

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
LEGPAC

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		10359.05
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	10359.05									
(c) Total Receipts (from Line 19)	48298.52	48298.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58657.57	58657.57								
7. Total Disbursements (from Line 31)	54572.86	54572.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4084.71	4084.71								
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
LEGPAC

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	5000.00	5000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	41852.31	41852.31
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	46852.31	46852.31
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)	1446.21	1446.21
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48298.52	48298.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48298.52	48298.52

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.....	48272.86	48272.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	48272.86	48272.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	300.00	300.00
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))..	54572.86	54572.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	54572.86	54572.86

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)	46852.31	46852.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46852.31	46852.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48272.86	48272.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	1446.21	1446.21
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46826.65	46826.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 22	
	(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"/> 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) LEGPAC

A. Full Name (Last, First, Middle Initial) Roger Lipitz		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	7														
Mailing Address 2908 Indigobush Way		Transaction ID: SA11A1.4509																					
City State Zip Code Naples FL 34105-3007	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="3">5000.00</td> </tr> </table>			5000.00																			
5000.00																							
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table>	C																						
C																							
Name of Employer N/A	Occupation Retired																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="3">5000.00</td> </tr> </table>			5000.00																			
5000.00																							

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00			

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LEGPAC

Full Name (Last, First, Middle Initial) A. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE ('OPHTHPAC')		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007
Mailing Address 655 Beach Street		Transaction ID: SA11C.4503
City State Zip Code San Francisco CA 94109	FEC ID number of contributing federal political committee. C C00196246	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) B. AMERICAN ACADEMY OF OTOLARYNGOLOGY - HEAD AND NECK SURGER		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address One Prince Street		Transaction ID: SA11C.4504
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. C C00306449	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) C. AMERICAN DENTAL POLITICAL ACTION CMTE.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007
Mailing Address 1111 14th Street NW Suite 1100		Transaction ID: SA11C.4507
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00000729	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

SUBTOTAL of Receipts This Page (optional)	7500.00
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 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LEGPAC

Full Name (Last, First, Middle Initial) A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007
Mailing Address 1201 L STREET NW		Transaction ID: SA11C.4506
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00006080	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	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. AMGEN INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2007
Mailing Address 555 13th St NW Suite 600 West		Transaction ID: SA11C.4494
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C C00251876	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) C. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)		Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2007
Mailing Address 175 E. Houston Street Room 7-A-50		Transaction ID: SA11C.4492
City San Antonio State TX Zip Code 78205	FEC ID number of contributing federal political committee. C C00109017	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

SUBTOTAL of Receipts This Page (optional)	▶	9500.00
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 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LEGPAC

Full Name (Last, First, Middle Initial) A. CONSTELLATION ENERGY GROUP INC. FEDERAL PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 750 E. Pratt St. 5th Floor P.O. Box 1475		Transaction ID: SA11C.4454
City State Zip Code Baltimore MD 21202	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00041376		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 900 Seventh St. N.W.		Transaction ID: SA11C.4426
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00027342		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1401 H STREET NW SUITE 1200		Transaction ID: SA11C.4515
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 2352.31	
FEC ID number of contributing federal political committee. C C00105981		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2352.31	In-kind - Catering

SUBTOTAL of Receipts This Page (optional) ▶	12352.31
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: PAGE 10 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LEGPAC

Full Name (Last, First, Middle Initial)
A. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)
 Mailing Address 1401 H STREET NW SUITE 1200
 City State Zip Code
 WASHINGTON DC 20005
 FEC ID number of contributing federal political committee. **C** C00105981
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4852.31

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7
Transaction ID: SA11C.4496
 Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC
 Mailing Address 1325 Massachusetts Ave. NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C** C00238725
 Name of Employer Occupation
 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 5 / 2 5 / 2 0 0 7
Transaction ID: SA11C.4499
 Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. Real Estate Investment Trusts Political Action Committee
 Mailing Address 1875 I Street , NW Suite #600
 City State Zip Code
 Washington DC 20006
 FEC ID number of contributing federal political committee. **C** C00303339
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7
Transaction ID: SA11C.4498
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00
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:	PAGE 11 / 22
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LEGPAC

Full Name (Last, First, Middle Initial)
A. SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 1025 CONNECTICUT AVENUE N.W.
SUITE 1104

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: SA11C.4501

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	41852.31

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 22
	(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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LEGPAC

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

Mailing Address 700 Red Brook Blvd.
Suite 200

City Owings Mills State MD Zip Code 21117

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1446.21

Date of Receipt

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

Transaction ID: SA15.4511

Amount of Each Receipt this Period
1446.21

Reimbursement of Tax Deposit

SUBTOTAL of Receipts This Page (optional)	▶	1446.21
TOTAL This Period (last page this line number only)	▶	1446.21

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 13 / 22

<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)
LEGPAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: SB21B.4467 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 730 15th St., NW 4th Floor		Amount of Each Disbursement this Period 304.99
City Washington State DC Zip Code 20005	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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: SB21B.4473 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 730 15th St., NW 4th Floor		Amount of Each Disbursement this Period 3.00
City Washington State DC Zip Code 20005	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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: SB21B.4482 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 730 15th St., NW 4th Floor		Amount of Each Disbursement this Period 3.00
City Washington State DC Zip Code 20005	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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	310.99
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 22

<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)
LEGPAC

Full Name (Last, First, Middle Initial) A. Comptroller of Maryland		Transaction ID: SB21B.4480 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address Remittance Processing Center		Amount of Each Disbursement this Period 955.75
City Annapolis State MD Zip Code 21411-0002	Purpose of Disbursement Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Erickson & Co.		Transaction ID: SB21B.4491 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 38 Ivy St., SE		Amount of Each Disbursement this Period 6000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Evans & Katz LLC		Transaction ID: SB21B.4474 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 1831 Bay Street, SE		Amount of Each Disbursement this Period 1026.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Accounting 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	7982.28
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 15 / 22

<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)
LEGPAC

Full Name (Last, First, Middle Initial) A. Evans & Katz LLC		Transaction ID: SB21B.4479 Date of Disbursement 06 / 16 / 2007
Mailing Address 1831 Bay Street, SE		Amount of Each Disbursement this Period 260.12
City Washington State DC Zip Code 20003	Purpose of Disbursement Accounting 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Jamie Fontaine		Transaction ID: SB21B.4427 Date of Disbursement 01 / 11 / 2007
Mailing Address c/o Rombro Associates 22 Light St, 4th Floor		Amount of Each Disbursement this Period 4000.00
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Jamie Fontaine		Transaction ID: SB21B.4458 Date of Disbursement 01 / 31 / 2007
Mailing Address c/o Rombro Associates 22 Light St, 4th Floor		Amount of Each Disbursement this Period 2534.68
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6794.80
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)

PAGE 16 / 22

<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)
LEGPAC

Full Name (Last, First, Middle Initial) A. Jamie Fontaine		Transaction ID: SB21B.4460 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address c/o Rombro Associates 22 Light St, 4th Floor		Amount of Each Disbursement this Period 385.50
City Baltimore State MD Zip Code 21202		
Purpose of Disbursement Salary 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. Jamie Fontaine		Transaction ID: SB21B.4464 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address c/o Rombro Associates 22 Light St, 4th Floor		Amount of Each Disbursement this Period 2534.68
City Baltimore State MD Zip Code 21202		
Purpose of Disbursement Salary 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. Government of the District of Columbia		Transaction ID: SB21B.4475 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address P.O.Box 96664		Amount of Each Disbursement this Period 261.00
City Washington State DC Zip Code 20090-6664		
Purpose of Disbursement Taxes 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) ▶	3181.18
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)
LEGPAC

Full Name (Last, First, Middle Initial) A. Government of the District of Columbia		Transaction ID: SB21B.4486 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O.Box 96664		Amount of Each Disbursement this Period 103.65
City Washington State DC Zip Code 20090-6664	Purpose of Disbursement Assessment 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)		Transaction ID: SB21B.4516 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1401 H STREET NW SUITE 1200		Amount of Each Disbursement this Period 2352.31
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement In-kind - 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.4461 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 1911.32
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4367.28
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)
LEGPAC

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.4462 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 170.25
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Payroll Taxes 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. Paychex		Transaction ID: SB21B.4465 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 1899.32
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Payroll Taxes 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. Paychex		Transaction ID: SB21B.4463 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 111.84
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Payroll Services 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) ▶	2181.41
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 / 22

<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)
LEGPAC

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.4468 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 176.90
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Payroll 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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.4469 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 246.13
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Payroll 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) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.4472 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 49.70
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Payroll 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) ▶	472.73
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 20 / 22

<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)
LEGPAC

Full Name (Last, First, Middle Initial) A. The Boulders Resort		Transaction ID: SB21B.4429 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 34631 N. Tom Darlington Dr.		Amount of Each Disbursement this Period 2500.00
City Carefree State AZ Zip Code 85377		
Purpose of Disbursement Deposit for Fundraising Event	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. The Boulders Resort		Transaction ID: SB21B.4485 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 34631 N. Tom Darlington Dr.		Amount of Each Disbursement this Period 15914.41	
City Carefree State AZ Zip Code 85377			
Purpose of Disbursement Facility Rental/Catering 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) ▼		

Full Name (Last, First, Middle Initial) C. U.S. Treasury		Transaction ID: SB21B.4456 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address P.O. Box 970030		Amount of Each Disbursement this Period 4510.96	
City St. Louis State MO Zip Code 63197			
Purpose of Disbursement Taxes			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) ▶	22925.37
TOTAL This Period (last page this line number only) ▶	48216.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LEGPAC

Full Name (Last, First, Middle Initial)
A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Contribution
Candidate Name

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

State: District:

Transaction ID: SB23.4490
Date of Disbursement
06 / 29 / 2007

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
B. TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1859

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement Contribution
Candidate Name TIM JOHNSON

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: SD District:

Transaction ID: SB23.4484
Date of Disbursement
06 / 13 / 2007

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	6000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

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

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NAME OF COMMITTEE (In Full)
LEGPAC

Full Name (Last, First, Middle Initial) A. Beth Tfiloh Brotherhood		Transaction ID: SB29.4513 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 3300 Old Court Road		Amount of Each Disbursement this Period 300.00	
City Pikesville	State MD	Zip Code 21208-3346	Category/ Type
Purpose of Disbursement Donation		<input type="checkbox"/>	
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)	300.00
TOTAL This Period (last page this line number only)	300.00