

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 OCT 16 P 12:57
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Spirit Aerosystems, Inc. PAC

ADDRESS (number and street) P.O. Box 780008

Check if different than previously reported. (ACC) McKitt-08

Wichita KS 67278-0008

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00428110

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 Year-End 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 (12S)

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 07 / 01 / 2006 through 09 / 30 / 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DANIEL R. DAVIS

Signature of Treasurer *Daniel R. Davis* Date 10 / 12 / 2006

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

26039221541

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Spirit Aero Systems, Inc. PAC.

Report Covering the Period:

From:

07 / 01 / 2006

To:

09 / 30 / 2006

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2006	000
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	760000	760000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	760000	760000
7. Total Disbursements (from Line 31).....	000	000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	760000	760000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	



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

26039221542

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Spirit Aero Systems, Inc. PAC.

Report Covering the Period: From:

07 / 01 / 2006

To:

09 / 30 / 2006

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

(i) Itemized (use Schedule A).....

7 2 5 0 0 0

7 2 5 0 0 0

(ii) Unitemized.....

3 5 0 0 0

3 5 0 0 0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

7 6 0 0 0 0

7 6 0 0 0 0

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

7 6 0 0 0 0

7 6 0 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

0 0 0

0 0 0

13. All Loans Received.....

0 0 0

0 0 0

14. Loan Repayments Received.....

0 0 0

0 0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0 6 0

6 0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0 0 0

0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0 0 0

0 0 0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0 0 0

0 0 0

(b) Levin Funds (from Schedule H5).....

0 6 0

0 0 0

(c) Total Transfers (add 18(a) and 18(b)).....

0 6 0

0 0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

7 6 0 0 0 0

7 6 0 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

7 6 0 0 0 0

7 6 0 0 0 0

26039221543

**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

<p>21. Operating Expenditures:</p> <p>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</p> <p>(i) Federal Share</p> <p>(ii) Non-Federal Share.....</p> <p>(b) Other Federal Operating Expenditures</p> <p>(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))</p> <p>22. Transfers to Affiliated/Other Party Committees.....</p> <p>23. Contributions to Federal Candidates/Committees and Other Political Committees.....</p> <p>24. Independent Expenditures (use Schedule E)</p> <p>25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....</p> <p>26. Loan Repayments Made.....</p> <p>27. Loans Made.....</p> <p>28. Refunds of Contributions To:</p> <p>(a) Individuals/Persons Other Than Political Committees</p> <p>(b) Political Party Committees</p> <p>(c) Other Political Committees (such as PACs).....</p> <p>(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))</p> <p>29. Other Disbursements</p> <p>30. Federal Election Activity (2 U.S.C. §431(20))</p> <p>(a) Allocated Federal Election Activity (from Schedule H6)</p> <p>(i) Federal Share</p> <p>(ii) "Levin" Share.....</p> <p>(b) Federal Election Activity Paid Entirely With Federal Funds</p> <p>(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....</p> <p>31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..</p> <p>32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....</p>	<p>[Empty grid for Column A]</p>	<p>[Empty grid for Column B]</p>
--	----------------------------------	----------------------------------

26039221544

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

760000
000
760000
000
000
000

760000
000
760000
000
000
000

26039221545

**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 1 OF 3

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

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

NAME OF COMMITTEE (In Full)

Spirit AeroSystems, Inc. PAC.

Full Name (Last, First, Middle Initial)

A. Knott, Larry S.

Mailing Address

7102 Clearmeadow Ct

City

Wichita

State

KS

Zip Code

67205-1058

FEC ID number of contributing federal political committee.

C

Name of Employer

Spirit AeroSystems

Occupation

Director of Taxation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

75000

Date of Receipt

08 / 25 / 2006

Amount of Each Receipt this Period

75000

Full Name (Last, First, Middle Initial)

B. German, Michael C.

Mailing Address

618 N 18th Fairway

City

Andover

State

KS

Zip Code

67002

FEC ID number of contributing federal political committee.

C

Name of Employer

Spirit Aerosystems

Occupation

V.P. Government Affairs

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50000

Date of Receipt

08 / 25 / 2006

Amount of Each Receipt this Period

50000

Full Name (Last, First, Middle Initial)

C. Turner, Jeffery L.

Mailing Address

1320 N. Covington Circle

City

Wichita

State

KS

Zip Code

67212

FEC ID number of contributing federal political committee.

C

Name of Employer

Spirit AeroSystems

Occupation

President & CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

150000

Date of Receipt

09 / 07 / 2006

Amount of Each Receipt this Period

150000

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

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

275000

26039221546

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

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

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)

<input checked="" 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 type="checkbox"/> 16	

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)

Spirit Aero Systems, Inc. PAC.

Full Name (Last, First, Middle Initial)

A. *King, Michael G*

Mailing Address

7807 Birdie Lane Cr

City
Wichita

State
KS

Zip Code
67205

FEC ID number of contributing federal political committee.

C

Name of Employer

Spirit Aero Systems

Occupation *Propulsion Structures & Systems Business Unit VP*

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600006

Date of Receipt

09 / 14 / 2006

Amount of Each Receipt this Period

600000

Full Name (Last, First, Middle Initial)

B. *Jackson, Vernell*

Mailing Address

1848 N. Paddock Green Ct

City
Wichita

State
KS

Zip Code
67206

FEC ID number of contributing federal political committee.

C

Name of Employer

Spirit Aero Systems

Occupation *Sr. VP Administration*

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

800000

Date of Receipt

09 / 13 / 2006

Amount of Each Receipt this Period

800000

Full Name (Last, First, Middle Initial)

C. *Walker, Harold O.*

Mailing Address

35 Stonebridge Cir.

City
Wichita

State
KS

Zip Code
67230

FEC ID number of contributing federal political committee.

C

Name of Employer

Spirit Aero Systems

Occupation *Sr. VP Sales + Marketing*

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100000

Date of Receipt

09 / 15 / 2006

Amount of Each Receipt this Period

100000

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

240000

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

725000

26039221547

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 3	
	(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

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)
Spirit AeroSystems, Inc. PAC.

A. Full Name (Last, First, Middle Initial)
Brunton, Ronald C.

Mailing Address
3025 Benjamin Ct

City Wichita State KS Zip Code 67204

FEC ID number of contributing federal political committee. C

Name of Employer Spirit AeroSystems Occupation Executive VP + COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1 000 00

Date of Receipt 09 / 13 / 2006

Amount of Each Receipt this Period 1 000 00

B. Full Name (Last, First, Middle Initial)
Crisp, Kerry D

Mailing Address
7541 NW 130th

City Potwin State KS Zip Code 67213-9658

FEC ID number of contributing federal political committee. C

Name of Employer Spirit AeroSystems Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 3 000 00

Date of Receipt 09 / 19 / 2006

Amount of Each Receipt this Period 3 000 00

C. Full Name (Last, First, Middle Initial)
Wawzysko, Tad J.

Mailing Address
1524 Juniper Ct

City Deerby State KS Zip Code 67097-3652

FEC ID number of contributing federal political committee. C

Name of Employer Spirit AeroSystems Occupation Quality & Process Improvement VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 8 000 00

Date of Receipt 09 / 18 / 2006

Amount of Each Receipt this Period 8 000 00

SUBTOTAL of Receipts This Page (optional) 2 100 00

TOTAL This Period (last page this line number only) 2 100 00

26039221548

Disclosure of Contributions greater than \$50 but less than \$200:

Robert J. Waner
3125 S. 145th, East
Wichita, KS 67232
09/15/2006
\$100.00

John A. Pilla
1817 W. Evanston Dr.
Wichita, KS 67204
09/17/2006
\$100.00

Ellston O. White
14448 SE 79th Dr.
Newcastle, WA 98059
09/20/2006
\$150.00

(Copies of checks are included in report)

26039221549

**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 OF

<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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Amount

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Amount

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Amount

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

Amount

Amount

26039221550

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred: MM / DD / YYYY

Date Due: MM / DD / YYYY

Interest Rate: % (apr)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

26039221551

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>
-----------------------------	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; display: inline-block; width: 80%;"></div> %
--	---	--

Mailing Address	Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
City State Zip Code		

A. Has loan been restructured? No Yes If yes, date originally incurred / /

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:

Date account established: / / Address:

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
--	---

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
---	-------	---

26039221552

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

26039221553

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
		C	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle Initial) of Payee		Date				
Mailing Address		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> </table>		MM	DD	YYYY
MM	DD	YYYY				
City	State	Zip Code				
		Amount				
		<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>				

Purpose of Expenditure	Category/Type	Office Sought:	House <input type="checkbox"/>	State: _____
			Senate <input type="checkbox"/>	District: _____
			President <input type="checkbox"/>	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>

Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>
		Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date				
Mailing Address		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> </table>		MM	DD	YYYY
MM	DD	YYYY				
City	State	Zip Code				
		Amount				
		<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>				

Purpose of Expenditure	Category/Type	Office Sought:	House <input type="checkbox"/>	State: _____
			Senate <input type="checkbox"/>	District: _____
			President <input type="checkbox"/>	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>

Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>
		Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		
(c) TOTAL Independent Expenditures	▶	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date

MM	DD	YYYY
----	----	------

2603922155A

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE _____ OF _____
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)	<input type="checkbox"/> Check if 24-hour notice
-----------------------------	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee	
	Mailing Address	
	City	State

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought:	House State: _____ Senate District: _____ Presidential
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought:	House State: _____ Senate District: _____ Presidential
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought:	House State: _____ Senate District: _____ Presidential
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

26039221555

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

26039221556

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

26039221557

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM	DD	YYYY
----	----	------

--

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

--

ii) Generic Voter Drive

--

iii) Exempt Activities

--

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

--

b) _____

--

c) Total Amount Transferred For Direct Fundraising

--

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

--

b) _____

--

c) Total Amount Transferred For Direct Candidate Support

--

vi) Public Communications Referring Only to Party (Made by PAC)

--

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

--

TOTAL This Period (Generic Voter Drive)

--

TOTAL This Period (Exempt Activities)

--

TOTAL This Period (Direct Fundraising)

--

TOTAL This Period (Direct Candidate Support)

--

TOTAL This Period (Public Communications Referring Only to Party)

--

TOTAL This Period (Total Amount Transferred)

--

26039221558

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT	
		<input type="text"/> <input type="text"/> <input type="text"/>	

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT	
		<input type="text"/> <input type="text"/> <input type="text"/>	

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT	
		<input type="text"/> <input type="text"/> <input type="text"/>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
+ =		
<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

26039221559

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

26039221560

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Category/Type
Purpose of Disbursement		Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Category/Type
Purpose of Disbursement		Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Category/Type
Purpose of Disbursement		Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share				

26039221561

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

26039221562

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE OF

FOR LINE NUMBER:
 (check only one)

1a. 2

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)

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

A.

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

B.

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

C.

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

D.

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

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

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

Subtotal field

Total field

26039221563

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

4a 4c 5
 4b 4d

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)

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

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

26039221564

10/12/2006

9:21 AM

Spirit PAC					
Deposit Summary					
Date	Checks		Amount	Deposit	Balance
25-Aug-06	L. Knott		\$ 750.00		
	M. Germann		\$ 500.00	\$ 1,250.00	\$ 1,250.00
15-Sep-05	J. Turner		\$ 1,500.00		
	R. Brunton		\$ 1,000.00	\$ 2,500.00	\$ 3,750.00
22-Sep-05	K. Crisp		\$ 300.00		
	E. White		\$ 150.00		
	B. Waner		\$ 100.00		
	T. Wawzysko		\$ 800.00		
	J. Pilla		\$ 100.00		
	M. King		\$ 600.00		
	V. Jackson		\$ 800.00		
	D. Walker		\$ 1,000.00	\$ 3,850.00	\$ 7,600.00

26039221565



Deposits may not be available for immediate withdrawal.

TR:52 ID:29-2971 09/15/06 12:22 PM
41635442 Ck Deposit \$2,500.00

Ask about low home equity loan rates.



Member FDIC

Deposits accepted subject to terms and conditions of Deposit Agreement.

B610-05 (12/04)

26039221566

JEFFREY L. TURNER 09-00
 RHONDA S. TURNER
 PH. 316-722-6473
 1320 N. COVINGTON CIRCLE
 WICHITA, KS 67212

40-2/1011
 40297721

1886

DATE Sept 7, 06

Spirit Aero Systems, Inc PAC

\$ 1500.00

PAY TO THE ORDER OF
Fifteen Hundred & no/100

DOLLARS



PRIVATE BANKING

Wichita, KS 67201-5001

701

MEMO

Jeffrey L Turner

⑆ 10 1000 29 ⑆ 1886 40 29772 ⑆

RONALD C. BRUNTON
 LORRAINE K. BRUNTON
 3025 BENJAMIN CT. PH. 838-7505
 WICHITA, KS 67204

40-121/1011
 2221276

7925

DATE 9/13/06

PAY TO THE ORDER OF
SPRIT PAE Service

\$ 1000.00

One thousand and 00/100

DOLLARS

TWIN LAKES NATIONAL BANK
 PO. Box 2829
 Wichita, KS 67201
 (316) 638-5741
 Member FDIC

Prestige

MEMO

Ronald Brunton

⑆ 10 10 219 ⑆ 2221276 ⑆ 7925



Checking
 Savings **DEPOSIT**

Date 9/15/06

Name Spirit Aero Systems, Inc PAC

Address _____

X _____
 Acknowledge receipt of cash received.

Checks and other items are received for deposit subject to the provisions of the Uniform Commercial Code or any applicable collection agreement. Deposits may not be available for immediate withdrawal.

Items for Deposit	Dollars	Cents
Cash		
BRUNTON	1000	00
TURNER	1500	00
SUB TOTAL	2500	00
<input type="checkbox"/> LESS CASH		

Account No. 41635442

TOTAL DEPOSIT \$ 2500.00

⑆ 10 1000 29 ⑆

11

26039221567

B800-88 (6/01)



Deposits may not be available for immediate withdrawal.

TR:70 10:38-3608 08/25/06 04:45 PM
41635442 Ek Deposit \$1,250.00

Ask about our back to school solutions.



Member FDIC

Deposits accepted subject to terms and conditions of Deposit Agreement.

B610-05 (12/04)

26039221568

Spirit AeroSystems, Inc PAC members

Name	Check #	Amount	Date deposited
Larry S. Knott	8601	\$ 750	8/25/2006
Michael C. Germann	3535	\$ 500	8/25/2006
Total		\$ 1,250	

26039221569

26039221570

8601

LARRY S. KNOTT
R. GAIL KNOTT

7102 CLEARMEADOW CT PH 316-729-8925
WICHITA, KS 67205-1058

88-141/1011

Date: 8/25/06

Pay to the Order of: Spirit Aerobics, Inc. PAC \$750.00

Spirit Aerobics, Inc. PAC
Seven hundred fifty and 00/100 Dollars

Garden Plain State Bank
WICHITA, KANSAS

For: *[Signature]*

⑆00000075000⑆

08/28 8601 750.00

MICHAEL C. GERMANN
VICKI L. GERMANN
618 N 18TH FAIRWAY PH. 316-733-9702
ANDOVER, KS 67002

3535

DATE Aug-25, 2006

40-54/1011
4182

PAY TO THE ORDER OF Spirit AeroSystems, Inc. PAC \$ 500 ⁰⁰/₁₀₀

Five Hundred and no/100 DOLLARS

 **Commerce Bank**^{NA}
Wichita, KS 67202
www.commercebank.com

PRIVATE BANKING

Michael C. Germann
FOR _____

⑆ 10100540⑆ 671136891⑆ 3535

⑆0000050000⑆

26039221571



Deposits may not be available for immediate withdrawal.

TR:84 ID:29-2975 09/22/06 12:14 PM
41635442 Ck Deposit \$3,850.00

Ask about low home equity loan rates.



Member FDIC

Deposits accepted subject to terms and conditions of Deposit Agreement.

B610-05 (12/04)

26039221572



KERRY D. OR MERCEDES K. CRISP
7541 NW 130TH PH 620-752-3494
POTWIN, KS 67123-9658

40-54-101

17584

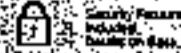
Date 9/19/06

Pay to the Order of

Spirit AeroSystems, Inc. PAC \$ 300.00

Three hundred and no/100

Dollars



Commerce Bank NA

Wichita, Kansas 67202-4402

www.CommerceBank.com

Kerry D. Or Mercedes K. Crisp

⑆101100540⑆

67700721407584

MILDRED E. WHITE
ELLSTON O. WHITE
14448 SE 78TH DR 277-8774
NEWCASTLE WA 98059

18-8140/3250

3910

Date 07/20/06

Pay to the Order of

Spirit AeroSystems, Inc. PAC \$ 150.00

One Hundred Fifty and no/100

DOLLARS



BEUC

Boeing Employees Credit Union
PO Box 97050, Seattle, WA 98124-9750
24 Hour Automated Services
206-439-7000 or 800-627-3301
www.beuc.org

Your Financial Cooperative

Memo

Member

Ellston White

⑆1325081403⑆ ⑆3560003572⑆ 01901500095⑆ 160418052⑆

ROBERT J. &/OR SHARON M. WANER
3126 S. 145TH, EAST PH 733-4892
WICHITA, KS 67232

9188

9-15-06

83-1021/1011

PAY TO THE ORDER OF

Spirit AeroSystems, Inc. PAC \$ 100.00

One hundred dollars and no/100

DOLLARS



ROSE HILL BANK

PO Box 68 - ROSE HILL, KS 67133

Robert J. Waner

⑆101110213⑆ 012 079 406⑆ 9188

TOD J. WAWZYSKO
MARY A. WAWZYSKO
1524 JUNIPER CT. PH: 316-788-3448
DERBY, KS 67037-3652

40-8029/3011
1373290

1388

DATE

9/18/06

PAY TO THE ORDER OF

Spirit Aero Systems, Inc. PAC \$ 800.00
Eight hundred and 00/100 DOLLARS



BOEING WICHITA
CREDIT UNION
2900 S. Oliver / Phone: (316) 683-1199
Wichita, Kansas 67210-1395

MEMO

J. Wawzysko

⑆301180292⑆ 1373290 1388

⑈50ALTY316⑈

JOHN A. PILLA
MANDY E. PILLA
1817 W. EVANSTON DR. PH. 755-3449
WICHITA, KS 67204-1228

40-81/1011
2154013

1804

DATE

9-17-06

PAY TO THE ORDER OF

Spirit Aero Systems PAC \$ 100.00
One hundred and 00/100 DOLLARS



SOUTHWEST
NATIONAL BANK
P.O. BOX 14017 WICHITA, KANSAS 67201

MEMO

J. A. Pilla

⑆101100618⑆ 2154013 1804

MICHAEL G. KING
SHARON K. KING
807 BIRDIE LANE CR. PH: 316-773-4436
WICHITA, KS 67205

2086

PAY TO THE ORDER OF

Spirit Aero Systems, Inc. PAC \$ 600.00
Six hundred DOLLARS



First Trust
Private Banking
Wichita, KS 67201-5001

MEMO

Michael G. King

⑆101100029⑆ 2086 4158387 6⑈

⑈50ALTY316⑈

VERNELL JACKSON, JR.
1848 N PADDOCK GREEN CT.
WICHITA, KS 67206

40-2/1011
41423194

1151

DATE 9-13-06

PAY TO THE ORDER OF Spirit Aero Systems, Inc PAC \$ 800.00

Eight hundred dollars and 00/100 DOLLARS

INTRUST Bank

INTRUST Bank, NA
Wichita, KS 67226

MEMO Vernell Jackson

⑆101100029⑆ 1151 41423194 ⑆

H. DAVID WALKER
ANNE M. WALKER
35 STONEBRIDGE CIR.
WICHITA, KS 67230

40-2/1011
41523741

1256

DATE 9/15/06

PAY TO THE ORDER OF Spirit Aero Systems PAC \$ 1,000.00

One thousand and 00/100 DOLLARS

INTRUST
Private Banking

Wichita, KS 67201-5001

MEMO PAC 51653392

⑆101100029⑆ 1256 41523741 ⑆

26



BS00-88 (6/01)

Date 9/21/06
 Name Spirit AeroSystems Inc. PAC
 Address _____
 X _____

Acknowledge receipt of cash received.

Checks and other items are received for deposit subject to the provisions of the Uniform Commercial Code or any applicable collection agreement. Deposits may not be available for immediate withdrawal.

Account No. 41635442

TOTAL DEPOSIT

Checking Savings **DEPOSIT**

Items for Deposit	Dollars	Cents
Cash		
CHECKS	See Attached	
SUB TOTAL		
<input type="checkbox"/> LESS CASH		

TOTAL DEPOSIT \$ 3850.00

⑆ 0 0 0 0 0 0 2 9 ⑆

⑆ ⑆

Crisp	300.00
White	150.00
Waner	100.00
Wawzysko	800.00
Pilla	100.00
King	600.00
Jackson	800.00
Walker	1000.00

3850.00

26039221576

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
DHC *10/18/06*
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature] *10/16/06*
 PREPARER DATE PREPARED

26039221577