



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ESOP PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		2114.15
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	2114.15									
(c) Total Receipts (from Line 19) .....	46556.21	46556.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48670.36	48670.36								
7. Total Disbursements (from Line 31) .....	39781.97	39781.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8888.39	8888.39								
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  
ESOP PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	40356.21	40356.21
(i) Itemized (use Schedule A) .....	2200.00	2200.00
(ii) Unitemized .....	42556.21	42556.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	4000.00	4000.00
(c) Other Political Committees (such as PACs) .....	46556.21	46556.21
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	46556.21	46556.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46556.21	46556.21

**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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39250.00	39250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	531.97	531.97
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))..	39781.97	39781.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39781.97	39781.97

**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) .....	46556.21	46556.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46556.21	46556.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Abbott

Mailing Address 1000 Louisiana Suite 3400

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. C

Name of Employer Gardere wyne Sewell LLP Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
05 / 23 / 2005

**Transaction ID:** SA11AI.5580

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Abrahamson

Mailing Address 1030 West Roscoe

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. C

Name of Employer Deloitte Touche Occupation valuation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 19 / 2005

**Transaction ID:** SA11AI.5614

Amount of Each Receipt this Period 500.00

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

Mailing Address 350 West Hubbard Street No. 450

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. C

Name of Employer Lakeshore Valuation Group Occupation valuation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
05 / 06 / 2005

**Transaction ID:** SA11AI.5597

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<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)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kathryn Aschwald

Mailing Address 720 SW Washington Street  
Suite 650

City State Zip Code  
Portland OR 97205

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

Name of Employer Occupation  
Columbia Financial Advisors, Inc. Business appraiser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2005

Transaction ID: SA11AI.5579

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Roland M. Attenborough, Esq.

Mailing Address 11377 West Olympic Blvd.

City State Zip Code  
Los Angeles CA 90064

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

Name of Employer Occupation  
Mitchell Silberberg & Knupp attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2005

Transaction ID: SA11AI.5600

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Bernstein

Mailing Address 1201 Main Street  
Suite 2650

City State Zip Code  
Dallas TX 75202-3937

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

Name of Employer Occupation  
Bernstein, Phalon & Conklin attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2005

Transaction ID: SA11AI.5660

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43  
(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)  
ESOP PAC

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

Mailing Address 1201 Main Street  
Suite 2650

City State Zip Code  
Dallas TX 75202-3937

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

Name of Employer Occupation  
Bernstein, Phalon & Conk- attorney  
in

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2005

Transaction ID: SA11AI.5603

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lee Bloom

Mailing Address 311 South Wacker Drive  
Suite 4200

City State Zip Code  
Chicago IL 60606

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

Name of Employer Occupation  
Duff & Phelps, LLC valuation consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2005

Transaction ID: SA11AI.5631

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Elyse Bluth

Mailing Address 311 South Wacker Drive

City State Zip Code  
Chicago IL 60606

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

Name of Employer Occupation  
Duff & Phelps consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 19 / 2005

Transaction ID: SA11AI.5617

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Gregory K. Brown, Esq.

Mailing Address 191 North Wacker Drive  
Suite 3700

City State Zip Code  
Chicago IL 60606-1698

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

Name of Employer Occupation  
Gardner Carton & Douglas, LLP attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2005

**Transaction ID:** SA11AI.5653

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dickson Buxton

Mailing Address 1701 Novato Blvd.

City State Zip Code  
Novato CA 94947

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

Name of Employer Occupation  
Private Capitol Corporation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2005

**Transaction ID:** SA11AI.5609

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Canan, Esq.

Mailing Address 301 East Pine Street  
Suite 1400

City State Zip Code  
Orlando FL 32801

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

Name of Employer Occupation  
Gray, Harris & Robinson, P.A. attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2005

**Transaction ID:** SA11AI.5647

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 43
	(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)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Louis H. Diamond, Esq.

Mailing Address 1776 K Street, N.W.  
Suite 800

City Washington State DC Zip Code 20006

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

Name of Employer Silverstein & Mullens Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2005

Transaction ID: SA11AI.5628

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Robert W. Edwards, Esq.

Mailing Address One Citizens Plaza

City Providence State RI Zip Code 02903

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

Name of Employer Nixon Peabody LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2005

Transaction ID: SA11AI.5657

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Feeley

Mailing Address 200 Portland Street

City Boston State MA Zip Code 02114

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

Name of Employer Feeley & Driscoll, P.C. Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2005

Transaction ID: SA11AI.5608

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 43  
(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)  
ESOP PAC

**A.**

Full Name (Last, First, Middle Initial) Mr. Ronald J. Gilbert		Date of Receipt MM / DD / YYYY 05 / 20 / 2005
Mailing Address 7581 Albevanna Spring Road		<b>Transaction ID:</b> SA11AI.5590
City Scottsville	State VA	Zip Code 24592
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ESOP Services, Inc.	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Laurence A. Goldberg, Esq.		Date of Receipt MM / DD / YYYY 05 / 20 / 2005
Mailing Address 50 California Street 36th Floor		<b>Transaction ID:</b> SA11AI.5595
City San Francisco	State CA	Zip Code 94111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Ludwig Goldberg & Krenzel	Occupation Attorneys	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Davin R. Gustafson		Date of Receipt MM / DD / YYYY 03 / 30 / 2005
Mailing Address S & S Business Services, Inc. 4040 Embassy Parkway		<b>Transaction ID:</b> SA11AI.5629
City Akron	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer S & S Business Services, Inc.	Occupation Director of Valuations	
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) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<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)  
ESOP PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul Halverson	Date of Receipt MM / DD / YYYY 03 / 15 / 2005
	Mailing Address 527 Marquette Avenue Suite 1700	<b>Transaction ID:</b> SA11AI.5645
	City State Zip Code Minneapolis MN 55402	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Chartwell Financial Advisory Occupation business valuation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Malcom Hartman	Date of Receipt MM / DD / YYYY 02 / 20 / 2005
	Mailing Address 534 Montgomery Ferry Road, North	<b>Transaction ID:</b> SA11AI.5658
	City State Zip Code Atlanta GA 30324-5132	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Willamette Management Associates Occupation consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen Hartman, Jr.	Date of Receipt MM / DD / YYYY 03 / 30 / 2005
	Mailing Address 452 Fifth Avenue 17th Floor	<b>Transaction ID:</b> SA11AI.5633
	City State Zip Code New York NY 10018	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer HSBC Bank USA Occupation banker 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) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43

(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)  
ESOP PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms Sharon B. Hearn

Mailing Address One Indiana Square  
Suite 2800

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation  
Krieg DeVault LLP attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 5

Transaction ID: SA11AI.5622

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Donald M. Israel

Mailing Address 19 West 44th Street  
Suite 416

City State Zip Code  
New York NY 10036

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

Name of Employer Occupation  
Benefit Concepts Systems, Inc. consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.5655

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
David Johanson, Esq.

Mailing Address 1792 Second Street

City State Zip Code  
Napa CA 94559

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

Name of Employer Occupation  
Johanson Berenson LLP attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 5

Transaction ID: SA11AI.5652

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<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)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Sullivan Josephs

Mailing Address 1308 East Campbell Street

City Arlington State IL Zip Code 60004

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

Name of Employer LaSalle National Bank Occupation banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2005

Transaction ID: SA11AI.5599

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Jared Kaplan, Esq.

Mailing Address 227 West Monroe Street Suite 3100

City Chicago State IL Zip Code 60606

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

Name of Employer McDermott Will & Emery Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2005

Transaction ID: SA11AI.5659

Amount of Each Receipt this Period 500.00

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

Mailing Address 1445 Ross Avenue Suite 3200

City Dallas State TX Zip Code 75202

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

Name of Employer Jenkins & Gilchrist Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2005

Transaction ID: SA11AI.5616

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 43

(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)  
ESOP PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Judith Kornfeld

Mailing Address 2221 Delancey Place

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
ESOP Economics attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

Transaction ID: SA11AI.5618

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas A. Lambert, III

Mailing Address 2211 7th Avenue, South

City State Zip Code  
Birmingham AL 35233

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

Name of Employer Occupation  
McGriff Seibels & Williams, Inc. insurance broker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 5

Transaction ID: SA11AI.5662

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Al Lampert

Mailing Address 9608 Windcroft Way

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Aspen Systems President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 5

Transaction ID: SA11AI.5612

Amount of Each Receipt this Period  
1000.00

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

1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43  
(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)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Leslie Lauer

Mailing Address 8749 Davington Drive

City State Zip Code  
Dublin OH 43017

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

Name of Employer Occupation  
Alliance Holdings, Inc. consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2005

**Transaction ID:** SA11AI.5650

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul Lindemann

Mailing Address One Indiana Square  
Suite 2800

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation  
Krieg DeVault attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2005

**Transaction ID:** SA11AI.5624

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Carolyn Long

Mailing Address 2510 Virginia Avenue, N.W.  
No. 712 N

City State Zip Code  
Washington DC 20037

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

Name of Employer Occupation  
self-employed heiress

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2005

**Transaction ID:** SA11AI.5593

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 43  
(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)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard C. Mapp, Esq.

Mailing Address 150 West Main Street  
Suite 2100

City Norfolk State VA Zip Code 23510-1665

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

Name of Employer Kaufman & Canoles Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2005

Transaction ID: SA11AI.5610

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Anthony I. Mathews

Mailing Address 13101 Washington Blvd.  
Suite 203

City Los Angeles State CA Zip Code 90066

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

Name of Employer BCI Group, Inc. Occupation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2005

Transaction ID: SA11AI.5592

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard C. May

Mailing Address 10 South Riverside Plaza

City Chicago State IL Zip Code 60137

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

Name of Employer Valuemetrics, Inc. Occupation financial advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2005

Transaction ID: SA11AI.5589

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43  
(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)  
ESOP PAC

**A.**

Full Name (Last, First, Middle Initial) Mr. John W. Menke		Date of Receipt MM / DD / YYYY 03 / 09 / 2005
Mailing Address 170 Estates Drive		<b>Transaction ID:</b> SA11AI.5649
City Piedmont	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Menke & Associates	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. Scott D. Miller, CPA		Date of Receipt MM / DD / YYYY 03 / 30 / 2005
Mailing Address 394 Williamstowne Suite F		<b>Transaction ID:</b> SA11AI.5630
City Delafield	State WI	Zip Code 53018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Enterprise Services, Inc.	Occupation Business valuation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. John L. Miscione		Date of Receipt MM / DD / YYYY 05 / 20 / 2005
Mailing Address 150 East 52nd Street 16th Floor		<b>Transaction ID:</b> SA11AI.5591
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Valuometrics	Occupation Managing Director	
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) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 43  
(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)  
ESOP PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George J. Mossburner

Mailing Address 215 Avnon Road

City State Zip Code  
Narbeuth PA 19072

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

Name of Employer Occupation  
PA Capital Advisors consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 5

Transaction ID: SA11AI.5625

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. H. Carter Myers

Mailing Address P.O. Box 7823

City State Zip Code  
Charlottesville VA 22906

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

Name of Employer Occupation  
Carter Myers Automotive auto dealer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.5581

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Karen Ng

Mailing Address 50 California Street  
36th Floor

City State Zip Code  
San Francisco CA 94111

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

Name of Employer Occupation  
Ludwig Goldberg & Krenzel attorneys

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.5594

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Glenn Phelps

Mailing Address 1687 Duanesburg Road

City Duanesburg State NY Zip Code 12056

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

Name of Employer Schenectady Steel Co., Inc.  
Occupation executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2005  
**Transaction ID: SA11AI.5620**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George A. Ray

Mailing Address 18504 Newbrook Circle

City Cerritos State CA Zip Code 90703

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

Name of Employer LeFiell Mfg. Co.  
Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2005  
**Transaction ID: SA11AI.5604**  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph L. Redman

Mailing Address 225 Ballantyne Road

City Rochester State NY Zip Code 14623

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

Name of Employer Lewis Tree Service, Inc.  
Occupation tree service

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2005  
**Transaction ID: SA11AI.5663**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Hugh Reynolds

Mailing Address 10 West Broad Street  
Suite 1700

City Columbus State OH Zip Code 43215

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

Name of Employer Crowe Chizek & Company, LLP  
Occupation consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** SA11AI.5584

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Gail W. Schwartz

Mailing Address 1501 West 29th Street

City Kansas City State MO Zip Code 64108

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

Name of Employer Ritemade Paper  
Occupation Human Resources Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** SA11AI.5577

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
D Stephen Smith

Mailing Address One Indiana Square  
Suite 2800

City Indianapolis State IN Zip Code 46204

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

Name of Employer Krieg DeVault  
Occupation attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 5

**Transaction ID:** SA11AI.5621

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert S. Socol

Mailing Address 290 Greenwood Avenue

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Occupation  
Stout Risius Ross, Inc. Business financial valuation consultan

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2005

**Transaction ID:** SA11AI.5613

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James G. Steiker

Mailing Address 7318 Germantown Avenue

City State Zip Code  
Philadelphia PA 19119

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

Name of Employer Occupation  
Steiker & Fischer attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2005

**Transaction ID:** SA11AI.5632

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joanne Swerdlin

Mailing Address 5901 Peachtree Dunwoody Road  
Bldg. B - Suite 170

City State Zip Code  
Atlanta GA 30328

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

Name of Employer Occupation  
Swerdlin & Company Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2005

**Transaction ID:** SA11AI.5651

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<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)  
ESOP PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Frieda Takaki	Date of Receipt MM / DD / YYYY 05 / 02 / 2005
	Mailing Address 826 South King Street	<b>Transaction ID:</b> SA11AI.5607
	City Honolulu State HI Zip Code 96813	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CHART Rehabilitation of Hawaii, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Kevin M. Takaki	Date of Receipt MM / DD / YYYY 05 / 02 / 2005
	Mailing Address 826 South King Street	<b>Transaction ID:</b> SA11AI.5605
	City Honolulu State HI Zip Code 96813	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Chart Rehabilitation of Hawaii Occupation physical therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Delores Thomas	Date of Receipt MM / DD / YYYY 01 / 10 / 2005
	Mailing Address 5311 Grand Blvd.	<b>Transaction ID:</b> SA11AI.5664
	City New Port Richey State FL Zip Code 34652	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Ewing & Thomas Occupation physical therapist 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) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 43  
(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)  
ESOP PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Delores Thomas

Mailing Address 5311 Grand Blvd.

City State Zip Code  
New Port Richey FL 34652

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

Name of Employer Occupation  
Ewing & Thomas physical therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2005

**Transaction ID:** SA11AI.5661

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Delores Thomas

Mailing Address 5311 Grand Blvd.

City State Zip Code  
New Port Richey FL 34652

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

Name of Employer Occupation  
Ewing & Thomas physical therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2005

**Transaction ID:** SA11AI.5648

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Delores Thomas

Mailing Address 5311 Grand Blvd.

City State Zip Code  
New Port Richey FL 34652

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

Name of Employer Occupation  
Ewing & Thomas physical therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2005

**Transaction ID:** SA11AI.5627

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<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)  
ESOP PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Delores Thomas	Date of Receipt MM / DD / YYYY 05 / 06 / 2005
	Mailing Address 5311 Grand Blvd.	<b>Transaction ID:</b> SA11AI.5596
	City State Zip Code New Port Richey FL 34652	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Ewing & Thomas physical therapist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Unitemized Unitemized	Date of Receipt MM / DD / YYYY 06 / 30 / 2005
	Mailing Address 1726 M Street, N.W. Suite 501	<b>Transaction ID:</b> SA11AI.5696
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 9906.21
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ESOP PAC PAC administrator	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9906.21

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James Waldo	Date of Receipt MM / DD / YYYY 05 / 20 / 2005
	Mailing Address 11981 Freedom Drive Suite 300	<b>Transaction ID:</b> SA11AI.5587
	City State Zip Code Reston VA 20190-5640	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Vitesse Advisors LLC financial consultant	
	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>10556.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>40356.21</b>

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

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

FOR LINE NUMBER: PAGE 26 / 43  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE  
 Mailing Address PO BOX 98000  
 City State Zip Code  
 LAFAYETTE LA 70509  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2005  
**Transaction ID:** SA11C.5695  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C** C00335570  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
American Systems Corporation PAC  
 Mailing Address 13990 Parkeast Circle  
 City State Zip Code  
 Chantilly VA 20151-2272  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2005  
**Transaction ID:** SA11C.5694  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Austin Industries Companies PAC  
 Mailing Address P.O. Box 1590  
 City State Zip Code  
 Dallas TX 75221  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 02 / 2005  
**Transaction ID:** SA11C.5692  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 43
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

**A.**

Full Name (Last, First, Middle Initial)  
GRAY, PLANT, MOOTY, MOOTY & BENNETT PUBLIC AFFAIRS COMMITTEE

Mailing Address 3400 CITY CENTER

City State Zip Code  
MINNEAPOLIS MN 55402

FEC ID number of contributing federal political committee. **C** C00099473

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2005

**Transaction ID:** SA11C.5693

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
SWALES AND ASSOCIATES INC POLITICAL ACTION COMMITTEE

Mailing Address 5050 POWDER MILL ROAD

City State Zip Code  
BELTSVILLE MD 20705

FEC ID number of contributing federal political committee. **C** C00326587

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2005

**Transaction ID:** SA11C.5690

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 43

<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)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) BACHUS FOR CONGRESS COMMITTEE	Transaction ID: SB23.5557 Date of Disbursement
	Mailing Address P.O. Box 59444	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2005"/>
	City Birmingham State AL Zip Code 35259	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BARNEY FRANK FOR CONGRESS COMMITTEE	Transaction ID: SB23.5565 Date of Disbursement
	Mailing Address PO Box 260	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
	City Newtonville State MA Zip Code 02460	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS	Transaction ID: SB23.5538 Date of Disbursement
	Mailing Address 921 SW Washington Suite 810	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.5526
	Mailing Address P. O. Box 17813	Date of Disbursement 02 / 21 / 2005
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.5529
	Mailing Address P. O. Box 17813	Date of Disbursement 03 / 15 / 2005
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.5545
	Mailing Address P. O. Box 17813	Date of Disbursement 05 / 05 / 2005
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.5546
	Mailing Address P. O. Box 17813	Date of Disbursement 05 / 17 / 2005
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.5572
	Mailing Address P. O. Box 17813	Date of Disbursement 06 / 09 / 2005
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHARLES TAYLOR FOR CONGRESS COMMITTEE	Transaction ID: SB23.5551
	Mailing Address PO Box 2355 PO Box 2355	Date of Disbursement 05 / 17 / 2005
	City Asheville State NC Zip Code 28802	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) <b>COMM PRESERVATION OF CAPITALISM</b>	<b>Transaction ID: SB23.5539</b>
	Mailing Address P.O. Box 65314	Date of Disbursement 04 / 20 / 2005
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS 2006</b>	<b>Transaction ID: SB23.5541</b>
	Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100	Date of Disbursement 04 / 20 / 2005
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS 2006</b>	<b>Transaction ID: SB23.5559</b>
	Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100	Date of Disbursement 06 / 02 / 2005
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</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)

PAGE 32 / 43

<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)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF GEORGE ALLEN	Transaction ID: SB23.5570
	Mailing Address PO BOX 6859	Date of Disbursement 06 / 09 / 2005
	City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MARK FOLEY FOR CONGRESS	Transaction ID: SB23.5530
	Mailing Address 1316 LAKE VICTORIA DR	Date of Disbursement 03 / 15 / 2005
	City LAKE WORTH State FL Zip Code 33461	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.5524
	Mailing Address BOX 586	Date of Disbursement 02 / 21 / 2005
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 43

<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)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.5560
	Mailing Address BOX 586	Date of Disbursement 06 / 03 / 2005
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON	Transaction ID: SB23.5533
	Mailing Address PO BOX 860096	Date of Disbursement 03 / 30 / 2005
	City PLANO State TX Zip Code 75086	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GOODLATTE, ROBERT W	Transaction ID: SB23.5701
	Mailing Address 3725 Dogwood Lane	Date of Disbursement 04 / 30 / 2005
	City Roanoke State VA Zip Code 24014	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 43

<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)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) JEFFERSON COMMITTEE, THE	Transaction ID: SB23.5531 Date of Disbursement
	Mailing Address 650 Poydras Street Suite 2245	<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City New Orleans State LA Zip Code 70130	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JEFFERSON COMMITTEE, THE	Transaction ID: SB23.5569 Date of Disbursement
	Mailing Address 650 Poydras Street Suite 2245	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City New Orleans State LA Zip Code 70130	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JERRY WELLER FOR CONGRESS INC.	Transaction ID: SB23.5554 Date of Disbursement
	Mailing Address P.O. Box 15283	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTEE	Transaction ID: SB23.5527 Date of Disbursement 03 / 03 / 2005
	Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310	Amount of Each Disbursement this Period 1000.00
	City Minnetonka State MN Zip Code 55305	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTEE	Transaction ID: SB23.5563 Date of Disbursement 06 / 03 / 2005
	Mailing Address 1809 PLYMOUTH ROAD SOUTH #310	Amount of Each Disbursement this Period 1000.00
	City MINNETONKA State MN Zip Code 55305	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHNSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.5519 Date of Disbursement 01 / 03 / 2005
	Mailing Address P.O. Box 1986	Amount of Each Disbursement this Period 1000.00
	City New Britain State CT Zip Code 06050	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) JOHNSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.5532 Date of Disbursement
	Mailing Address P.O. Box 1986	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>
	City New Britain State CT Zip Code 06050	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHNSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.5536 Date of Disbursement
	Mailing Address P.O. Box 1986	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>
	City New Britain State CT Zip Code 06050	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHNSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.5543 Date of Disbursement
	Mailing Address P.O. Box 1986	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2005"/>
	City New Britain State CT Zip Code 06050	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City State Zip Code  
New Britain CT 06050

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CT District: 05

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5548

Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
LEE PAC

Mailing Address 4451 Brookfield Corporate Drive  
Suite 200

City State Zip Code  
Chantilly VA 20151

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5547

Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
LEE PAC

Mailing Address 4451 Brookfield Corporate Drive  
Suite 200

City State Zip Code  
Chantilly VA 20151

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5564

Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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 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)  
ESOP PAC

A.

Full Name (Last, First, Middle Initial)  
LINC PAC

Mailing Address 818 CONNECTICUT AVENUE NW STE 1100

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.5534  
Date of Disbursement

03 / 30 / 2005

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND STREET

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: NY District: 14

Transaction ID: SB23.5549  
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)  
MCCRERY FOR CONGRESS

Mailing Address 1900 DEPOSIT GUARANTY TOWER  
333 TEXAS STREET

City SHREVEPORT State LA Zip Code 71101

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: LA District: 04

Transaction ID: SB23.5573  
Date of Disbursement

06 / 25 / 2005

Amount of Each Disbursement this Period

2000.00

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

4250.00

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 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)  
ESOP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MICA FOR CONGRESS</b> Mailing Address P. O. Box 181546 City Casselberry State FL Zip Code 32718 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5561 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 5
	Amount of Each Disbursement this Period 250.00

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MUSGRAVE FOR CONGRESS</b> Mailing Address 5401 STONE CREEK CIRCLE SUITE 777 City LOVELAND State CO Zip Code 80538 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5553 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 5
	Amount of Each Disbursement this Period 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) <b>PEOPLE WHO SUPPORT JEFF BINGAMAN</b> Mailing Address PO BOX 16210 City ALBUQUERQUE State NM Zip Code 87191 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5520 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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)

<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)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) <b>PEOPLE WHO SUPPORT JEFF BINGAMAN</b>	<b>Transaction ID: SB23.5544</b>
	Mailing Address <b>PO BOX 16210</b>	Date of Disbursement 05 / 05 / 2005
	City <b>ALBUQUERQUE</b> State <b>NM</b> Zip Code <b>87191</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NM</b> District: <b>00</b>	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>RYAN FOR CONGRESS</b>	<b>Transaction ID: SB23.5528</b>
	Mailing Address <b>PO BOX 1919</b>	Date of Disbursement 03 / 15 / 2005
	City <b>JANESVILLE</b> State <b>WI</b> Zip Code <b>53547</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>01</b>	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>RYAN FOR CONGRESS</b>	<b>Transaction ID: SB23.5550</b>
	Mailing Address <b>PO BOX 1919</b>	Date of Disbursement 05 / 17 / 2005
	City <b>JANESVILLE</b> State <b>WI</b> Zip Code <b>53547</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>01</b>	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

A.

Full Name (Last, First, Middle Initial)  
SUNSHINE PAC

Transaction ID: SB23.5521  
Date of Disbursement

Mailing Address 2600 NE 14th Street Causeway

<sup>M</sup> 0	<sup>M</sup> 1	/	<sup>D</sup> 2	<sup>D</sup> 8	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 5
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City Pompano Beach State FL Zip Code 33062

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

39250.00
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**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ESOP PAC

A.	Full Name (Last, First, Middle Initial) Bank Charges		Transaction ID: SB29.5668	
	Mailing Address P.O. Box 96758 1800 M Street, N.W.		Date of Disbursement MM / DD / YYYY 06 / 30 / 2005	
	City Washington	State DC	Zip Code 20090	Amount of Each Disbursement this Period 531.97
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	531.97
<b>TOTAL</b> This Period (last page this line number only) .....	531.97

Image# 28990549573

Form/Schedule: **SB23**      The contribution to Friends of Max Baucus in the amount of \$2,000 needs to be redesignated for the primary election. The error is a clerical error.  
Transaction ID: **SB23.5524**

\*\*\*\*\*