

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

[Empty box for name]

The Commonwealth PAC

ADDRESS (number and street)

1 Thomas Circle NW, Suite 1100

X Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00403022

3. IS THIS REPORT

X

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)
X 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 2007 through 06 30 2007

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 Elizabeth Anderson

Signature of Treasurer Electronically Filed by Elizabeth Anderson

Date

07 30 2007

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

Table with 8 columns and 1 row for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		185647.73
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	185647.73									
(c) Total Receipts (from Line 19)	171885.25	171885.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	357532.98	357532.98								
7. Total Disbursements (from Line 31)	343569.64	343569.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13963.34	13963.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	92701.00	92701.00
(i) Itemized (use Schedule A)	11063.00	11063.00
(ii) Unitemized	103764.00	103764.00
(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)	103764.00	103764.00
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)	10900.00	10900.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	57221.25	57221.25
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))	171885.25	171885.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	171885.25	171885.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	327569.64	327569.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	327569.64	327569.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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	17000.00	17000.00
(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))	17000.00	17000.00
29. Other Disbursements.....	-1000.00	-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))..	343569.64	343569.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	343569.64	343569.64

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)	103764.00	103764.00
34. Total Contribution Refunds (from Line 28(d))	17000.00	17000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86764.00	86764.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	327569.64	327569.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	10900.00	10900.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	316669.64	316669.64

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 102
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Everett Benton		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 16 Bypass Road		Transaction ID: 70727.C6760
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer FiveStar Quality Car, Inc.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Lisa Cashin		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 501 Seventh Avenue		Transaction ID: 70727.C6769
City State Zip Code New York NY 10018	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Local Initiatives Support Corp	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Richard Cashin		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 320 Park Avenue, 18th Floor		Transaction ID: 70727.C6768
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer One Equity Partners	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 72 Cliff Road

City State Zip Code
Weston MA 02493

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

Name of Employer
Weston Presidio

Occupation
Venture Capitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70727.C6755

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
R. Bruce Duffield

Mailing Address 849 Bellingrath Ct.

City State Zip Code
Naperville IL 60563

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

Name of Employer
Bryan Cave LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 12 / 2007

Transaction ID: 70727.C6765

Amount of Each Receipt this Period
701.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dell Loy Hansen

Mailing Address 1715 N 1700 E

City State Zip Code
Logan UT 84341-2176

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

Name of Employer
Wasatch Property Management

Occupation
Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: 70730.C6805

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10701.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 1715 Gateway Circle

City Logan State UT Zip Code 84321

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

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	7

Transaction ID: 70730.C6804

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address P.O. Box 9464

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer Woodfin Suite Hotels Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	7

Transaction ID: 70727.C6773

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Martin Harmon

Mailing Address 4020 Sierra College Blvd., Suite 2

City Rocklin State CA Zip Code 95677-3906

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

Name of Employer Auburn Manor H Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	7

Transaction ID: 70727.C6756

Amount of Each Receipt this Period
1000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
T. N. Jordan

Mailing Address PO Box 1919

City Healdsburg State CA Zip Code 95448

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

Name of Employer Jordan Vineyard & Winery Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	7

Transaction ID: 70727.C6758

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 1 Markey Place Floor 33

City San Diego State CA Zip Code 92101

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	7

Transaction ID: 70727.C6771

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Doug Manchester

Mailing Address 1 Market Place floor 33

City San Diego State CA Zip Code 92101

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

Name of Employer Manchester Resorts Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	7

Transaction ID: 70727.C6772

Amount of Each Receipt this Period
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 20 Church Road

City State Zip Code
Rye Beach NH 03871

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

Name of Employer Occupation
Reit Management & Research President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: 70729.C6788

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 299 S. Main Street

City State Zip Code
Salt Lake City UT 84111

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 7

Transaction ID: 70730.C6802

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 299 S. Main Street

City State Zip Code
Salt Lake City UT 84111

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

Name of Employer Occupation
National Beef Packing Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 7

Transaction ID: 70730.C6803

Amount of Each Receipt this Period
5000.00

Receipt

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 200 Riverfront Dr. Apt. 24K

City State Zip Code
Detroit MI 48226-4525

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: 70727.C6764

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address Crystal Lake Rd.

City State Zip Code
Eaton Center NH 03832

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

Name of Employer Self Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: 70727.C6761

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Diane Portnoy

Mailing Address Crystal Lake Rd
P.O. Box 150

City State Zip Code
Eaton Center NH 03832

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

Name of Employer Immigrant Learning Center Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: 70727.C6762

Amount of Each Receipt this Period
5000.00

Receipt

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. John Price		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 230 E South Temple		Transaction ID: 70727.C6752	
City State Zip Code Salt Lake City UT 84111-1205	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation JP Realty Inc Owner	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William Shiebler		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address PO Box 4491 7905 Woodland View Drive		Transaction ID: 70727.C6750	
City State Zip Code Park City UT 84060-4491	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation William Shiebler Consultant	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas Stenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 6 Alwington Rd		Transaction ID: 70727.C6754	
City State Zip Code Chestnut Hill MA 02467-1853	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Highland Capital Partners Partner	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	92701.00

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

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

FOR LINE NUMBER: PAGE 13 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Capital Campaigns
Mailing Address 921 11th St, Suite 420
City State Zip Code
Sacramento CA 95814-
FEC ID number of contributing federal political committee. **C**
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 Y
03 / 30 / 2007
Transaction ID: 70727.C6753
Amount of Each Receipt this Period
1000.00
Offsets to Operating Expenditure

B. Full Name (Last, First, Middle Initial)
Sea Island Company
Mailing Address 100 Salt Marsh Road
City State Zip Code
Saint Simons Islan GA 31522-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
9900.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 12 / 2007
Transaction ID: 70727.C6775
Amount of Each Receipt this Period
9900.00
Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional)	▶	10900.00
TOTAL This Period (last page this line number only)	▶	10900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 102
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 3 Center Plz		Transaction ID: 70727.C6781
City State Zip Code Boston MA 02108-2000	Amount of Each Receipt this Period 1402.28	
FEC ID number of contributing federal political committee. C		Other Receipt
Name of Employer Interest Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Interest Income Aggregate Year-to-Date ▼ 1402.28	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 3 Center Plz		Transaction ID: 70727.C6782
City State Zip Code Boston MA 02108-2000	Amount of Each Receipt this Period 629.99	
FEC ID number of contributing federal political committee. C		Other Receipt
Name of Employer Interest Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Interest Income Aggregate Year-to-Date ▼ 2032.27	

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 3 Center Plz		Transaction ID: 70727.C6783
City State Zip Code Boston MA 02108-2000	Amount of Each Receipt this Period 202.18	
FEC ID number of contributing federal political committee. C		Other Receipt
Name of Employer Interest Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Interest Income Aggregate Year-to-Date ▼ 2234.45	

SUBTOTAL of Receipts This Page (optional) ▶	2234.45
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 102
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America Mailing Address 3 Center Plz City State Zip Code Boston MA 02108-2000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2007 Transaction ID: 70727.C6784 Amount of Each Receipt this Period 176.81 Other Receipt
Name of Employer Interest Income Occupation Interest Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2411.26		

Full Name (Last, First, Middle Initial) B. Bank of America Mailing Address 3 Center Plz City State Zip Code Boston MA 02108-2000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007 Transaction ID: 70727.C6785 Amount of Each Receipt this Period 226.38 Other Receipt
Name of Employer Interest Income Occupation Interest Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2637.64		

Full Name (Last, First, Middle Initial) C. Bank of America Mailing Address 3 Center Plz City State Zip Code Boston MA 02108-2000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007 Transaction ID: 70727.C6786 Amount of Each Receipt this Period 190.35 Other Receipt
Name of Employer Interest Income Occupation Interest Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2827.99		

SUBTOTAL of Receipts This Page (optional)	593.54
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 102
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Romney for President Committee, Inc.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address PO Box 55239		Transaction ID: 70727.C6778
City State Zip Code Boston MA 02205-5239	Amount of Each Receipt this Period 5465.57	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation Furniture Purchase Furniture Purchase	Aggregate Year-to-Date ▼ 5465.57	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Romney for President Committee, Inc.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address PO Box 55239		Transaction ID: 70727.C6777
City State Zip Code Boston MA 02205-5239	Amount of Each Receipt this Period 8920.00	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation Furniture Purchase Furniture Purchase	Aggregate Year-to-Date ▼ 14385.57	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Romney for President Committee, Inc.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address PO Box 55239		Transaction ID: 70727.C6779
City State Zip Code Boston MA 02205-5239	Amount of Each Receipt this Period 27840.87	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation Furniture Purchase Furniture Purchase	Aggregate Year-to-Date ▼ 42226.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	42226.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 102
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Romney for President Committee, Inc.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 55239		Transaction ID: 70727.C6780
City State Zip Code Boston MA 02205-5239	Amount of Each Receipt this Period 547.50	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation Furniture Purchase Furniture Purchase	Aggregate Year-to-Date ▼ 42773.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Romney for President Exporatory Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO BOX 55239		Transaction ID: 70727.C6776
City State Zip Code Boston MA 02205-5239	Amount of Each Receipt this Period 5369.32	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation List Purchase List Purchase	Aggregate Year-to-Date ▼ 5369.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mitt Romney Ttw		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 55899		Transaction ID: 70727.C6774
City State Zip Code Boston MA 02205-	Amount of Each Receipt this Period 6250.00	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation Mailing List Purchase Mailing List Purchase	Aggregate Year-to-Date ▼ 6250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	12166.82
TOTAL This Period (last page this line number only) ▶	57221.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Nstar		Transaction ID: 200008726 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 304.18	
City Woburn State MA Zip Code 01888-4508	Purpose of Disbursement PRO-RATED OFFICE UTILITIES	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) ▼	PRO-RATED OFFICE UTILITIES	

Full Name (Last, First, Middle Initial) B. Nstar		Transaction ID: 200008290 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 281.33	
City Woburn State MA Zip Code 01888-4508	Purpose of Disbursement PRO-RATED OFFICE UTILITIES	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) ▼	PRO-RATED OFFICE UTILITIES	

Full Name (Last, First, Middle Initial) C. Nstar		Transaction ID: 200008201 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 246.84	
City Woburn State MA Zip Code 01888-4508	Purpose of Disbursement PRO-RATE OFFICE UTILITIES	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) ▼	PRO-RATE OFFICE UTILITIES	

SUBTOTAL of Disbursements This Page (optional) ▶	832.35
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 19 / 102

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sentient		Transaction ID: 200008259 Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
Mailing Address 97 Libbey Industrial Pkwy		Amount of Each Disbursement this Period 4033.24
City East Weymouth State MA Zip Code 02189-3110	Purpose of Disbursement PRO-RATED STAFF DEC. TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED STAFF DEC. TRAVEL

Full Name (Last, First, Middle Initial) B. Sentient		Transaction ID: 200008270 Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
Mailing Address 97 Libbey Industrial Pkwy		Amount of Each Disbursement this Period 13370.75
City East Weymouth State MA Zip Code 02189-3110	Purpose of Disbursement PRO-RATED STAFF DEC. TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED STAFF DEC. TRAVEL

Full Name (Last, First, Middle Initial) C. Sentient		Transaction ID: 200008224 Date of Disbursement MM / DD / YYYY 03 / 23 / 2007
Mailing Address 97 Libbey Industrial Pkwy		Amount of Each Disbursement this Period 371.30
City East Weymouth State MA Zip Code 02189-3110	Purpose of Disbursement PRO-RATED STAFF DEC. TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED STAFF DEC. TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	17775.29
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 102

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sentient		Transaction ID: 200008174 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 97 Libbey Industrial Pkwy		Amount of Each Disbursement this Period 3616.36
City East Weymouth State MA Zip Code 02189-3110	Purpose of Disbursement PRO-RATED STAFF DEC. TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED STAFF DEC. TRAVEL

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 200008753 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 676.97
City Worcester State MA Zip Code 01654-0001	Purpose of Disbursement PRO-RATED OFFICE PHONES 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) ▼	PRO-RATED OFFICE PHONES

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 200008376 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 543.64
City Worcester State MA Zip Code 01654-0001	Purpose of Disbursement PRO-RATED OFFICE PHONES 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) ▼	PRO-RATED OFFICE PHONES

SUBTOTAL of Disbursements This Page (optional) ▶	4836.97
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 21 / 102

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 70727.E8983 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 685.96
City Worcester State MA Zip Code 01654-0001	Purpose of Disbursement PRO-RATED OFFICE PHONES 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) ▼	PRO-RATED OFFICE PHONES

Full Name (Last, First, Middle Initial) B. F. Korb & Bros., Inc.		Transaction ID: 200008211 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 39000-Dept. 05971		Amount of Each Disbursement this Period 7965.70
City San Francisco State CA Zip Code 94139-5971	Purpose of Disbursement PRO-RATED STAFF DEC. TRAVEL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED STAFF DEC. TRAVEL

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 70729.E8996 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 37.20
City Boston State MA Zip Code 02108-2000	Purpose of Disbursement BANK FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEES

SUBTOTAL of Disbursements This Page (optional) ▶	8688.86
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 70727.E8990 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 162.13
City Boston State MA Zip Code 02108-2000	BANK FEES	
Purpose of Disbursement BANK FEES		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. Bank of America		Transaction ID: 70729.E8997 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 34.95
City Boston State MA Zip Code 02108-2000	BANK FEES	
Purpose of Disbursement BANK FEES		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) C. Bank of America		Transaction ID: 70727.E8991 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 149.92
City Boston State MA Zip Code 02108-2000	BANK FEES	
Purpose of Disbursement BANK FEES		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	347.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 70729.E8998 Date of Disbursement MM / DD / YYYY 04 / 02 / 2007
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 445.89
City Boston State MA Zip Code 02108-2000	Purpose of Disbursement CREDIT CARD FEES 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. Bank of America		Transaction ID: 70729.E8999 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 100.00
City Boston State MA Zip Code 02108-2000	Purpose of Disbursement BANK FEES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 70729.E9005 Date of Disbursement MM / DD / YYYY 04 / 16 / 2007
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 148.86
City Boston State MA Zip Code 02108-2000	Purpose of Disbursement BANK FEES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	694.75
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 70727.E8992	
Mailing Address 3 Center Plz		Date of Disbursement 04 / 26 / 2007	
City Boston	State MA	Zip Code 02108-2000	Amount of Each Disbursement this Period 148.86
Purpose of Disbursement BANK FEES		Category/Type	
Candidate Name		BANK FEES	
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. Bank of America		Transaction ID: 70729.E9000	
Mailing Address 3 Center Plz		Date of Disbursement 04 / 26 / 2007	
City Boston	State MA	Zip Code 02108-2000	Amount of Each Disbursement this Period 93.00
Purpose of Disbursement CHECK ORDER		Category/Type	
Candidate Name		CHECK ORDER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 70729.E9003	
Mailing Address 3 Center Plz		Date of Disbursement 05 / 01 / 2007	
City Boston	State MA	Zip Code 02108-2000	Amount of Each Disbursement this Period 35.40
Purpose of Disbursement BANK FEES		Category/Type	
Candidate Name		BANK FEES	
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:			

SUBTOTAL of Disbursements This Page (optional)	277.26
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 70727.E8993	
Mailing Address 3 Center Plz		Date of Disbursement MM / DD / YYYY 05 / 15 / 2007	
City Boston	State MA	Zip Code 02108-2000	Amount of Each Disbursement this Period 151.26
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name		BANK FEES	
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. Bank of America		Transaction ID: 70729.E9004	
Mailing Address 3 Center Plz		Date of Disbursement MM / DD / YYYY 06 / 01 / 2007	
City Boston	State MA	Zip Code 02108-2000	Amount of Each Disbursement this Period 34.95
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name		BANK FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 70727.E8994	
Mailing Address 3 Center Plz		Date of Disbursement MM / DD / YYYY 06 / 15 / 2007	
City Boston	State MA	Zip Code 02108-2000	Amount of Each Disbursement this Period 143.59
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name		BANK FEES	
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:			

SUBTOTAL of Disbursements This Page (optional)	329.80
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

<p>A. BCS</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 64 Curtis Drive</p>		<p>Transaction ID: 70727.E8979 Date of Disbursement 06 / 07 / 2007</p>
<p>City Plymouth State MA Zip Code 02360-</p>	<p>Purpose of Disbursement PRO-RATED SOFTWARE</p>	<p>Amount of Each Disbursement this Period 251.48</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type PRO-RATED SOFTWARE</p>

<p>B. Patton Boggs</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2550 M St NW</p>		<p>Transaction ID: 200008745 Date of Disbursement 01 / 30 / 2007</p>
<p>City Washington State DC Zip Code 20037-1301</p>	<p>Purpose of Disbursement LEGAL FEES</p>	<p>Amount of Each Disbursement this Period 7057.18</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type LEGAL FEES</p>

<p>C. Patton Boggs</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2550 M St NW</p>		<p>Transaction ID: 200008156 Date of Disbursement 03 / 08 / 2007</p>
<p>City Washington State DC Zip Code 20037-1301</p>	<p>Purpose of Disbursement LEGAL FEES</p>	<p>Amount of Each Disbursement this Period 111.72</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type LEGAL FEES</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7420.38</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sarah Bradshaw		Transaction ID: 200008757 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 1345 Dupont Road		Amount of Each Disbursement this Period 369.51
City Havana State FL Zip Code 32333-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		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. David Browning		Transaction ID: 200008363 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 1430 Marion Avenue		Amount of Each Disbursement this Period 3500.00
City Tallahassee State FL Zip Code 32303-	PRO-RATED FUNDRAISING CONSULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		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) C. Capital Campaigns		Transaction ID: 200008344 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 100.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3969.51
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Capital Campaigns		Transaction ID: 200008334 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 5000.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Capital Campaigns		Transaction ID: 200008349 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 3100.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. Capital Campaigns		Transaction ID: 200008739 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 1613.18
City Sacramento State CA Zip Code 95814-	PRO-RATED FUNDRAISING CONSULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	9713.18
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Capital Campaigns		Transaction ID: 200008746 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 8905.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		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. Capital Campaigns		Transaction ID: 200008749 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 3000.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		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) C. Capital Campaigns		Transaction ID: 70727.E8972 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 1725.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	13630.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Capital Campaigns		Transaction ID: 200008136 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 220.64
City Sacramento State CA Zip Code 95814-	Category/ Type PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
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. Sally Canfield		Transaction ID: 200008740 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 528.03
City Boston State MA Zip Code 02127-1039	Category/ Type PRO-RATED REIMBURSEMENT: DEC. TRAVEL	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: DEC. TRAVEL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 200008278 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 130.00
City Boston State MA Zip Code 02116-	Category/ Type PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	878.67
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Shelly Carson		Transaction ID: 200008741 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address PO Box 2443		Amount of Each Disbursement this Period 579.68
City Rapid City State SD Zip Code 57709-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: DEC. TRAVE 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) ▼	PRO-RATED REIMBURSEMENT: DEC. TRAVE

Full Name (Last, First, Middle Initial) B. Marian Clayton		Transaction ID: 200008315 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 533 Franklin Street		Amount of Each Disbursement this Period 500.50
City Cambridge State MA Zip Code 02139-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: DEC. TRAVE 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) ▼	PRO-RATED REIMBURSEMENT: DEC. TRAVE

Full Name (Last, First, Middle Initial) C. The Country Club		Transaction ID: 200008175 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 2400 Country Club Drive		Amount of Each Disbursement this Period 2518.60
City Salt Lake City State UT Zip Code 84109-1696	Purpose of Disbursement PRO-RATED MEETING 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) ▼	PRO-RATED MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	3598.78
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Boston Coach		Transaction ID: 200008163 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 4716.03
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED CAR SERVICE 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) ▼	PRO-RATED CAR SERVICE

Full Name (Last, First, Middle Initial) B. Neusner Communication LLC		Transaction ID: 200008239 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 7200 Wisconsin Ave Ste 1100		Amount of Each Disbursement this Period 2000.00
City Bethesda State MD Zip Code 20814-4845	Purpose of Disbursement PRO-RATED CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial) C. OBrien Communications		Transaction ID: 200007049 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address PO Box 659		Amount of Each Disbursement this Period 93.75
City Wrentham State MA Zip Code 02093-0659	Purpose of Disbursement PRO-RATED PHONE INSTALLATION 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) ▼	PRO-RATED PHONE INSTALLATION

SUBTOTAL of Disbursements This Page (optional) ▶	6809.78
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. OBrien Communications		Transaction ID: 200008725 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address PO Box 659		Amount of Each Disbursement this Period 153.75
City Wrentham	State MA Zip Code 02093-0659	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION		PRO-RATED PHONE INSTALLATION
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. Stone & Company, LLC		Transaction ID: 200008143 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 57 Bedford Street, Suite 225		Amount of Each Disbursement this Period 9975.22
City Lexington	State MA Zip Code 02420-4443	
Purpose of Disbursement PRO-RATED ACCOUNTING		PRO-RATED ACCOUNTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stone & Company, LLC		Transaction ID: 70727.E8978 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 57 Bedford Street, Suite 225		Amount of Each Disbursement this Period 500.00
City Lexington	State MA Zip Code 02420-4443	
Purpose of Disbursement PRO-RATED ACCOUNTING		PRO-RATED ACCOUNTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10628.97
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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Barbara Comstock		Transaction ID: 70727.E8973 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 6822 Wemberly Way		Amount of Each Disbursement this Period 502.62
City Mc Lean State VA Zip Code 22101-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: 2006 TRAVE 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) ▼	PRO-RATED REIMBURSEMENT: 2006 TRAVE

Full Name (Last, First, Middle Initial) B. Accu Conference		Transaction ID: 200008370 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 833.35
City Bellevue State WA Zip Code 98005-	Purpose of Disbursement PRO-RATED CONFERENCE CALL SERVICES 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) ▼	PRO-RATED CONFERENCE CALL SERVICES

Full Name (Last, First, Middle Initial) C. Staples Credit Plan		Transaction ID: 200008756 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 293.06
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	1629.03
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. A1 Datashred		Transaction ID: 200008364 Date of Disbursement MM / DD / YYYY 02 / 13 / 2007	
Mailing Address PO Box 423		Amount of Each Disbursement this Period 72.50	
City Billerica	State MA	Zip Code 01821-	Category/ Type
Purpose of Disbursement PRO-RATED OFFICE MAINTENANCE			
Candidate Name		PRO-RATED OFFICE MAINTENANCE	
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. A1 Datashred		Transaction ID: 200008188 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007	
Mailing Address PO Box 423		Amount of Each Disbursement this Period 137.50	
City Billerica	State MA	Zip Code 01821-	Category/ Type
Purpose of Disbursement PRO-RATED OFFICE MAINTENANCE			
Candidate Name		PRO-RATED OFFICE MAINTENANCE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hui Jojo Deng		Transaction ID: 200007047 Date of Disbursement MM / DD / YYYY 01 / 02 / 2007	
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 486.75	
City Brookline	State MA	Zip Code 02445-	Category/ Type
Purpose of Disbursement PRO-RATED BOOKKEEPING			
Candidate Name		PRO-RATED BOOKKEEPING	
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:			

SUBTOTAL of Disbursements This Page (optional)	696.75
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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hui Jojo Deng		Transaction ID: 200008431 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 528.00
City Brookline State MA Zip Code 02445-	Purpose of Disbursement PRO-RATED BOOKKEEPING 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) ▼	PRO-RATED BOOKKEEPING

Full Name (Last, First, Middle Initial) B. Caplin & Drysdale		Transaction ID: 200007045 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4251.32
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) C. Caplin & Drysdale		Transaction ID: 200008736 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4273.61
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED LEGAL FEES

SUBTOTAL of Disbursements This Page (optional) ▶	9052.93
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale		Transaction ID: 200008127 Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4250.16
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) B. Caplin & Drysdale		Transaction ID: 70727.E8982 Date of Disbursement MM / DD / YYYY 04 / 26 / 2007
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4250.00
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) C. Caplin & Drysdale		Transaction ID: 70727.E8981 Date of Disbursement MM / DD / YYYY 06 / 07 / 2007
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4832.20
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED LEGAL FEES

SUBTOTAL of Disbursements This Page (optional) ▶	13332.36
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale		Transaction ID: 70727.E8975 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4341.24
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES	
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) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) B. The Entity, Inc.		Transaction ID: 200008444 Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2007
Mailing Address 110055 Gambol Oak Circle		Amount of Each Disbursement this Period 1970.85
City American Fork State UT Zip Code 84003-	Purpose of Disbursement PRO-RATED WEBSITE DEVELOPMENT	
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) ▼	PRO-RATED WEBSITE DEVELOPMENT

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 70727.E8974 Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2007
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 3655.74
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	9967.83
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70730.E9158 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 110.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED DEC. AIRFARE	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] MEMO: PRO-RATED DEC. AIRFARE		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 70729.E9026 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 592.05	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED DEC. AIRFARE	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] MEMO: PRO-RATED DEC. AIRFARE		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70730.E9159 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED DEC. AIRFARE	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] MEMO: PRO-RATED DEC. AIRFARE		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70730.E9161 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 173.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. PI Alley		Transaction ID: 70729.E9021 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 450.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. National Car Rental		Transaction ID: 70730.E9027 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 50 Logan Airport		Amount of Each Disbursement this Period 346.85
City Boston State MA Zip Code 02128-	[MEMO ITEM] MEMO: PRO-RATED DEC. RENTAL CAR	
Purpose of Disbursement PRO-RATED DEC. RENTAL CAR Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. National Car Rental		Transaction ID: 70730.E9028 Date of Disbursement 01 / 23 / 2007
Mailing Address 50 Logan Airport		Amount of Each Disbursement this Period 239.18
City Boston State MA Zip Code 02128-	[MEMO ITEM] MEMO: PRO-RATED DEC. RENTAL CAR	
Purpose of Disbursement PRO-RATED DEC. RENTAL CAR 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. Ritz Carlton		Transaction ID: 70730.E9166 Date of Disbursement 01 / 23 / 2007
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 97.49
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. The Wynfrey Hotel		Transaction ID: 70730.E9036 Date of Disbursement 01 / 23 / 2007
Mailing Address One Bennett Street		Amount of Each Disbursement this Period 211.00
City Cambridge State MA Zip Code 02138-	[MEMO ITEM] MEMO: PRO-RATED DEC LODGING	
Purpose of Disbursement PRO-RATED DEC LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Central Parking		Transaction ID: 70729.E9025 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 10 St. James Street		Amount of Each Disbursement this Period 210.00
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING 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. Avis Rent A Car		Transaction ID: 70729.E9022 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 83 East 120th Avenue		Amount of Each Disbursement this Period 227.30
City Denver State CO Zip Code 80221-	[MEMO ITEM] MEMO: PRO-RATED DEC. CAR RENTAL	
Purpose of Disbursement PRO-RATED DEC. CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 200008758 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 66765.25
City Fort Lauderdale State FL Zip Code 33336-0001	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	66765.25
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Anthem		Transaction ID: 70730.E9102 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 138 Portland Street		Amount of Each Disbursement this Period 1500.04
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED DEC. CATERING	
Purpose of Disbursement PRO-RATED DEC. CATERING 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. Interpark		Transaction ID: 70730.E9136 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 318 S Federal St		Amount of Each Disbursement this Period 112.50
City Chicago State IL Zip Code 60604-	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mitsosa		Transaction ID: 70730.E9128 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1420 Avenue of the Americas		Amount of Each Disbursement this Period 215.67
City New York State NY Zip Code 10019-	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 500 8th Ave</p> <p>City New York State NY Zip Code 10018-6504</p> <p>Purpose of Disbursement PRO-RATED OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70730.E9131</p> <p>Date of Disbursement 01 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 25.96</p> <p>[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES</p>
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<p>B. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 500 8th Ave</p> <p>City New York State NY Zip Code 10018-6504</p> <p>Purpose of Disbursement PRO-RATED OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70730.E9132</p> <p>Date of Disbursement 01 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 81.80</p> <p>[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES</p>
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<p>C. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 500 8th Ave</p> <p>City New York State NY Zip Code 10018-6504</p> <p>Purpose of Disbursement PRO-RATED OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70730.E9134</p> <p>Date of Disbursement 01 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 11.55</p> <p>[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 70730.E9167 Date of Disbursement 01 / 23 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 20.98
City New York State NY Zip Code 10018-6504	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 70730.E9135 Date of Disbursement 01 / 23 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 167.98
City New York State NY Zip Code 10018-6504	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 70730.E9133 Date of Disbursement 01 / 23 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 5.25
City New York State NY Zip Code 10018-6504	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 70730.E9046 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 714.30
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED AIRFARE

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 70730.E9043 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 230.30
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 70730.E9048 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 139.30
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 70730.E9047 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 714.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED AIRFARE	
Purpose of Disbursement PRO-RATED AIRFARE		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. American Airlines		Transaction ID: 70730.E9041 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 137.15
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE		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) C. American Airlines		Transaction ID: 70730.E9038 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 30.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 70730.E9044 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 274.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE		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. American Airlines		Transaction ID: 70730.E9039 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 30.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE		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) C. American Airlines		Transaction ID: 70730.E9042 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 66.15
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 70730.E9045 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 357.15
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED AIRFARE	
Purpose of Disbursement PRO-RATED AIRFARE		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. American Airlines		Transaction ID: 70730.E9037 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 25.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE		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) C. American Airlines		Transaction ID: 70730.E9040 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 357.15
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Continental Airlines		Transaction ID: 70730.E9100 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 254.65
City Houston State TX Zip Code 77002-	Purpose of Disbursement PRO-RATED DEC. AIRFARE 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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

Full Name (Last, First, Middle Initial) B. Continental Airlines		Transaction ID: 70730.E9098 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 99.80
City Houston State TX Zip Code 77002-	Purpose of Disbursement PRO-RATED DEC. AIRFARE 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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

Full Name (Last, First, Middle Initial) C. Continental Airlines		Transaction ID: 70730.E9099 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 179.55
City Houston State TX Zip Code 77002-	Purpose of Disbursement PRO-RATED DEC. AIRFARE 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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70730.E9092 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 430.46
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. Delta Airlines		Transaction ID: 70730.E9089 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 174.80
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70730.E9088 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 144.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70730.E9091 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 56.85
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. Delta Airlines		Transaction ID: 70730.E9097 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 235.80
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70730.E9090 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 119.45
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70730.E9087 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 81.16
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. Delta Airlines		Transaction ID: 70730.E9095 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 279.35
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70730.E9094 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 89.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70730.E9086 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 283.60
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. Delta Airlines		Transaction ID: 70730.E9096 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 106.50
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 70730.E9065 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 389.45
City Salt Lake City State UT Zip Code 84117-7435	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. JetBlue Airways		Transaction ID: 70730.E9067 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 172.15
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 70730.E9068 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 139.80
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 70730.E9066 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 107.15
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

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TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. JetBlue Airways		Transaction ID: 70730.E9069 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 84.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 70730.E9162 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 15.00
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70730.E9071 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 314.80
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE

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TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70730.E9072 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 234.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. US Airways		Transaction ID: 70730.E9077 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 234.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70730.E9076 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 193.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70730.E9074 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 357.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. US Airways		Transaction ID: 70730.E9079 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 80.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70730.E9080 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 94.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70730.E9073 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. US Airways		Transaction ID: 70730.E9078 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 235.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70730.E9070 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 50.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70730.E9083 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 225.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. TRAVEL	
Purpose of Disbursement PRO-RATED DEC. TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70730.E9085 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 357.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70730.E9081 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 213.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70730.E9084 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 37.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE 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. US Airways		Transaction ID: 70730.E9075 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 234.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70730.E9082 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 173.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED DEC. AIRFARE	
Purpose of Disbursement PRO-RATED DEC. AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. PI Alley		Transaction ID: 70730.E9151 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 16.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING 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. PI Alley		Transaction ID: 70730.E9147 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 16.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 70730.E9144 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 16.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. PI Alley		Transaction ID: 70730.E9146 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 16.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARK- ING	
Purpose of Disbursement PRO-RATED DEC. 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) ▼	

Full Name (Last, First, Middle Initial) B. PI Alley		Transaction ID: 70730.E9141 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARK- ING	
Purpose of Disbursement PRO-RATED DEC. 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) ▼	

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 70730.E9145 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 16.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARK- ING	
Purpose of Disbursement PRO-RATED DEC. 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) ▼	

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TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. PI Alley		Transaction ID: 70730.E9148 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 16.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING 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. PI Alley		Transaction ID: 70730.E9140 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 17.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 70730.E9150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 10.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. PI Alley		Transaction ID: 70730.E9143 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 16.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING 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. PI Alley		Transaction ID: 70730.E9142 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 7.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 70730.E9149 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 5.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Puritan Backroom		Transaction ID: 70730.E9103 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 245 Hooksett Road		Amount of Each Disbursement this Period 908.13
City Manchester State NH Zip Code 03104-2641	Purpose of Disbursement PRO-RATED DEC. FOOD 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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. FOOD

Full Name (Last, First, Middle Initial) B. The Peninsula Beverly Hills		Transaction ID: 70730.E9130 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 9882 South Santa Monica Boulevard		Amount of Each Disbursement this Period 245.89
City Beverly Hills State CA Zip Code 90212-	Purpose of Disbursement PRO-RATED DEC. LODGING 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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 70730.E9119 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 921 Canal Street		Amount of Each Disbursement this Period 133.39
City New Orleans State LA Zip Code 70112-	Purpose of Disbursement PRO-RATED DEC. LODGING 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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ritz Carlton		Transaction ID: 70730.E9121 Date of Disbursement 01 / 23 / 2007
Mailing Address 921 Canal Street		Amount of Each Disbursement this Period 250.00
City New Orleans State LA Zip Code 70112-	Category/ Type	
Purpose of Disbursement PRO-RATED DEC. LODGING		
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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

Full Name (Last, First, Middle Initial) B. Ritz Carlton		Transaction ID: 70730.E9118 Date of Disbursement 01 / 23 / 2007
Mailing Address 921 Canal Street		Amount of Each Disbursement this Period 111.32
City New Orleans State LA Zip Code 70112-	Category/ Type	
Purpose of Disbursement PRO-RATED DEC. LODGING		
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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 70730.E9120 Date of Disbursement 01 / 23 / 2007
Mailing Address 921 Canal Street		Amount of Each Disbursement this Period 169.24
City New Orleans State LA Zip Code 70112-	Category/ Type	
Purpose of Disbursement PRO-RATED DEC. LODGING		
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) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ritz Carlton		Transaction ID: 70730.E9116 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 921 Canal Street		Amount of Each Disbursement this Period 84.62	
City New Orleans State LA Zip Code 70112-	Purpose of Disbursement PRO-RATED DEC. LODGING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	

Full Name (Last, First, Middle Initial) B. Circuit City		Transaction ID: 70730.E9059 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 7700 North Kendall Drive - 400		Amount of Each Disbursement this Period 64.19	
City Miami State FL Zip Code 33156-	Purpose of Disbursement PRO-RATED EQUIPMENT	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED EQUIPMENT	

Full Name (Last, First, Middle Initial) C. Circuit City		Transaction ID: 70730.E9058 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 7700 North Kendall Drive - 400		Amount of Each Disbursement this Period 299.57	
City Miami State FL Zip Code 33156-	Purpose of Disbursement PRO-RATED EQUIPMENT	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED EQUIPMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Boston Coach		Transaction ID: 70730.E9049 Date of Disbursement 01 / 23 / 2007	
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 88.99	
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED DEC. CAR SERVICE	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] MEMO: PRO-RATED DEC. CAR SERVICE		

Full Name (Last, First, Middle Initial) B. Boston Coach		Transaction ID: 70730.E9050 Date of Disbursement 01 / 23 / 2007	
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 73.99	
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED DEC. CAR SERVICE	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] MEMO: PRO-RATED DEC. CAR SERVICE		

Full Name (Last, First, Middle Initial) C. Boston Coach		Transaction ID: 70730.E9054 Date of Disbursement 01 / 23 / 2007	
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 42.13	
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED DEC. CAR SERVICE	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] MEMO: PRO-RATED DEC. CAR SERVICE		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Boston Coach		Transaction ID: 70730.E9051 Date of Disbursement 01 / 23 / 2007	
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 48.63	
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED DEC. CAR SERVICE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. CAR SERVICE	

Full Name (Last, First, Middle Initial) B. PC Connection		Transaction ID: 70730.E9055 Date of Disbursement 01 / 23 / 2007	
Mailing Address 730 Milford Road		Amount of Each Disbursement this Period 208.33	
City Merrimack State NH Zip Code 03054-	Purpose of Disbursement PRO-RATED COMPUTERS	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED COMPUTERS	

Full Name (Last, First, Middle Initial) C. PC Connection		Transaction ID: 70730.E9056 Date of Disbursement 01 / 23 / 2007	
Mailing Address 730 Milford Road		Amount of Each Disbursement this Period 80.66	
City Merrimack State NH Zip Code 03054-	Purpose of Disbursement PRO-RATED COMPUTERS	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED COMPUTERS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bradley Executive		Transaction ID: 70730.E9053 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 321 N University Dr.		Amount of Each Disbursement this Period 123.59
City Fort Lauderdale State FL Zip Code 33317-	[MEMO ITEM] MEMO: PRO-RATED DEC. CAR SERVICE	
Purpose of Disbursement PRO-RATED DEC. CAR SERVICE		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. Bradley Executive		Transaction ID: 70730.E9052 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 321 N University Dr.		Amount of Each Disbursement this Period 112.75
City Fort Lauderdale State FL Zip Code 33317-	[MEMO ITEM] MEMO: PRO-RATED DEC. CAR SERVICE	
Purpose of Disbursement PRO-RATED DEC. CAR SERVICE		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) C. Winston Flowers		Transaction ID: 70730.E9107 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 131 Newbury St		Amount of Each Disbursement this Period 58.25
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED FLOWERS	
Purpose of Disbursement PRO-RATED FLOWERS		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Winston Flowers		Transaction ID: 70730.E9105 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 131 Newbury St		Amount of Each Disbursement this Period 47.25
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED FLOWERS	
Purpose of Disbursement PRO-RATED FLOWERS 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. Winston Flowers		Transaction ID: 70730.E9104 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 131 Newbury St		Amount of Each Disbursement this Period 57.25
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED FLOWERS	
Purpose of Disbursement PRO-RATED FLOWERS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Winston Flowers		Transaction ID: 70730.E9106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 131 Newbury St		Amount of Each Disbursement this Period 52.00
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED FLOWERS	
Purpose of Disbursement PRO-RATED FLOWERS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. CambridgeSide Galleria		Transaction ID: 70730.E9057 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 100 CambridgeSide Place		Amount of Each Disbursement this Period 1663.85
City Cambridge State MA Zip Code 02141-	[MEMO ITEM] MEMO: PRO-RATED EQUIPMENT	
Purpose of Disbursement PRO-RATED EQUIPMENT 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. Government Center Garage		Transaction ID: 70730.E9138 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 150.00
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PRO-RATED DEC. PARKING	
Purpose of Disbursement PRO-RATED DEC. PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Hyatt Hotel		Transaction ID: 70730.E9125 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1 Market Place #33		Amount of Each Disbursement this Period 10000.00
City San Diego State CA Zip Code 92101-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hyatt Hotel		Transaction ID: 70730.E9126 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1 Market Place #33		Amount of Each Disbursement this Period 13650.41
City San Diego State CA Zip Code 92101-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING 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. Marriott Hotel		Transaction ID: 70730.E9112 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 101.14
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Marriott Hotel		Transaction ID: 70730.E9108 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 303.41
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Marriott Hotel		Transaction ID: 70730.E9109 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 100.45
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING		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. Marriott Hotel		Transaction ID: 70730.E9110 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 104.77
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING		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) C. Marriott Hotel		Transaction ID: 70730.E9111 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 104.25
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Park Plaza Hotel		Transaction ID: 70730.E9122 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 64 Arlington Street		Amount of Each Disbursement this Period 235.02
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING 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. Sheraton Hotel		Transaction ID: 70730.E9123 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 39 Dalton Street		Amount of Each Disbursement this Period 202.74
City Boston State MA Zip Code 02199-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sheraton Hotel		Transaction ID: 70730.E9124 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 39 Dalton Street		Amount of Each Disbursement this Period 75.48
City Boston State MA Zip Code 02199-	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING	
Purpose of Disbursement PRO-RATED DEC. LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. The Fairmont Hotel		Transaction ID: 70730.E9114 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 170 S Market Street		Amount of Each Disbursement this Period 159.95
City San Jose State CA Zip Code 95113-	Purpose of Disbursement PRO-RATED DEC. LODGING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

Full Name (Last, First, Middle Initial) B. The Fairmont Hotel		Transaction ID: 70730.E9113 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 170 S Market Street		Amount of Each Disbursement this Period 115.95
City San Jose State CA Zip Code 95113-	Purpose of Disbursement PRO-RATED DEC. LODGING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

Full Name (Last, First, Middle Initial) C. The Fairmont Hotel		Transaction ID: 70730.E9115 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 170 S Market Street		Amount of Each Disbursement this Period 267.90
City San Jose State CA Zip Code 95113-	Purpose of Disbursement PRO-RATED DEC. LODGING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED DEC. LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Marina Inn Full Name (Last, First, Middle Initial) Marina Inn Mailing Address 8550 Marina Pkwy City Myrtle Beach State SC Zip Code 29572- Purpose of Disbursement PRO-RATED DEC. LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70730.E9127 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 1424.05 [MEMO ITEM] MEMO: PRO-RATED DEC. LODGING
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B. Kendall Press Full Name (Last, First, Middle Initial) Kendall Press Mailing Address 36 Charles Street City Cambridge State MA Zip Code 02141- Purpose of Disbursement PRO-RATED PRINTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70730.E9154 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 4597.35 [MEMO ITEM] MEMO: PRO-RATED PRINTING
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C. Ruth Chris Steakhouse Full Name (Last, First, Middle Initial) Ruth Chris Steakhouse Mailing Address 45 School Street City Boston State MA Zip Code 02108- Purpose of Disbursement PRO-RATED DEC. FOOD Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70730.E9165 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.50 [MEMO ITEM] MEMO: PRO-RATED DEC. FOOD
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ruth Chris Steakhouse		Transaction ID: 70730.E9163 Date of Disbursement 01 / 23 / 2007
Mailing Address 45 School Street		Amount of Each Disbursement this Period 73.61
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED DEC. FOOD	
Purpose of Disbursement PRO-RATED DEC. FOOD 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. Walmart Super Center		Transaction ID: 70730.E9061 Date of Disbursement 01 / 23 / 2007
Mailing Address 4253 Denny		Amount of Each Disbursement this Period 528.25
City Pascagoula State MS Zip Code 39567-	[MEMO ITEM] MEMO: PRO-RATED EQUIPMENT	
Purpose of Disbursement PRO-RATED EQUIPMENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Walmart Super Center		Transaction ID: 70730.E9060 Date of Disbursement 01 / 23 / 2007
Mailing Address 4253 Denny		Amount of Each Disbursement this Period 619.10
City Pascagoula State MS Zip Code 39567-	[MEMO ITEM] MEMO: PRO-RATED EQUIPMENT	
Purpose of Disbursement PRO-RATED EQUIPMENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Walmart Super Center		Transaction ID: 70730.E9129 Date of Disbursement 01 / 23 / 2007
Mailing Address 4253 Denny		Amount of Each Disbursement this Period 44.65
City Pascagoula	State MS	
Zip Code 39567-		[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		
Candidate Name		Category/ Type
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. St. Francis Winery		Transaction ID: 70730.E9064 Date of Disbursement 01 / 23 / 2007
Mailing Address 100 Pythian Road		Amount of Each Disbursement this Period 1142.15
City Santa Rosa	State CA	
Zip Code 95409-		[MEMO ITEM] MEMO: PRO-RATED DEC. EVENT EXPENSES
Purpose of Disbursement PRO-RATED DEC. EVENT EXPENSES		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. Smith & Wollensky		Transaction ID: 70730.E9101 Date of Disbursement 01 / 23 / 2007
Mailing Address 1 Washington Avenue		Amount of Each Disbursement this Period 260.92
City Miami	State FL	
Zip Code 33139-		[MEMO ITEM] MEMO: PRO-RATED FOOD
Purpose of Disbursement PRO-RATED FOOD		
Candidate Name		Category/ Type
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: _____		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 70727.E8971 Date of Disbursement MM / DD / YYYY 02 / 15 / 2007
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1248.92
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) B. Sharemethods		Transaction ID: 70730.E9157 Date of Disbursement MM / DD / YYYY 02 / 15 / 2007
Mailing Address 349 Montrose Avenue		Amount of Each Disbursement this Period 641.50
City South Orange State NJ Zip Code 07079-	Purpose of Disbursement PRO-RATED RENTAL CAR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED RENTAL CAR

Full Name (Last, First, Middle Initial) C. Avis Car Rental		Transaction ID: 70730.E9174 Date of Disbursement MM / DD / YYYY 02 / 15 / 2007
Mailing Address 137 S Hangar Dr		Amount of Each Disbursement this Period 334.24
City Jackson State MS Zip Code 39208-2302	Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶	1248.92
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 200008227 Date of Disbursement MM / DD / YYYY 03 / 23 / 2007	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1049.82	
City Fort Lauderdale	State FL	Zip Code 33336-0001	Category/ Type
Purpose of Disbursement PRO-RATED CREDIT CARD			
Candidate Name		PRO-RATED CREDIT CARD	
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. American Express		Transaction ID: 70727.E8970 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 847.73	
City Fort Lauderdale	State FL	Zip Code 33336-0001	Category/ Type
Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW			
Candidate Name		PRO-RATED CREDIT CARD: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Interpark		Transaction ID: 70729.E9010 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007	
Mailing Address 318 S Federal St		Amount of Each Disbursement this Period 337.50	
City Chicago	State IL	Zip Code 60604-	Category/ Type
Purpose of Disbursement PRO-RATED PARKING			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED PARKING	
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:			

SUBTOTAL of Disbursements This Page (optional)	1897.55
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 70730.E9169 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 12.36
City New York State NY Zip Code 10018-6504	[MEMO ITEM] MEMO: PRO-RATED	
Purpose of Disbursement PRO-RATED 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. Staples		Transaction ID: 70730.E9172 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 26.41
City New York State NY Zip Code 10018-6504	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 70730.E9170 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 18.37
City New York State NY Zip Code 10018-6504	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 70730.E9171 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 4.66
City New York State NY Zip Code 10018-6504	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		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. Staples		Transaction ID: 70730.E9168 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 500 8th Ave		Amount of Each Disbursement this Period 5.25
City New York State NY Zip Code 10018-6504	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		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) C. Government Center Garage		Transaction ID: 70729.E9011 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 320.00
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 70729.E9007 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 4.50
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEES

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 70729.E9008 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 298.00
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEES

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 70727.E8977 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 35.00
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional) ▶	337.50
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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Encore Graphics, Inc.		Transaction ID: 70729.E9012 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1285 Triangle Court		Amount of Each Disbursement this Period 5000.00
City West Sacramento State CA Zip Code 95605-	Category/ Type MARKETING FEES	
Purpose of Disbursement MARKETING FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Phillips Group		Transaction ID: 200008754 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 98 Findley St		Amount of Each Disbursement this Period 5300.00
City Elkins State WV Zip Code 26241-3306	Category/ Type PRO-RATED EVENT CONSULTING	
Purpose of Disbursement PRO-RATED EVENT CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Woods Herberger Group		Transaction ID: 200008752 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 9200 South Dadeland Boulevard, Sui		Amount of Each Disbursement this Period 522.04
City Miami State FL Zip Code 33156-	Category/ Type PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10822.04
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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Adp Inc.		Transaction ID: 200008162 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 226.60
City Roseland State NJ Zip Code 07068-	Purpose of Disbursement PAYROLL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES

Full Name (Last, First, Middle Initial) B. Aristotle Inc		Transaction ID: 200008397 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1625.00
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement PRO-RATED COMPLIANCE SOFTWARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED COMPLIANCE SOFTWARE

Full Name (Last, First, Middle Initial) C. CMDI Inc.		Transaction ID: 200008421 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 1003.56
City Falls Church State VA Zip Code 22043-	Purpose of Disbursement PRO-RATED DATABASE SERVICES 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) ▼	PRO-RATED DATABASE SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	2855.16
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. CMDI Inc.		Transaction ID: 200008284 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 400.00	
City Falls Church State VA Zip Code 22043-	Purpose of Disbursement PRO-RATED DATABASE SERVICES	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) ▼	PRO-RATED DATABASE SERVICES	

Full Name (Last, First, Middle Initial) B. Keith Jacobson Quintet		Transaction ID: 200008296 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 5674 Bromley Way		Amount of Each Disbursement this Period 550.00	
City San Diego State CA Zip Code 92120-	Purpose of Disbursement PRO-RATED EVENT EXPENSE	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) ▼	PRO-RATED EVENT EXPENSE	

Full Name (Last, First, Middle Initial) C. Sentient Jet		Transaction ID: 200008115 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 3069.02	
City Weymouth State MA Zip Code 02189-	Purpose of Disbursement PRO-RATED STAFF 2006 TRAVEL	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) ▼	PRO-RATED STAFF 2006 TRAVEL	

SUBTOTAL of Disbursements This Page (optional) ▶	4019.02
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sentient Jet		Transaction ID: 200008133 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 3345.24
City Weymouth State MA Zip Code 02189-	Category/ Type PRO-RATED STAFF 2006 TRAV- EL	
Purpose of Disbursement PRO-RATED STAFF 2006 TRAVEL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Catering Jules		Transaction ID: 200008412 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 66 South St		Amount of Each Disbursement this Period 1021.68
City Somerville State MA Zip Code 02143-4226	Category/ Type PRO-RATED EVENT CATERING	
Purpose of Disbursement PRO-RATED EVENT CATERING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Catering Jules		Transaction ID: 200008743 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 66 South St		Amount of Each Disbursement this Period 163.54
City Somerville State MA Zip Code 02143-4226	Category/ Type PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4530.46
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Fedex Kinkos		Transaction ID: 200008450 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 230.11	
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement PRO-RATED SHIPPING Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Old City Landmark Corporation		Transaction ID: 200008350 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 45 School St		Amount of Each Disbursement this Period 7422.54	
City Boston State MA Zip Code 02108-3206	Purpose of Disbursement PRO-RATED RENT Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Old City Landmark Corporation		Transaction ID: 200008738 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 45 School St		Amount of Each Disbursement this Period 7422.54	
City Boston State MA Zip Code 02108-3206	Purpose of Disbursement PRO-RATED RENT Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	15075.19
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Old City Landmark Corporation		Transaction ID: 200008181 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 45 School St		Amount of Each Disbursement this Period 465.00
City Boston State MA Zip Code 02108-3206	Category/ Type PRO-RATED RENT	
Purpose of Disbursement PRO-RATED RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ENilsson, LLC		Transaction ID: 200008721 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 10433.53
City Westford State MA Zip Code 01886-2608	Category/ Type PRO-RATED WEBSITE DESIGN	
Purpose of Disbursement PRO-RATED WEBSITE DESIGN		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ENilsson, LLC		Transaction ID: 70727.E8980 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 100.00
City Westford State MA Zip Code 01886-2608	Category/ Type PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10998.53
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. ENilsson, LLC		Transaction ID: 70727.E8976 Date of Disbursement MM / DD / YYYY 06 / 27 / 2007
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 200.00
City Westford	State MA Zip Code 01886-2608	
Purpose of Disbursement PRO-RATED CONSULTING		PRO-RATED CONSULTING
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. SJZ, LLC		Transaction ID: 200006957 Date of Disbursement MM / DD / YYYY 01 / 02 / 2007
Mailing Address PO Box 151		Amount of Each Disbursement this Period 51244.38
City Boston	State MA Zip Code 02117-0151	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		PRO-RATED FUNDRAISING CONSULTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stone & Company, LLC		Transaction ID: 200008733 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 57 Bedford Street, STE 225		Amount of Each Disbursement this Period 6600.00
City Lexington	State MA Zip Code 02420-4443	
Purpose of Disbursement PRO-RATED ACCOUNTING FEES		PRO-RATED ACCOUNTING FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	58044.38
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Dynamic Marketing, Inc.		Transaction ID: 200008424 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 1145 W Collins Ave		Amount of Each Disbursement this Period 1415.47
City Orange State CA Zip Code 92867-5445	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING		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. Commonwealth of Massachusetts		Transaction ID: 70727.E8985 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address Executive Department State House		Amount of Each Disbursement this Period 543.00
City Boston State MA Zip Code 02133-	INCOME TAX	
Purpose of Disbursement INCOME TAX		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) C. Mrs. Michelle McCarthy		Transaction ID: 200008734 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 105 E. 89th Street, Apt. 5F		Amount of Each Disbursement this Period 1600.00
City New York State NY Zip Code 10128-	PRO-RATED FUNDRAISING CON- SULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3558.47
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Beth Myers		Transaction ID: 200008342 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 201 Buckminster Road		Amount of Each Disbursement this Period 2500.00
City Brookline State MA Zip Code 02445-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		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. Union Club Of Boston		Transaction ID: 200008240 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Eight Park Street		Amount of Each Disbursement this Period 1374.20
City Boston State MA Zip Code 02108-	PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE		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) C. Stanford Park Hotel		Transaction ID: 200008383 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 277.34
City Menlo Park State CA Zip Code 94025-	PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4151.54
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sheri Geoffreys Photograph		Transaction ID: 200008722 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 700 Heliotrope Ave.		Amount of Each Disbursement this Period 350.19
City Corona Del Mar State CA Zip Code 92625-	PRO-RATED PHOTOGRAPHY	
Purpose of Disbursement PRO-RATED PHOTOGRAPHY 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. Balfour Photography		Transaction ID: 200008327 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 2481 Mission Street		Amount of Each Disbursement this Period 2153.87
City San Marino State CA Zip Code 91108-	PRO-RATED PHOTOGRAPHER	
Purpose of Disbursement PRO-RATED PHOTOGRAPHER Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Kendall Press		Transaction ID: 200008253 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 182.30
City Cambridge State MA Zip Code 02141-	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2686.36
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Massachusetts Republican Party		Transaction ID: 200008506 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 85 Merrimac Street Suite 400		Amount of Each Disbursement this Period 881.61
City Boston State MA Zip Code 02114-	Category/ Type PRO-RATED CONSULTANT EXPENSE	
Purpose of Disbursement PRO-RATED CONSULTANT 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) ▼	

Full Name (Last, First, Middle Initial) B. Andrew Roach		Transaction ID: 200008755 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 999.37
City Cambridge State MA Zip Code 02139-	Category/ Type PRO-RATED REIMBURSEMENT: 2006 TRAVE	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: 2006 TRAVE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Andrew Roach		Transaction ID: 200008391 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 123.53
City Cambridge State MA Zip Code 02139-	Category/ Type PRO-RATED REIMBURSEMENT: 2006 TRAVE	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: 2006 TRAVE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2004.51
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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Guy Rodgers		Transaction ID: 200008727 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 5142 Yestcroaks Place		Amount of Each Disbursement this Period 457.69
City Pensacola State FL Zip Code 32504-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: DEC. TRAVE 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) ▼	PRO-RATED REIMBURSEMENT: DEC. TRAVE

Full Name (Last, First, Middle Initial) B. Mindshift Technologies, Inc.		Transaction ID: 200007048 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 2935.14
City Waltham State MA Zip Code 02452-	Purpose of Disbursement PRO-RATED OFFICE IT 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) ▼	PRO-RATED OFFICE IT

Full Name (Last, First, Middle Initial) C. Mindshift Technologies, Inc.		Transaction ID: 200008513 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 2960.03
City Waltham State MA Zip Code 02452-	Purpose of Disbursement PRO-RATED OFFICE IT 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) ▼	PRO-RATED OFFICE IT

SUBTOTAL of Disbursements This Page (optional) ▶	6352.86
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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mindshift Technologies, Inc.		Transaction ID: 200008209 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 406.06
City Waltham State MA Zip Code 02452-	PRO-RATED OFFICE IT	
Purpose of Disbursement PRO-RATED OFFICE IT		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. Mindshift Technologies, Inc.		Transaction ID: 70727.E8988 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 881.53
City Waltham State MA Zip Code 02452-	PRO-RATED OFFICE IT	
Purpose of Disbursement PRO-RATED OFFICE IT		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) C. Mindshift Technologies, Inc.		Transaction ID: 70727.E8986 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 558.50
City Waltham State MA Zip Code 02452-	PRO-RATED OFFICE IT SERVI- CES	
Purpose of Disbursement PRO-RATED OFFICE IT SERVICES		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1846.09
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mindshift Technologies, Inc.		Transaction ID: 70727.E8987 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 30.00
City Waltham State MA Zip Code 02452-	Purpose of Disbursement PRO-RATED OFFICE IT 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) ▼	PRO-RATED OFFICE IT

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 200008737 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 536216		Amount of Each Disbursement this Period 104.89
City Atlanta State GA Zip Code 30353-6216	Purpose of Disbursement PRO-RATED STAFF CELL PHONES 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) ▼	PRO-RATED STAFF CELL PHONES

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 200008149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 536216		Amount of Each Disbursement this Period 815.89
City Atlanta State GA Zip Code 30353-6216	Purpose of Disbursement PRO-RATED STAFF CELL PHONES 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) ▼	PRO-RATED STAFF CELL PHONES

SUBTOTAL of Disbursements This Page (optional) ▶	950.78
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 200008155
Mailing Address P.O. Box 536216		Date of Disbursement 03 / 09 / 2007
City Atlanta	State GA	Zip Code 30353-6216
Purpose of Disbursement PRO-RATED STAFF CELL PHONES		Amount of Each Disbursement this Period 157.50
Candidate Name		Category/Type
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:	PRO-RATED STAFF CELL PHONES	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 200007050
Mailing Address PO Box 15023		Date of Disbursement 01 / 02 / 2007
City Worcester	State MA	Zip Code 01615-0023
Purpose of Disbursement PRO-RATED STAFF CELL PHONES		Amount of Each Disbursement this Period 1518.80
Candidate Name		Category/Type
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:	PRO-RATED STAFF CELL PHONES	

SUBTOTAL of Disbursements This Page (optional)	▶	1676.30
TOTAL This Period (last page this line number only)	▶	324931.36

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Fred Carpenter		Transaction ID: 200008730 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 3997 El Lado Drive		Amount of Each Disbursement this Period 1000.00
City Glendale State CA Zip Code 91214-	010 Category/ Type	
Purpose of Disbursement Refund of Contribution 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. Kendall Hales		Transaction ID: 200008731 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 2852 Foothill Blvd.		Amount of Each Disbursement this Period 1000.00
City La Crescenta State CA Zip Code 91214-	010 Category/ Type	
Purpose of Disbursement Refund of Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dieter Kuster		Transaction ID: 200008729 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address PO Box 676268		Amount of Each Disbursement this Period 5000.00
City Rancho Santa Fe State CA Zip Code 92067-	010 Category/ Type	
Purpose of Disbursement Refund of Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Tracy Price		Transaction ID: 200008210 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 8 Hughes		Amount of Each Disbursement this Period 5000.00	
City Irvine State CA Zip Code 92618-	Purpose of Disbursement Refund of Contribution Candidate Name Category/ Type 010	Amount of Each Disbursement this Period 5000.00	
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. Ursala Wagstaff-Kuster		Transaction ID: 200008732 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address PO Box 676268		Amount of Each Disbursement this Period 5000.00	
City Rancho Santa Fe State CA Zip Code 92067-	Purpose of Disbursement Refund of Contribution Candidate Name Category/ Type 010	Amount of Each Disbursement this Period 5000.00	
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) ►

10000.00

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

17000.00