

# 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  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

ADDRESS (number and street) 1201 F St. NW  
Suite 200  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00101105  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael Maloney

Signature of Treasurer Electronically Filed by Michael Maloney Date 05 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		1320150.69
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	202751.51									
(c) Total Receipts (from Line 19) .....	42403.74	1581777.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	245155.25	2901928.02								
7. Total Disbursements (from Line 31) .....	6925.00	2663697.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	238230.25	238230.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17386.72	627950.19
(i) Itemized (use Schedule A) .....	19302.02	892488.07
(ii) Unitemized .....	36688.74	1520438.26
(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) .....	36688.74	1520438.26
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	412.00	412.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5303.00	60927.07
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)) .....	42403.74	1581777.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42403.74	1581777.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1636729.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1636729.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	726437.02
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 .....	5425.00	84598.00
(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)) .....	5425.00	84598.00
29. Other Disbursements.....	0.00	215933.59
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))..	6925.00	2663697.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6925.00	2663697.77

**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) .....	36688.74	1520438.26
34. Total Contribution Refunds (from Line 28(d)) .....	5425.00	84598.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31263.74	1435840.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1636729.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1636729.16

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Walter Adams		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 249 Monument Road		<b>Transaction ID:</b> 1PWLQ2806275
City Hamburg	State PA	Zip Code 19526-8350
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Adams Farm	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Todd Amen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 3500 49th St		<b>Transaction ID:</b> 473221
City Greeley	State CO	Zip Code 80634-9500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Amen Oilfield Service Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jim Anderson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 3856 W 200 S		<b>Transaction ID:</b> 473162
City Frankfort	State IN	Zip Code 46041
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer James R. Anderson	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> 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 7 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. AZ Plasterers</b>		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 105 N Granada Drive		<b>Transaction ID: A4RTZP046433</b>
City Chino Valley	State AZ	Zip Code 86323-5963
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Turner</b>		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 105 N Granada Drive		<b>Transaction ID: 89195-75205630064011</b>
City Chino Valley	State AZ	Zip Code 86323-5963
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer AZ Plasterers	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. B J Potts Timber Company</b>		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 673 Wheeler Road		<b>Transaction ID: A4RTZP037533</b>
City Palmeresville	State TN	Zip Code 38241-3102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> 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 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) B. J. Potts		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 673 Wheeler Road		<b>Transaction ID:</b> 89195-65621584653855
City State Zip Code Palmersville TN 38241-3102	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	[MEMO ITEM]	
Name of Employer Occupation B J Potts Timber Company President	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Barbara's Snip N Clip		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 507 East McGlincey Lane		<b>Transaction ID:</b> 1PWLPW218886
City State Zip Code Campbell CA 95008-4906	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	[MEMO ITEM]	
Name of Employer Occupation Barbara's Snip N Clip President	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Barbara Baymiller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 507 East McGlincey Lane		<b>Transaction ID:</b> 38944-51220339536667
City State Zip Code Campbell CA 95008-4906	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	[MEMO ITEM]	
Name of Employer Occupation Barbara's Snip N Clip President	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> 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 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Walter Bastin

Mailing Address PO Box 1075

City State Zip Code  
Poplar MT 59255-1075

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

Name of Employer Occupation  
Wally's Grocery President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** 7NC0IY128641

Amount of Each Receipt this Period  
175.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Blasinsky

Mailing Address 1201 F Street Northwest Suite 200

City State Zip Code  
Washington DC 20004-1217

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

Name of Employer Occupation  
NFIB Senior Vice President and Chief of Sta

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 6

**Transaction ID:** 31KFWX751753

Amount of Each Receipt this Period  
83.34

**C.** Full Name (Last, First, Middle Initial)  
Mary Blasinsky

Mailing Address 1201 F Street Northwest Suite 200

City State Zip Code  
Washington DC 20004-1217

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

Name of Employer Occupation  
NFIB Senior Vice President and Chief of Sta

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** 7NC0NG751807

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>341.68</b>
<b>TOTAL</b> 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 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. James Bledsoe</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 1314 County Road 79 S		<b>Transaction ID: 473282</b>
City Eufaula	State AL	Zip Code 36027-4916
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer William Bledsoe & Sons In-c.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dave Blum</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2201 Pheasant Street		<b>Transaction ID: 7NCOIY843444</b>
City Brook Park	State MN	Zip Code 55007-4618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer BLUM Sand & Gravel	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Tammy Boehms</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1201 F Street, NW Suite 200		<b>Transaction ID: 31KFWX436284</b>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer NFIB	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>333.34</b>
<b>TOTAL</b> 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 / 63
	<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	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Tammy Boehms</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1201 F Street, NW Suite 200		<b>Transaction ID: 7NC0NG369132</b>	
City Washington      State DC      Zip Code 20004	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NFIB	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08		

Full Name (Last, First, Middle Initial) <b>B. John Brandreth</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address PO Box 1068		<b>Transaction ID: 30DZ6W947686</b>	
City Canton      State GA      Zip Code 30114-1068	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Southeastern Filtration & Equipment	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Patricia Burrer</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 71 S Gamble St		<b>Transaction ID: 473167</b>	
City Shelby      State OH      Zip Code 44875-1538	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shelby Floral Company	Occupation Vice-President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	433.34
<b>TOTAL</b> 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 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Bob Carnathan

Mailing Address 446 Quiggley Cir

City Harrisburg State PA Zip Code 17112-8950

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

Name of Employer Smith Staple & Supply Company  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

**Transaction ID: 472981**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Carpet Express

Mailing Address 611 W State Street #613

City Olean State NY Zip Code 14760-2336

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

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

**Transaction ID: 473109**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Willard Schram

Mailing Address 611 W State Street

City Olean State NY Zip Code 14760-2336

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

Name of Employer Carpet Express  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

**Transaction ID: 89312-55825442075729**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> 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 13 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Chilco Heating & Cooling L L P

Mailing Address PO Box 871

City State Zip Code  
Rathdrum ID 83858-0871

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: 1Q9B5C913553

Amount of Each Receipt this Period  
205.00

**B.** Full Name (Last, First, Middle Initial)  
Dan Peterson

Mailing Address PO Box 871

City State Zip Code  
Rathdrum ID 83858-0871

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

Name of Employer Occupation  
Chilco Heating & Cooling L L P President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: 33068-44196718931198

Amount of Each Receipt this Period  
205.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Harlan Crawford

Mailing Address PO Box 147

City State Zip Code  
Paris TN 38242-0147

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

Name of Employer Occupation  
NAPA Motor Parts Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

Transaction ID: 473285

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	305.00
<b>TOTAL</b> 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 14 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Hal Crews		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 310 E Railroad		<b>Transaction ID:</b> 473267	
City State Zip Code Cut Bank MT 59427-3022		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation 3-C Electric President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 505.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dan Danner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1201 F Street Northwest Suite 200		<b>Transaction ID:</b> 31KFWX970689	
City State Zip Code Washington DC 20004-1217		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NFIB Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.08	

<b>C.</b> Full Name (Last, First, Middle Initial) Dan Danner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1201 F Street Northwest Suite 200		<b>Transaction ID:</b> 7NC0NG351242	
City State Zip Code Washington DC 20004-1217		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NFIB Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	416.68
<b>TOTAL</b> 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 / 63
	<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	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Brenda Davidson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address PO Box 3538		<b>Transaction ID: 473088</b>	
City State Zip Code Jackson TN 38303-3538	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Davidson Titles, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Bobbie Davis</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 1963 Essex Ct		<b>Transaction ID: 472983</b>	
City State Zip Code Redlands CA 92373-8008	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Meter Maintenance & Contr-ols	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Diane Davis</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address PO Box 600		<b>Transaction ID: 0724127</b>	
City State Zip Code Penngrove CA 94951-0600	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Davis Does	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> 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 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Diamond O Dairy</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 2743 Baker Road		<b>Transaction ID: 0792510</b>	
City Modesto	State CA	Zip Code 95358-8263	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Rosey Omlin</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 2743 Baker Road		<b>Transaction ID: 74217-19974917173385</b>	
City Modesto	State CA	Zip Code 95358-8263	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Diamond O Dairy		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. Alberta Droddy</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 6423 Val Street		<b>Transaction ID: 0326923</b>	
City Groves	State TX	Zip Code 77619-5120	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bobby's License Service & Taxes		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> 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 / 63
	<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	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> E R W Construction		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 14757 Moffat Road		<b>Transaction ID:</b> 0698125	
City State Zip Code Temple TX 76502-6930	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Elvin Wolff		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 14757 Moffat Road		<b>Transaction ID:</b> 74217-88578432798386	
City State Zip Code Temple TX 76502-6930	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 275.00		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C.</b> Milton Ermis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 10108 FM 1458 Road		<b>Transaction ID:</b> 0755017	
City State Zip Code Sealy TX 77474-7732	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 50.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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 18 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Vergil Esau</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 3839 Dora St		<b>Transaction ID: 473135</b>	
City State Zip Code Wichita KS 67213-1210	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Handy Maining Service Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Scott Everson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 14019 216th Way Northeast		<b>Transaction ID: 0962246</b>	
City State Zip Code Woodinville WA 98072-5815	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Townhouse Painters	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. John Fabini</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 4515 N Wells Ext		<b>Transaction ID: 473136</b>	
City State Zip Code Fort Wayne IN 46825-5256	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fabini Auto Trim	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	825.00
<b>TOTAL</b> 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 19 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. David Felder</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address PO Box 1417		<b>Transaction ID: 473053</b>	
City State Zip Code Hope AR 71802-1417		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Dave Felder & Associates Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Friendship Foliage</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 955 Moffitt Road		<b>Transaction ID: 0994552</b>	
City State Zip Code Zolfo Springs FL 33890-2772		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Bruce Klein</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 955 Moffitt Road		<b>Transaction ID: 74217-30772036314010</b>	
City State Zip Code Zolfo Springs FL 33890-2772		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Friendship Foliage		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> 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 20 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Frontier Fence

Mailing Address 1602 Broadway Avenue

City State Zip Code  
Boise ID 83706-3802

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

**Transaction ID:** 1Q495Q312798

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Andy Hohenleitner

Mailing Address 1602 Broadway Avenue

City State Zip Code  
Boise ID 83706-3802

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

Name of Employer Occupation  
Frontier Fence President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

**Transaction ID:** 18884-09380739927291

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
David Fry

Mailing Address 11526 N 400 W

City State Zip Code  
Ligonier IN 46767-9553

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

Name of Employer Occupation  
Fry's Horseshoeing President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

**Transaction ID:** 6MECQF342321

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 21 / 63
	<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	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Bob Gillis		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address PO Box 576		<b>Transaction ID:</b> 473286	
City State Zip Code Sulphur Spgs TX 75483-0576	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer A K Gillis & Sons Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Gladis		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 1160 Springfield Ave		<b>Transaction ID:</b> 473324	
City State Zip Code Mountainside NJ 07092-2906	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer International Tanker Char- tering	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Lisa Goeas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1409 Coventry Lane		<b>Transaction ID:</b> 7NC0NG821629	
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 16.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NFIB	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	816.68
<b>TOTAL</b> 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 22 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Richard Grebner</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 1011 6th Ave SE		<b>Transaction ID: 473172</b>	
City Aberdeen	State SD	Amount of Each Receipt this Period 100.00	
Zip Code 57401-4700			
FEC ID number of contributing federal political committee. C			
Name of Employer Gerharter Realtors	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. William Gullickson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 109 Interlachen Road		<b>Transaction ID: 0939176</b>	
City Hopkins	State MN	Amount of Each Receipt this Period 1000.00	
Zip Code 55343			
FEC ID number of contributing federal political committee. C			
Name of Employer McLaughlin Gormley King Company	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Bill Halstead</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 2938 E Beecher Hill Rd		<b>Transaction ID: 473057</b>	
City Owego	State NY	Amount of Each Receipt this Period 405.00	
Zip Code 13827-4267			
FEC ID number of contributing federal political committee. C			
Name of Employer Once A Tree	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1505.00
<b>TOTAL</b> 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 23 / 63
	<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	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Iditarod Development Company L L C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 2928 McCollie Avenue		<b>Transaction ID:</b> 1PWLPW178167	
City Anchorage      State AK      Zip Code 99517-1222	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Terry Johannes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 2928 McCollie Avenue		<b>Transaction ID:</b> 38944-01734560728073	
City Anchorage      State AK      Zip Code 99517-1222	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Iditarod Development Company L L C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 250.00	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C.</b> Roscoe Jackson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 116 East 3rd Street		<b>Transaction ID:</b> 1Q495Q743812	
City Eureka      State KS      Zip Code 67045-1747	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jackson Brothers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> 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 24 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Deborah Jallad

Mailing Address PO Box 2067

City State Zip Code  
Winter Park FL 32790-2067

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

Name of Employer  
Accredited Surety & Casuality Inc

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 15676-76726931333542

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
John Richard Shaw, Real Estate

Mailing Address 314 Main St, Ste 101

City State Zip Code  
Madawaska ME 04756-1236

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

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** 7NC0JK132641

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
John Shaw

Mailing Address 314 Main Street

City State Zip Code  
Madawaska ME 04756-1236

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

Name of Employer  
John Richard Shaw, Re

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** 84256-16721743345260

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> 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 25 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
John Johnson

Mailing Address 4444 N Dickenson Ave

City State Zip Code  
Fresno CA 93723

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

Name of Employer Douglas Johnson Land Surveying  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

Transaction ID: 473063

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
K. L. C. Child Center

Mailing Address 1751 King Avenue

City State Zip Code  
Florence SC 29501-4190

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

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 7NC0JK851483

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Dana Rogers-Hill

Mailing Address 1751 King Avenue

City State Zip Code  
Florence SC 29501-4190

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

Name of Employer K. L. C.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 84256-24347651004791

Amount of Each Receipt this Period  
75.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**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 26 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Kleemann's Used Auto Parts Mailing Address 49 Long Society Road City Preston State CT Zip Code 06365-8410 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 7NC0JK967783 Amount of Each Receipt this Period 150.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Kleemann Mailing Address 49 Long Society Road City Preston State CT Zip Code 06365-8410 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 84256-29562014341354 Amount of Each Receipt this Period 150.00
Name of Employer Occupation Kleemann's Used Auto Parts President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00 <b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Mike Koller Mailing Address 2901 SW 2nd Ave City Ft Lauderdale State FL Zip Code 33315-3121 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> 473364 Amount of Each Receipt this Period 300.00
Name of Employer Occupation Atlantic Marine Power Systems President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> 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 27 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Richard Kotecki

Mailing Address 2949 E 350th Rd  
Rt 1

City State Zip Code  
La Salle IL 61301

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

Name of Employer Machinery Maintenance, Inc.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 7NC0OW741231

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Dan Kraft

Mailing Address 6700 Daniels Pkwy Ste 1

City State Zip Code  
Fort Myers FL 33912-7523

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

Name of Employer Bundschu Kraft Inc.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

Transaction ID: 473336

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Kraig's Drywall Service

Mailing Address 15934 Northeast 119th Street

City State Zip Code  
Brush Prairie WA 98606-9603

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

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: 6NJOU3668483

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> 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 28 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Kraig Holdahl

Mailing Address 15934 Northeast 119th Street

City State Zip Code  
Brush Prairie WA 98606-9603

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

Name of Employer Occupation  
Kraig's Drywall Service President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** 31531-60464113950729

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Mark Krygsheld

Mailing Address 19870 Stoney Island Ave

City State Zip Code  
Lynwood IL 60411-8671

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

Name of Employer Occupation  
Stonytire Inc President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

**Transaction ID:** 473096

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
James Lanier

Mailing Address 4525 S Florida Ave Ste 7

City State Zip Code  
Lakeland FL 33813-2184

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

Name of Employer Occupation  
State Farm Insurance President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

**Transaction ID:** 473064

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> 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 29 / 63
	<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	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Little Hammer Construction		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address RR 2 Box 96		<b>Transaction ID:</b> 1PWLPW767231	
City Lovington State IL Zip Code 61937-9313		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth Chupp		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address RR 2 Box 96		<b>Transaction ID:</b> 38944-13109987974167	
City Lovington State IL Zip Code 61937-9313		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Little Hammer Construction Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C.</b> Dick Lowe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 3999 Millersville Rd		<b>Transaction ID:</b> 473338	
City Indianapolis State IN Zip Code 46205-2850		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hinge-IT Corp. Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> 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 30 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Clifford Luengo

Mailing Address 1460 Finley Lane

City Alamo State CA Zip Code 94507

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

Name of Employer R.B. Construction, Inc. Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: 0175636

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Lysne Photography

Mailing Address 17006 State Highway 27

City Ferryville State WI Zip Code 54628-6005

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: 1Q9B5C157867

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Gary Lysne

Mailing Address 17006 State Highway 27

City Ferryville State WI Zip Code 54628-6005

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

Name of Employer Lysne Photography Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: 33068-86568850278855

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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 31 / 63						
	(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

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Mace Mailing Address PO Box 117 City Fairfield State ME Zip Code 04937-0117 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 473099 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	6	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	0	6														
100.00																							
Name of Employer Occupation Benton Hardwood Lumber President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00																				
400.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Doug Martin Mailing Address 2511 60th St NW City Willmar State MN Zip Code 56201-9736 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 472939 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	0	6														
250.00																							
Name of Employer Occupation Lake Country Scale Works President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Martin E. Dolence CPA Mailing Address 8640 Kilkenny Ct City Fort Myers State FL Zip Code 33912 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 6MECQK487715 Amount of Each Receipt this Period <table border="1"> <tr> <td>125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	6	125.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	5		2	0	0	6														
125.00																							
Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <table border="1"> <tr> <td>225.00</td> </tr> </table>	225.00																				
225.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>475.00</td> </tr> </table>	475.00
475.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

# 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 32 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Martin Dolence		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 6226 Presidential Court Suite F		<b>Transaction ID:</b> 14415-13090151548385
City State Zip Code Fort Myers FL 33919-3521	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>	[MEMO ITEM]	
Name of Employer Occupation CPA President	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) MC Caffrey Realty Professionals		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 246 Federal Road Suite B-23		<b>Transaction ID:</b> 1PWLPW287225
City State Zip Code Brookfield CT 00000-6804	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>	[MEMO ITEM]	
Name of Employer Occupation MC Caffrey Realty Professionals President	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Linda Mc Caffrey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 246 Federal Road Suite B-23		<b>Transaction ID:</b> 38944-29778689146042
City State Zip Code Brookfield CT 00000-6804	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>	[MEMO ITEM]	
Name of Employer Occupation MC Caffrey Realty Professionals President	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> 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 33 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Gary McKinsey</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address PO Box 972		<b>Transaction ID: DNEZGR824733</b>	
City Modesto	State CA	Zip Code 95353-0972	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Grimbleby Coleman CPA's	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Frank McPherson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address PO Box 110		<b>Transaction ID: 473068</b>	
City Lazear	State CO	Zip Code 81420-0110	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Master Petroleum, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Meara</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4444 Scotts Valley Dr		<b>Transaction ID: 1Q9B4X055635</b>	
City Scotts Valley	State CA	Zip Code 95066-4529	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Mountain Advisors	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> 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 34 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Michael Meara</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 4444 Scotts Valley Dr		<b>Transaction ID: DNEZGR774613</b>	
City State Zip Code Scotts Valley CA 95066-4529		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pacific Mountain Advisors President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Kirk Mills</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 120 S. Central Ave Suite 1000		<b>Transaction ID: 1Q495Q351370</b>	
City State Zip Code Clayton MO 63105-1730		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Mills Properties Inc. President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Na &amp; Associates C P A'S</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 10999 Reed Hartman Highway Suite 216		<b>Transaction ID: 473191</b>	
City State Zip Code Cincinnati OH 45242-8301		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> 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 35 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Na</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 10999 Reed Hartman Highway Suite 216		<b>Transaction ID: 89312-20708864927292</b>	
City State Zip Code Cincinnati OH 45242-8301	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Na & Associates C P A'S	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>B. Ron Nalevanko</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 4929 107th Ave		<b>Transaction ID: 473242</b>	
City State Zip Code Milan IL 61264-5215	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ron Nalevanko Construction	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Ogletree's</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 935 Vintage Avenue		<b>Transaction ID: 1Q9B5C766417</b>	
City State Zip Code Saint Helena CA 94574-1400	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> 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 36 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Ron Ogletree

Mailing Address 935 Vintage Avenue

City State Zip Code  
Saint Helena CA 94574-1400

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

Name of Employer Occupation  
Ogletree's President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

**Transaction ID:** 33068-85544985532761

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Paiva Farms

Mailing Address 13193 Carmen Lane

City State Zip Code  
Chico CA 95973-9738

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

**Transaction ID:** 1PWLPW314132

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
James Paiva

Mailing Address 13193 Carmen Lane

City State Zip Code  
Chico CA 95973-9738

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

Name of Employer Occupation  
Paiva Farms President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

**Transaction ID:** 38944-77679079771042

Amount of Each Receipt this Period  
350.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> 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 37 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Tony Paszkiewicz</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 6426 Frankford Ave		<b>Transaction ID: 473000</b>
City Baltimore	State MD	Zip Code 21206-4905
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer Columbia Amusements, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. John Powell</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 35231 Tennessee Road Southeast		<b>Transaction ID: 6MECQF540695</b>
City Albany	State OR	Zip Code 97322-9793
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer John Powell Trucking	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Albert Powers</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 317		<b>Transaction ID: 473277</b>
City Spofford	State NH	Zip Code 04620
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 200.00
Name of Employer Powers Generator Service	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> 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 38 / 63
<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

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Allen Prestegard</b>		Date of Receipt MM / DD / YYYY 12 / 14 / 2006
Mailing Address 4130 50th Street		<b>Transaction ID: 473003</b>
City State Zip Code Blue Earth MN 56013	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Prestegard, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Dwain Rayl</b>		Date of Receipt MM / DD / YYYY 12 / 14 / 2006
Mailing Address 3183 Akron Rd		<b>Transaction ID: 473004</b>
City State Zip Code Akron MI 48701-9705	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RAYL Farms Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Ridge</b>		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 1201 F Street Northwest Suite 200		<b>Transaction ID: 31KFWX326723</b>
City State Zip Code Washington DC 20004-1217	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NFIB	Occupation Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>483.34</b>
<b>TOTAL</b> 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 39 / 63		
	<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

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Susan Ridge</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1201 F Street Northwest Suite 200		<b>Transaction ID: 7NC0NG838749</b>	
City Washington State DC Zip Code 20004-1217	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NFIB Occupation Vice President, Communications	Aggregate Year-to-Date ▼ 1000.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Norm Rousselot</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 126 Edgemont Road		<b>Transaction ID: 6MECQF272539</b>	
City Sonora State TX Zip Code 76950-3222	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rousselot Ranch Occupation President	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rutledge Properties Limited</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address PO Box 126		<b>Transaction ID: 7NC0JK247151</b>	
City Smackover State AR Zip Code 71762-0126	Amount of Each Receipt this Period 255.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	388.34
<b>TOTAL</b> 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 40 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Joyce Rutledge</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address PO Box 126		<b>Transaction ID:</b> 84256-03156679868698
City State Zip Code Smackover AR 71762-0126	Amount of Each Receipt this Period 255.00	
FEC ID number of contributing federal political committee. C	[MEMO ITEM]	
Name of Employer Occupation Rutledge Properties Limited President	Aggregate Year-to-Date ▼ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. S &amp; S Marble Manufacturing</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 616 S Depot Street		<b>Transaction ID:</b> 473077
City State Zip Code Maryville MO 64468-3000	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	[MEMO ITEM]	
Name of Employer Occupation S & S Marble Manufacturing President	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rollo Shoesmith</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 616 S Depot Street		<b>Transaction ID:</b> 89312-68879336118698
City State Zip Code Maryville MO 64468-3000	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	[MEMO ITEM]	
Name of Employer Occupation S & S Marble Manufacturing President	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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 41 / 63
	<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	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Santa's Texas Workshop

Mailing Address 1188 East County Road 401

City State Zip Code  
Falfurrias TX 78355-5712

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 7NCOJK412898

Amount of Each Receipt this Period  
175.00

**B.** Full Name (Last, First, Middle Initial)  
Janie Minten

Mailing Address 1188 East County Road 401

City State Zip Code  
Falfurrias TX 78355-5712

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

Name of Employer Occupation  
Santa's Texas Workshop President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 84256-24270266294479

Amount of Each Receipt this Period  
175.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Herbert Schneider

Mailing Address PO Box 686

City State Zip Code  
Monroe NY 10950-0686

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

Name of Employer Occupation  
Carpenter & Smith, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: 6MECQF106571

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> 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 42 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Shady Motel</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address PO Box 24		<b>Transaction ID: 7NC0JK771266</b>	
City <b>Caliente</b>	State <b>NV</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>89008-0024</b>		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Nolan Avery</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address PO Box 24		<b>Transaction ID: 84256-99691408872605</b>	
City <b>Caliente</b>	State <b>NV</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>89008-0024</b>		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shady Motel Occupation President		<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Shelby Transmissions Specialist</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 2206-1 Pulkrville Road		<b>Transaction ID: 473038</b>	
City <b>Shelby</b>	State <b>NC</b>	Amount of Each Receipt this Period 300.00	
Zip Code <b>28150</b>		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> 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 43 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Lyle Reynolds</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 2206-1 Pulkrville Road		<b>Transaction ID: 89312-95368593931199</b>	
City State Zip Code Shelby NC 28150	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Shelby Transmissions Specialist	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. State Farm Insurance Companies</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2070 McGregor Boulevard Suite 4		<b>Transaction ID: 30DZ7H437516</b>	
City State Zip Code Fort Myers FL 33901-3427	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. David Hamrick</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2070 McGregor Boulevard Suite 4		<b>Transaction ID: 74357-54179018735886</b>	
City State Zip Code Fort Myers FL 33901	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Dave Hamrick Insurance	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> 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 44 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Sharon Sussin

Mailing Address 1201 F Street Northwest Suite 200

City Washington State DC Zip Code 20004-1221

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

Name of Employer NFIB Occupation Director, Campaign Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 6

**Transaction ID:** 31KFWX759330

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Sharon Sussin

Mailing Address 1201 F Street Northwest Suite 200

City Washington State DC Zip Code 20004-1221

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

Name of Employer NFIB Occupation Director, Campaign Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** 7NC0NG527803

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Ed Swartz

Mailing Address 500 E Northland Ave

City Appleton State WI Zip Code 54911-2128

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

Name of Employer Ace Hardware of Appleton Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

**Transaction ID:** 473008

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.32</b>
<b>TOTAL</b> 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 45 / 63
	(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

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> T N T Furniture		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 230 Big Rock Road		<b>Transaction ID:</b> 472994
City State Zip Code Medina TX 78055-3589	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Travis Klaassen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 230 Big Rock Road		<b>Transaction ID:</b> 89380-72044008970261
City State Zip Code Medina TX 78055-3589	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation T N T Furniture President	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C.</b> The Nunn Company		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 119 S Polk Street		<b>Transaction ID:</b> 6NJ0U3169140
City State Zip Code Amarillo TX 79101-1423	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> 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 46 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Carl Hare		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 119 S Polk Street		<b>Transaction ID:</b> 31531-41575258970261
City State Zip Code Amarillo TX 79101-1423	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Nunn Electric Supply Corp. President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B.</b> The Traux Company		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1376A East Cypress Street		<b>Transaction ID:</b> 7NC0JK285601
City State Zip Code Covina CA 91724-2103	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation The Traux Company President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David Traux		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1376A East Cypress Street		<b>Transaction ID:</b> 84256-97167605161667
City State Zip Code Covina CA 91724-2103	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation The Traux Company President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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 47 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Archie Trawick</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 220 Jakes Landing Rd Ste 2		<b>Transaction ID: 473303</b>
City Lexington	State SC	Zip Code 29072-9690
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Jake's Landing	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Tullock's Marina</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 543 East Riverview Avenue		<b>Transaction ID: 473326</b>
City Napoleon	State OH	Zip Code 43545-1865
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. James Hadsell</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 543 East Riverview Avenue		<b>Transaction ID: 00302-85787600278855</b>
City Napoleon	State OH	Zip Code 43545-1865
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Tullock's Marina	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> 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 48 / 63
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Michael Tyler</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 703 N Main Street		<b>Transaction ID: DQUGNF714244</b>	
City State Zip Code Mount Pleasant TN 38474-1015	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Family Dentistry	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Doug Vergouen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 400 S Washington St		<b>Transaction ID: 473117</b>	
City State Zip Code Freeman MO 64746-9765	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Freeman Monument Company	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Dot Wilson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 2355 Ka See An Dr		<b>Transaction ID: 81579-24042910337448</b>	
City State Zip Code Juneau AK 99801-8012	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coastal Helicopters, Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	17386.72

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 63	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Steele for Maryland Inc

Mailing Address PO Box 365

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
412.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

**Transaction ID:** 75553-10070437192916

Amount of Each Receipt this Period  
412.00

Refund of contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	412.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	412.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 63
	(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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 700 13th St NW 1st Floor		Transaction ID: 02993-95057314634324
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 4577.46	
FEC ID number of contributing federal political committee. <b>C</b>	Bank interest	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 60927.07	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 700 13th St NW 1st Floor		Transaction ID: 82808-49340456724167
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 725.54	
FEC ID number of contributing federal political committee. <b>C</b>	Bank interest	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 60927.07	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5303.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	5303.00

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

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

FOR LINE NUMBER:  
(check only one)

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

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Corker for Senate</p> <p>Mailing Address 832 Georgia Avenue Suite 221</p> <p>City Chattanooga State TN Zip Code 37402</p> <p>Purpose of Disbursement 2006 Primary Debt Retirement FS</p> <p>Candidate Name Bob Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> bd5458c42c8e94c58b9</p> <p>Date of Disbursement 11 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement contribution check returned</p> <p>Candidate Name John Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 02617-55002993345261</p> <p>Date of Disbursement 12 / 31 / 2006</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tarrant for Senate Inc</p> <p>Mailing Address PO Box 1306</p> <p>City Burlington State VT Zip Code 05402</p> <p>Purpose of Disbursement contribution check returned</p> <p>Candidate Name Richard Tarrant</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 02617-37621706724167</p> <p>Date of Disbursement 12 / 26 / 2006</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p>

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

1500.00

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

1500.00

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) 7 Oaks Farm</p>		<p><b>Transaction ID:</b> 96605-46320742368698 <b>Date of Disbursement</b></p>
<p>Mailing Address 5504 Rogue Valley Highway</p>		<p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Central Point State OR Zip Code 97502-1644</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p>	
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#19</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Alford's Tire Service</p>		<p><b>Transaction ID:</b> 31379-28478640317917 <b>Date of Disbursement</b></p>
<p>Mailing Address 574 N Main Street</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Dyer State TN Zip Code 38330-1512</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>	
<p>Purpose of Disbursement Refund of misdeposited dues Member ID# 1</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Belmont Physical Therapy</p>		<p><b>Transaction ID:</b> 96605-08150881528854 <b>Date of Disbursement</b></p>
<p>Mailing Address 51687 National Road East</p>		<p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City St. Clairsville State OH Zip Code 43950-9304</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.00"/></p>	
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="705.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

PAGE 53 / 63

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Blackland Implement Company</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 4024</p> <p>City Temple State TX Zip Code 76505-4024</p> <p>Purpose of Disbursement Refund of misdeposited dues ID#25289190</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 98431-86324709653855</p> <p>Date of Disbursement</p> <p>1 2 / 2 1 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p>010 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Boyd Insurance Agency</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 717 Manatee Ave. W.</p> <p>City Bradenton State FL Zip Code 34205</p> <p>Purpose of Disbursement Refund of misdeposited dues ID#1880499 t</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 98431-28112429380417</p> <p>Date of Disbursement</p> <p>1 2 / 2 1 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p>010 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Buddy B'S Market</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 6083 Sissonville Drive</p> <p>City Charleston State WV Zip Code 25312-9443</p> <p>Purpose of Disbursement Refund of misdeposited dues member #3489</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 06907-19878786802292</p> <p>Date of Disbursement</p> <p>1 2 / 2 8 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p>010 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

300.00

**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 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Charles E Sheets, D.D.S.</b>		<b>Transaction ID:</b> 74160-20080202817917 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 363 Green Street		Amount of Each Disbursement this Period 155.00
City Havre De Grace State MD Zip Code 21078	Purpose of Disbursement Refund of misdeposited dues Member ID# 2 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 010

Full Name (Last, First, Middle Initial) <b>B. Chino Valley Fire District</b>		<b>Transaction ID:</b> 17987-64225405454636 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address PO Box 264		Amount of Each Disbursement this Period 425.00
City Chino Valley State AZ Zip Code 86323-0264	Purpose of Disbursement Refund of misdeposited dues Member ID#34 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 010

Full Name (Last, First, Middle Initial) <b>C. Clark's Autosales &amp; Service</b>		<b>Transaction ID:</b> 74160-02154177427291 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 935 Superior Street		Amount of Each Disbursement this Period 150.00
City Antigo State WI Zip Code 54409-2013	Purpose of Disbursement Refund of misdeposited dues Member ID# 3 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 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	730.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Cylinder Head Supply</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2206 4th Avenue S</p> <p>City Minneapolis State MN Zip Code 55404-3625</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 7</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><b>Transaction ID:</b> 31379-19245547056198</p> <p>Date of Disbursement 11 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>010 Category/ Type</p>
<p><b>B.</b> D R Smith</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1336 River Road</p> <p>City Corona State CA Zip Code 92880-1212</p> <p>Purpose of Disbursement Refund of misdeposited dues member #3567</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><b>Transaction ID:</b> 06907-84234255552292</p> <p>Date of Disbursement 12 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>010 Category/ Type</p>
<p><b>C.</b> Dolphin Real Estate</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 547 Southwest 7th Street</p> <p>City Newport State OR Zip Code 97365-4958</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 1</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><b>Transaction ID:</b> 74160-26932924985885</p> <p>Date of Disbursement 12 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 225.00</p> <p>010 Category/ Type</p>

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

525.00

**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 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) E &amp; W Moos Ranch</p>		<p><b>Transaction ID:</b> 31379-15334719419479 <b>Date of Disbursement</b>  <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>1</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	9	/	2	0	0	6													
<p>Mailing Address 12140 Galm Road</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>160.00</td> </tr> </table> </p>	160.00																			
160.00																						
<p>City San Antonio State TX Zip Code 78254-9545</p>	<p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3                  Candidate Name                  Category/Type: <table border="1"><tr><td>010</td></tr></table></p>	010																				
010																						
<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><b>B.</b> Full Name (Last, First, Middle Initial) E N E Music Company</p>		<p><b>Transaction ID:</b> 74160-08343142271041 <b>Date of Disbursement</b>  <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>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	5	/	2	0	0	6													
<p>Mailing Address 9 N 32nd Street</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>100.00</td> </tr> </table> </p>	100.00																			
100.00																						
<p>City Colorado Springs State CO Zip Code 80904-2022</p>	<p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3                  Candidate Name                  Category/Type: <table border="1"><tr><td>010</td></tr></table></p>	010																				
010																						
<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><b>C.</b> Full Name (Last, First, Middle Initial) Farmers Automotive</p>		<p><b>Transaction ID:</b> 98431-14301699399948 <b>Date of Disbursement</b>  <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>1</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	1	/	2	0	0	6													
<p>Mailing Address 2464 N Buck Creek Road</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>100.00</td> </tr> </table> </p>	100.00																			
100.00																						
<p>City Greenfield State IN Zip Code 46140-9536</p>	<p>Purpose of Disbursement Refund of misdeposited member dues                  Candidate Name                  Category/Type: <table border="1"><tr><td>010</td></tr></table></p>	010																				
010																						
<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><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>360.00</b></p>
<p><b>TOTAL</b> 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)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Patrick Ferreira</p> <p>Mailing Address PO Box 155</p> <p>City Papaikou State HI Zip Code 96781-0155</p> <p>Purpose of Disbursement Refund to dues Member ID#10857118 tm</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 06907-89924257993699</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="010"/> Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Haas Farms</p> <p>Mailing Address 9779 County Road 8-1</p> <p>City Delta State OH Zip Code 43515-9642</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 1</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 31379-76005190610886</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="255.00"/></p> <p><input type="text" value="010"/> Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John A Fackenthall D O</p> <p>Mailing Address 1312 E Isaacs Avenue</p> <p>City Walla Walla State WA Zip Code 99362-2152</p> <p>Purpose of Disbursement Refund of misdeposited dues member #3323</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 06907-61631411314011</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><input type="text" value="010"/> Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Kim L. Capehart, DDS, PA</b>		<b>Transaction ID: 74160-00660341978073</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 203 North Main Street		Amount of Each Disbursement this Period 100.00
City Simpsonville State SC Zip Code 29681	Purpose of Disbursement Refund of misdeposited dues Member ID# 3 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 010

Full Name (Last, First, Middle Initial) <b>B. L G Electrical</b>		<b>Transaction ID: 98431-93159121274949</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 16124 Leadwell Street		Amount of Each Disbursement this Period 50.00
City Van Nuys State CA Zip Code 91406-3424	Purpose of Disbursement Refund of misdeposited dues ID# 35543142 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 010

Full Name (Last, First, Middle Initial) <b>C. Modern Design Landscaping</b>		<b>Transaction ID: 74160-42411440610886</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 759 Disco Loop Road		Amount of Each Disbursement this Period 100.00
City Friendsville State TN Zip Code 37737-2237	Purpose of Disbursement Refund of misdeposited dues Member ID# 3 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 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 63

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Ocean Shores</b>		<b>Transaction ID:</b> 98431-26986330747604 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 3500 Crittenden Drive		Amount of Each Disbursement this Period 50.00
City Homer State AK Zip Code 99603-7462	Purpose of Disbursement Refund of misdeposited dues ID# 35958060 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 010

Full Name (Last, First, Middle Initial) <b>B. Garry Pfantz</b>		<b>Transaction ID:</b> 06907-97546023130417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1161 230th Street		Amount of Each Disbursement this Period 100.00
City State Center State IA Zip Code 50247-9629	Purpose of Disbursement Refund of misdeposited dues member #2952 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 010

Full Name (Last, First, Middle Initial) <b>C. Antonio Piedade</b>		<b>Transaction ID:</b> 31379-12989443540573 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 4 Jeffrey Lane		Amount of Each Disbursement this Period 300.00
City Assonet State MA Zip Code 02702-1004	Purpose of Disbursement Refund of misdeposited dues Member ID#35 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 010

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

450.00

**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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A. Prestige Cleaners</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 525 City New Hartford State CT Zip Code 06057-0525 Purpose of Disbursement Refund of misdeposited dues Member ID#13 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 17987-60361880064011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 100.00 Category/Type: 010
<b>B. Quality Welding &amp; Manufacturing L L C</b> Full Name (Last, First, Middle Initial) Mailing Address 1162 US Highway 10 W City Livingston State MT Zip Code 59047-9001 Purpose of Disbursement Refund of misdeposited dues Member ID# 3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 31379-25768679380417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 150.00 Category/Type: 010
<b>C. Reflections Auto Trends</b> Full Name (Last, First, Middle Initial) Mailing Address 14881 Temescal Canyon Road City Lake Elsinore State CA Zip Code 92530-1613 Purpose of Disbursement Refund of misdeposited dues Member ID# 3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 31379-95348757505417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 300.00 Category/Type: 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Rohleder Orchards</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 200 S Meridian Road</p> <p>City Meridian State CA Zip Code 95957-9610</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 31379-10319155454635</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>010</p> <p>Category/Type</p>

<p><b>B. ServiceMaster of Burlington</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 850 Columbia Street</p> <p>City Burlington State IA Zip Code 52601-5122</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#33</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 17987-20113772153854</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>010</p> <p>Category/Type</p>

<p><b>C. Shirley Hardware</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 309</p> <p>City Shirley State IN Zip Code 47384-0309</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#34</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 96605-88132876157761</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>010</p> <p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="350.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Craig Sobolik</p> <p>Mailing Address 6026 138th Avenue Northeast</p> <p>City Pisek State ND Zip Code 58273-9331</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</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><b>Transaction ID:</b> 17987-95206850767136</p> <p>Date of Disbursement 12 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>010 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Painted Pony</p> <p>Mailing Address 6055 N Govt Way Suite 3</p> <p>City Coeur D Alene State ID Zip Code 83815-9251</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</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><b>Transaction ID:</b> 17987-92208498716355</p> <p>Date of Disbursement 12 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>010 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tilly's Too Tavern L L C</p> <p>Mailing Address PO Box 75</p> <p>City Bte Des Morts State WI Zip Code 54927-0075</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</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><b>Transaction ID:</b> 31379-53518313169479</p> <p>Date of Disbursement 11 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>010 Category/ Type</p>

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

350.00

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

5425.00

Form/Schedule: **F3XA**

Transaction ID:

This amendment is to correct a reporting error caused by a bank mistake. In July 2006, the Pac's bank statement indicated that \$1,000.00 was debited from the Pac's account but did not reference a check number or contain any other identifying information. In August 2006, the bank realized the account was debited in error and credited the Pac's bank account for the \$1,000 previously deducted. After the election, the Pac voided all outstanding checks to 2006 federal candidates. The Pac was advised by the Conaway for Congress committee that the check had been cashed. In May 2007, the Pac received notification from the bank that the original debit in July 2006 of \$1,000.00 was actually a check written to Conaway for Congress and debited the Pac's account. Since the check was cashed before the election, it should not be voided. This amendment removes the voided check from the Pac report, correctly reflect the contribution to Conaway for Congress.