>		1686.01																			
1686.01																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. National Association Wachovia Bank</b>		<b>Transaction ID: SB21B.7488</b>																					
Mailing Address NC8502 P.O. Box 563966		Date of Disbursement																					
City Charlotte State NC Zip Code 28262-3966		<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>0</td><td>9</td><td></td><td>3</td><td>0</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	0	9		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	0	6														
Purpose of Disbursement checking account interest for 9-06		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">5.00</td> </tr> </table>		5.00																			
5.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1691.01

**TOTAL** This Period (last page this line number only) ..... ►

7816.17

# 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. BROWN-WAITE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.7457 Date of Disbursement
Mailing Address 704 PONCE DE LEON BLVD		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City BROOKSVILLE	State FL	Zip Code 34601
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name BROWN-WAITE FOR CONGRESS		Category/ Type <input type="text"/>
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: FL	District: 05	

Full Name (Last, First, Middle Initial) <b>B. CHET EDWARDS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.7465 Date of Disbursement
Mailing Address P.O. Box 23273		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Waco	State TX	Zip Code 76702
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name CHET EDWARDS FOR CONGRESS		Category/ Type <input type="text"/>
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: TX	District: 17	

Full Name (Last, First, Middle Initial) <b>C. Committee to Re-Elect Chris Smith</b>		<b>Transaction ID:</b> SB23.7499 Date of Disbursement
Mailing Address PO Box 3184		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Hamilton	State NJ	Zip Code 08619
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name Committee to Re-Elect Chris Smith		Category/ Type <input type="text"/>
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: NJ	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13000.00"/>
<b>TOTAL</b> 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 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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial)

**A. CONGRESSMAN BILL YOUNG CAMPAIGN COMM**

Mailing Address P. O. Box 47025

City State Zip Code  
St. Petersburg FL 33743

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
CONGRESSMAN BILL YOUNG CAMPAIGN COMM

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Transaction ID: SB23.7511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM SAXTON**

Mailing Address PO BOX 795

City State Zip Code  
Mount Holly NJ 08060

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
FRIENDS OF JIM SAXTON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Transaction ID: SB23.7456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. HAYES FOR CONGRESS**

Mailing Address Post Office Box 2000

City State Zip Code  
Concord NC 28026

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
HAYES FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Transaction ID: SB23.7458

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. HOOLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.7459</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO BOX 2050		Amount of Each Disbursement this Period 5000.00
City SALEM State OR Zip Code 97308	Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name HOOLEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	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. MIKE DEWINE FOR US SENATE</b>		<b>Transaction ID: SB23.7470</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO BOX 340188		Amount of Each Disbursement this Period 3000.00
City COLUMBUS State OH Zip Code 43234	Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name MIKE DEWINE FOR US SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	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. TALENT FOR SENATE COMMITTEE</b>		<b>Transaction ID: SB23.7489</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 9467 DIELMAN ROCK ISLAND IND DR		Amount of Each Disbursement this Period 3000.00
City ST LOUIS State MO Zip Code 63132	Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name TALENT FOR SENATE COMMITTEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	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) ..... ▶	11000.00
<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)

PAGE 17 / 17

<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)  
VFW Political Action Committee

Full Name (Last, First, Middle Initial)

**A. TEAM EMERSON FOR JO ANN EMERSON**

Mailing Address PO BOX 822  
P.O. Box 822

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
TEAM EMERSON FOR JO ANN EMERSON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Transaction ID: SB23.7491

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. WALTER JONES COMMITTEE 2006**

Mailing Address PO BOX 99667

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
WALTER JONES FOR CONGRESS COMM (2006)

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NC District: 03

Transaction ID: SB23.7464

Date of Disbursement

09 / 14 / 2006

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

39000.00