

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines The Commonwealth PAC

ADDRESS (number and street) 1 Thomas Circle NW, Suite 1100 Washington DC 20005

2. FEC IDENTIFICATION NUMBER C00403022 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Elizabeth Anderson Signature of Treasurer Electronically Filed by Elizabeth Anderson Date 11 21 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		30110.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	531742.38									
(c) Total Receipts (from Line 19)	196812.71	2870152.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	728555.09	2900262.80								
7. Total Disbursements (from Line 31)	540589.91	2712297.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	187965.18	187965.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	193500.00	2727078.59
(i) Itemized (use Schedule A)		
(ii) Unitemized	1250.00	36442.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	194750.00	2763520.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	81700.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	194750.00	2845220.59
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	17773.03
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2062.71	7158.77
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))	196812.71	2870152.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	196812.71	2870152.39

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	540089.91	2419297.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	540089.91	2419297.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	223750.00
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	250.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	500.00	69000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	540589.91	2712297.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	540589.91	2712297.62

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	194750.00	2845220.59
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	194750.00	2844970.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	540089.91	2419297.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	17773.03
38. Net Operating Expenditures (subtract Line 37 from Line 36)	540089.91	2401524.59

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Kenneth Allen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 3784 Grove Ave.		Transaction ID: 100006150	
City State Zip Code Palo Alto CA 94303		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Townsend & Townsend & Crew, LL Attorney		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Craig Anderson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1517 Olive Lane		Transaction ID: 100006140	
City State Zip Code La Canada CA 91011		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Self Employed Builder		Aggregate Year-to-Date ▼ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Martin Begien		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 407 Warren Street		Transaction ID: 100006088	
City State Zip Code Brookline MA 02445		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation N/A Retired		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 159
	<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Robert Bisno		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 66 Beverly Park		Transaction ID: 100006089	
City State Zip Code Beverly Hills CA 90210		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Bisno Development Co. L.L.C. Real Estate Developer / Invest		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Fred Carpenter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 3997 El Lado Drive		Transaction ID: 100006092	
City State Zip Code Glendale CA 91214		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Glenwood Financial Group President		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Glenda Carpenter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 3997 El Lado Drive		Transaction ID: 100006091	
City State Zip Code Glendale CA 91214		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation None Homemaker		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Dave Dougherty		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 8125 Muchmore Point Lane		Transaction ID: 100006097
City State Zip Code Cincinnati OH 45243	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Convergys Executive	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kimberly Dougherty		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 8125 Muchmore Point		Transaction ID: 100006096
City State Zip Code Cincinnati OH 45243	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Robinson & Cole, LLP Attorney	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marc Fleischaker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1050 Connecticut Ave NW		Transaction ID: 100006098
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Arent Fox Attorney	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Marc Fleischaker

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
Arent Fox Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2006

Transaction ID: 100006099

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Cyrus Freidheim

Mailing Address 11105 Old Harbour Road

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer Occupation
Chiquita Brands Intl. C.E.O. and Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2006

Transaction ID: 100006100

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Marguerite Freidheim

Mailing Address 11105 Old Harbour Road

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2006

Transaction ID: 100006101

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Aaron Garrity

Mailing Address 10275 N. Mystic Hollow

City Highland State UT Zip Code 84003

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

Name of Employer Nutritional Mgmt. / Xango L.L.C. Occupation President / C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006103

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tiffany Garrity

Mailing Address 10275 N. Mystic Hollow

City Highland State UT Zip Code 84003

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006102

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Vere Gaynor

Mailing Address 212 East 3rd Street

City Cincinnati State OH Zip Code 45202

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

Name of Employer Bahl & Gaynor Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006160

Amount of Each Receipt this Period
5000.00

Receipt

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Joseph Grigg

Mailing Address 4942 Commonwealth Avenue

City State Zip Code
La Canada CA 91011

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

Name of Employer American Energy Operations, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 100006105

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lynda Grigg

Mailing Address 4942 Commonwealth Avenue

City State Zip Code
La Canada CA 91011

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 100006104

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael Grow

Mailing Address 1408 Hopkins Street N.W.

City State Zip Code
Washington DC 20036

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

Name of Employer Arent, Fox, Kintner, Plotkin & Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 100006106

Amount of Each Receipt this Period
1000.00

Receipt

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 3726 Beechglen Drive

City State Zip Code
La Crescenta CA 91214

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

Name of Employer Occupation
Crowell & Weeden Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2006

Transaction ID: 100006108

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kendall Hales

Mailing Address 2852 Foothill Blvd.

City State Zip Code
La Crescenta CA 91214

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

Name of Employer Occupation
Kendall Hales Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2006

Transaction ID: 100006148

Amount of Each Receipt this Period
4000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kendall Hales

Mailing Address 2852 Foothill Blvd.

City State Zip Code
La Crescenta CA 91214

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

Name of Employer Occupation
Kendall Hales Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2006

Transaction ID: 100006149

Amount of Each Receipt this Period
1000.00

Receipt

note: Refund Mailed for 4/3/07

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Marilyn Hales

Mailing Address 3726 Beechglen Drive

City State Zip Code
La Crescenta CA 91214

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

Name of Employer None Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006107

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
William Harrison

Mailing Address 16 West Avenue
C/O Vincent Andrews Mgmt.

City State Zip Code
Darien CT 06820

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

Name of Employer J.P. Morgan Chase Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006109

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael Hawkes

Mailing Address 3415 Rosemary Avenue

City State Zip Code
Glendale CA 91208

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

Name of Employer Self Employed Occupation Car Dealer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

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

Transaction ID: 100006153

Amount of Each Receipt this Period
4000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	14000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 9377 Autoplex Drive

City State Zip Code
Montclair CA 91763

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

Name of Employer Occupation
Great Metro Auto Group C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100006111

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Rebecca Hawkins

Mailing Address 9377 Autoplex Drive

City State Zip Code
Montclair CA 91763

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100006110

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Don Higginson

Mailing Address 16413 Calle Ana

City State Zip Code
Poway CA 92064

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

Name of Employer Occupation
M.B.E. / City Of Poway S.V.P. - Attorney / Councilman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 100006113

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Rebecca Higginson

Mailing Address 16413 Calle Ana

City State Zip Code
Poway CA 92064

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

Name of Employer Self-Employed Occupation
Self-Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 100006112

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Eric Hinton

Mailing Address 741 West Brookforest Dr

City State Zip Code
Peoria IL 61615

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

Name of Employer Caterpillar, Inc. Occupation
Caterpillar, Inc. Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 100004095

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Beverly Hollister

Mailing Address 12268 Raleigh Court

City State Zip Code
Draper UT 84020

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

Name of Employer Nutritional Management, Inc. Occupation
Nutritional Management, Inc. Sr. V.P., Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100006114

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Bryan Jackson

Mailing Address 515 South Figueroa Suite 700

City State Zip Code
Los Angeles CA 91011

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

Name of Employer Occupation
Allen Matkins Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: 100006137

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Craig King

Mailing Address 9422 Meadow Shire Lane

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
Arent, Fox, Kintner, Plotkin & Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 100006115

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 462 Stevens Avenue Suite 308

City State Zip Code
Solana Beach CA 92075

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

Name of Employer Occupation
Kinsell Newcomb Dedios Executive V.P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 100006116

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Dieter Kuster

Mailing Address 9365 Waples Street

City San Diego State CA Zip Code 92121

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

Name of Employer CA Botana International Occupation CEO and Senior Chemist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006117

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jacqueline Lake

Mailing Address 16625 Dove Canyon Road

City San Diego State CA Zip Code 92127

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

Name of Employer Self-Employed Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006118

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jeffrey Lake

Mailing Address 16625 Dove Canyon Road

City San Diego State CA Zip Code 92127

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

Name of Employer Jeffrey A.Lake, A.P.C. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006119

Amount of Each Receipt this Period
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Herbert Lee

Mailing Address 44 Coconut Row
Apt. 601-A

City State Zip Code
Palm Beach FL 33480

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006120

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bret Mackay

Mailing Address 9061 Santa Monica Blvd

City State Zip Code
Los Angeles CA 90069

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: 100006135

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Richard Marriott

Mailing Address 10840 Pleasant Hill Drive

City State Zip Code
Potomac MD 20854

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

Name of Employer Marriott Corporation Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006121

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Gerard Martin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 20 Church Road		Transaction ID: 70729.C6789
City State Zip Code Rye Beach NH 03871	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Occupation Reit Management & Research President	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ronnie Morgan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 4528 North Sunflower Avenue		Transaction ID: 100006158
City State Zip Code Covina CA 91724	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Occupation Morgan Construction Co (The Mo CEO	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Caryn Morton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1308 S. 1100 E.		Transaction ID: 100006138
City State Zip Code Orem UT 84097	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Occupation None Homemaker	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Rachel Morton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 619 Fitz Lane		Transaction ID: 100006122	
City State Zip Code Draper UT 84020	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer N/A Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Scott Nystrom		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 122 Chestertown St.		Transaction ID: 100004103	
City State Zip Code Gaithersburg MD 20878	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer US Government Occupation Executive Director	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Andrea Pedersen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 5132 N 300 W		Transaction ID: 100006124	
City State Zip Code Provo UT 84604	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Todd Pedersen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 5132 N 300 W		Transaction ID: 100006125
City Provo State UT Zip Code 84604	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Apex Alarm Systems Occupation Owner	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin Preloger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 3740 N SOUTHPORT AVE. 4		Transaction ID: 100006151
City Chicago State IL Zip Code 60613	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Perkins Wolf Mcdonnell Occupation Analyst	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. TC Spencer Pryor		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1320 Peachtree Battle Avenue, NW		Transaction ID: 100004096
City Americus State GA Zip Code 31709	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Alston & Byrd Occupation Attorney	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ahmed Qureshi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 20007 Belmont Station Drive		Transaction ID: 100006134	
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Harbinger Technologies Group.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Joel Reed		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 12340 El Camino Real		Transaction ID: 100006146	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer R.A. Capital Advisors	Occupation Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Thomas Reed		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 1410 Alexander Valley Road		Transaction ID: 100006127	
City State Zip Code Healdsburg CA 95448	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 159						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Peter Rintye		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 102 Palm Drive		Transaction ID: 100006155	
City State Zip Code Largo FL 33770		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Direct Mail Systems	Occupation Political Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Cynthia Stead		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 16 Fairview Avenue		Transaction ID: 100006141	
City State Zip Code Dennis MA 02638		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Commonwealth of Massachusetts	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Bruce Tabb		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 402 West Broadway 1320		Transaction ID: 100006136	
City State Zip Code San Diego CA 92101		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Environmental Development	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 159
	(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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ursala Wagstaff-Kuster		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address PO Box 676268		Transaction ID: 100006130	
City Rancho Santa Fe	State CA	Zip Code 92067	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer CA Botana International	Occupation Senior Chemist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Marshall Wallach		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 3575 Cherry Creek N. Drive		Transaction ID: 100006131	
City Denver	State CO	Zip Code 80209	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Wallach Capital Advisors	Occupation Asset Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Walter Zable		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address P.O. Box 1525		Transaction ID: 100006132	
City Rancho Sante Fe	State CA	Zip Code 92067	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cubic Corporation	Occupation Chairman & C.E.O.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	193500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 159	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 3 Center Plz

City State Zip Code
Boston MA 02108-2000

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

Name of Employer Occupation
Interest Income Interest Income

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7158.77

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

Transaction ID: 100006077

Amount of Each Receipt this Period
2062.71

Other Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2062.71
TOTAL This Period (last page this line number only)	▶	2062.71

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Nstar		Transaction ID: 200006508 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 409.60
City Woburn	State MA Zip Code 01888-4508	
Purpose of Disbursement PRO-RATED OFFICE UTILITIES		PRO-RATED OFFICE UTILITIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Travelers		Transaction ID: 200006733 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address CL & Specialty Remittance Center		Amount of Each Disbursement this Period 207.00
City Hartford	State CT Zip Code 06183-1008	
Purpose of Disbursement PRO-RATED INSURANCE		PRO-RATED INSURANCE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 200006511 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address PO Box 1		Amount of Each Disbursement this Period 681.47
City Worcester	State MA Zip Code 01654-0001	
Purpose of Disbursement PRO-RATED OFFICE PHONES		PRO-RATED OFFICE PHONES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1298.07
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 159

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Salesforce .Com		Transaction ID: 200006565 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address PO Box 5126		Amount of Each Disbursement this Period 258.75
City Carol Stream State IL Zip Code 60197-5126	Category/ Type PRO-RATED DATABASE	
Purpose of Disbursement PRO-RATED DATABASE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 200007689 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 349.33
City Boston State MA Zip Code 02108-2000	Category/ Type MERCHANT FEES	
Purpose of Disbursement MERCHANT FEES Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 200007961 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 207.49
City Boston State MA Zip Code 02108-2000	Category/ Type BANK FEES	
Purpose of Disbursement BANK FEES Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	815.57
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 200007690 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 4.50
City Boston State MA Zip Code 02108-2000	BANK FEES	
Purpose of Disbursement BANK FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 200007691 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 238.40
City Boston State MA Zip Code 02108-2000	MERCHANT FEES	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Britt Becker		Transaction ID: 200006015 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 139 W 6th St # 1 #1		Amount of Each Disbursement this Period 50.94
City Boston State MA Zip Code 02127-2630	PRO-RATED REINBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REINBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	293.84
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Britt Becker		Transaction ID: 200007336 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 139 W 6th St # 1 #1		Amount of Each Disbursement this Period 416.27
City Boston State MA Zip Code 02127-2630		
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		PRO-RATED REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Avis Rent-A-Car		Transaction ID: 200007338 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 6
Mailing Address 2330 NW 37th Ave		Amount of Each Disbursement this Period 365.14
City Miami State FL Zip Code 33142-6834		
Purpose of Disbursement PRO-RATED CAR RENTAL		[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield		Transaction ID: 200006736 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 4924.91
City Woburn State MA Zip Code 01888-4701		
Purpose of Disbursement PRO-RATED HEALTHCARE		PRO-RATED HEALTHCARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5341.18
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Patton Boggs		Transaction ID: 200006009 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 8141.30
City Washington State DC Zip Code 20037-1301	Category/ Type PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Patton Boggs		Transaction ID: 200006729 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 9340.56
City Washington State DC Zip Code 20037-1301	Category/ Type PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sarah Bradshaw		Transaction ID: 200006022 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 1345 Dupont Road		Amount of Each Disbursement this Period 2500.00
City Havana State FL Zip Code 32333-	Category/ Type PRO-RATED FUNDRAISING CON- SULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	19981.86
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jamie Burnett		Transaction ID: 200007334 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 414 East Capitol St. NW		Amount of Each Disbursement this Period 291.70
City Washington State DC Zip Code 20003-	Purpose of Disbursement PRO-RATED REIMBURSEMENT SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT SEE BELOW

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007335 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 272.30
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED AIRFARE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED AIRFARE

Full Name (Last, First, Middle Initial) C. Capital Campaigns		Transaction ID: 200006722 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 5029.92
City Sacramento State CA Zip Code 95814-	Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED FUNDRAISING CON- SULTING

SUBTOTAL of Disbursements This Page (optional) ▶	5321.62
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Capital Campaigns		Transaction ID: 200007320 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814-	PRO-RATED FUNDRAISING CONSULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Sally Canfield		Transaction ID: 200007185 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 2170.76
City Boston State MA Zip Code 02127-1039	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Sally Canfield		Transaction ID: 200006975 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 2170.76
City Boston State MA Zip Code 02127-1039	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5341.52
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sally Canfield		Transaction ID: 200007135 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 2170.76
City Boston State MA Zip Code 02127-1039	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Craig Cannon		Transaction ID: 200007186 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Craig Cannon		Transaction ID: 200006976 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2540.16
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Craig Cannon		Transaction ID: 200007136 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Spring First Capital		Transaction ID: 200006732 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 1158 W 2850 N.		Amount of Each Disbursement this Period 10000.00
City Pleasant Grove State UT Zip Code 84062-	Category/ Type PRO-RATED OPS./ADMIN. CON- SULTING	
Purpose of Disbursement PRO-RATED OPS./ADMIN. CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 200006012 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 4844.40
City Washington State DC Zip Code 20003-1801	Category/ Type PRO-RATED EVENT CATERING	
Purpose of Disbursement PRO-RATED EVENT CATERING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15029.10
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Boston Coach		Transaction ID: 200006501 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 3562.10
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED CAR SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CAR SERVICE

Full Name (Last, First, Middle Initial) B. Neusner Communication LLC		Transaction ID: 200006008 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 7200 Wisconsin Ave Ste 1100		Amount of Each Disbursement this Period 4000.00
City Bethesda State MD Zip Code 20814-4845	Purpose of Disbursement PRO-RATED COMMUNICATIONS CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED COMMUNICATIONS CONSULTING

Full Name (Last, First, Middle Initial) C. OBrien Communications		Transaction ID: 200006001 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 249.88
City Wrentham State MA Zip Code 02093-0659	Purpose of Disbursement PRO-RATED PHONE INSTALLATION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PHONE INSTALLATION

SUBTOTAL of Disbursements This Page (optional) ▶	7811.98
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. OBrien Communications		Transaction ID: 200006512 Date of Disbursement 12 / 12 / 2006
Mailing Address PO Box 659		Amount of Each Disbursement this Period 93.75
City Wrentham	State MA Zip Code 02093-0659	
Purpose of Disbursement PRO-RATED OFFICE EQUIPMENT		PRO-RATED OFFICE EQUIPMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Accu Conference		Transaction ID: 200006013 Date of Disbursement 12 / 05 / 2006
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 448.55
City Bellevue	State WA Zip Code 98005-	
Purpose of Disbursement PRO-RATED CONFERENCE CALL SERVICE		PRO-RATED CONFERENCE CALL SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Research in Motion Corporation		Transaction ID: 200006003 Date of Disbursement 11 / 28 / 2006
Mailing Address 12432 Collections Center Dr.		Amount of Each Disbursement this Period 349.50
City Chicago	State IL Zip Code 60693-	
Purpose of Disbursement PRO-RATED LICENSES		PRO-RATED LICENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	891.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Staples Credit Plan		Transaction ID: 200006513 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 615.61
City Des Moines State IA Zip Code 50368-9020	Category/ Type PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Sean Cunningham		Transaction ID: 200006741 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 88 Porter St		Amount of Each Disbursement this Period 350.00
City Malden State MA Zip Code 02148-	Category/ Type PRO-RATED PHOTOGRAPHER	
Purpose of Disbursement PRO-RATED PHOTOGRAPHER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Hui Jojo Deng		Transaction ID: 200006018 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 602.25
City Brookline State MA Zip Code 02445-	Category/ Type PRO-RATED BOOKKEEPING	
Purpose of Disbursement PRO-RATED BOOKKEEPING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1567.86
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale		Transaction ID: 200005996 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4383.68
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) B. Rainmaker Sport and Entertainment, LLC		Transaction ID: 200007235 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 9350 South 150 East, Suite 100		Amount of Each Disbursement this Period 261.16
City Sandy State UT Zip Code 84070-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. Avis Rent A Car		Transaction ID: 200007337 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 12027 North 28th Dr		Amount of Each Disbursement this Period 261.16
City Phoenix State AZ Zip Code 85029-	Purpose of Disbursement PRO-RATING CAR RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATING CAR RENT-AL

SUBTOTAL of Disbursements This Page (optional) ▶	4644.84
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 200007487 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 18477.59
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 200007447 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 234.31
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 70124.E7445 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 410.05
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional) ▶	18477.59
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 159

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 70124.E7471 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 39.65
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 70124.E7472 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 134.65
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 70124.E7467 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 120.31
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 70124.E7476 Date of Disbursement 10 / 17 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 189.65
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 200007464 Date of Disbursement 10 / 28 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 109.30
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 70124.E7474 Date of Disbursement 10 / 13 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 189.65
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 200007465 Date of Disbursement 10 / 28 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 109.30
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Airtran Airlines		Transaction ID: 200007481 Date of Disbursement 10 / 26 / 2006
Mailing Address 9955 AirTran Blvd		Amount of Each Disbursement this Period 93.65
City Orlando State FL Zip Code 32827-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200007446 Date of Disbursement 10 / 26 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 467.30
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 200007480 Date of Disbursement 10 / 26 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 75.00
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 200007496 Date of Disbursement 11 / 15 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 444.80
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Continental Airlines		Transaction ID: 70124.E7486 Date of Disbursement 10 / 12 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 132.65
City Houston State TX Zip Code 77002-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Continental Airlines		Transaction ID: 70124.E7466 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 57.40
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 70124.E7444 Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 714.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70124.E7482 Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 167.16
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 70124.E7470 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 197.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 70124.E7450 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 247.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 70124.E7468 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 120.31
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 70124.E7443 Date of Disbursement 10 / 10 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 229.30
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 70124.E7469 Date of Disbursement 10 / 12 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 197.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 70124.E7477 Date of Disbursement 10 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 81.16
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 200007436 Date of Disbursement 10 / 25 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 382.30
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 200007435 Date of Disbursement 10 / 25 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 382.30
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007439 Date of Disbursement 10 / 25 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 357.15
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007441 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 357.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70124.E7451 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 209.05
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70124.E7475 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007438 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 439.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007442 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 357.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007440 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 357.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007437 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 439.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70124.E7485 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 166.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007479 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 109.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007483 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 170.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70124.E7484 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 166.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007478 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 59.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Best Buy		Transaction ID: 200007434 Date of Disbursement 10 / 24 / 2006
Mailing Address 14 Allstate Road		Amount of Each Disbursement this Period 259.97
City Boston State MA Zip Code 02125-	[MEMO ITEM] MEMO: PRO-RATED EQUIPMENT PURCHASE	
Purpose of Disbursement PRO-RATED EQUIPMENT PURCHASE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Embassy Suites Hotel		Transaction ID: 70124.E7458 Date of Disbursement 10 / 12 / 2006
Mailing Address 600 North State Street		Amount of Each Disbursement this Period 194.81
City Chicago State IL Zip Code 60610-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Embassy Suites Hotel		Transaction ID: 70124.E7455 Date of Disbursement 10 / 12 / 2006
Mailing Address 600 North State Street		Amount of Each Disbursement this Period 189.84
City Chicago State IL Zip Code 60610-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Embassy Suites Hotel		Transaction ID: 70124.E7454 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 600 North State Street		Amount of Each Disbursement this Period 379.89
City Chicago State IL Zip Code 60610-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Embassy Suites Hotel		Transaction ID: 70124.E7457 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 600 North State Street		Amount of Each Disbursement this Period 189.84
City Chicago State IL Zip Code 60610-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Embassy Suites Hotel		Transaction ID: 70124.E7456 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 600 North State Street		Amount of Each Disbursement this Period 209.84
City Chicago State IL Zip Code 60610-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Westin Hotel		Transaction ID: 200007453 Date of Disbursement 10 / 28 / 2006
Mailing Address 900 10 St NW		Amount of Each Disbursement this Period 226.55
City Washington State DC Zip Code 20001-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Trump International		Transaction ID: 70124.E7452 Date of Disbursement 10 / 17 / 2006
Mailing Address 1 Central Park W		Amount of Each Disbursement this Period 1372.12
City New York State NY Zip Code 10023-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) C. Fedex Kinkos		Transaction ID: 70124.E7461 Date of Disbursement 10 / 14 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 390.06
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED PRINTING

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Fedex Kinkos		Transaction ID: 70124.E7460 Date of Disbursement 10 / 13 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 227.13
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Kendall Press		Transaction ID: 200007459 Date of Disbursement 10 / 23 / 2006
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 251.48
City Cambridge State MA Zip Code 02141-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Regnery Publishing		Transaction ID: 70124.E7463 Date of Disbursement 10 / 04 / 2006
Mailing Address One Massachusetts Ave. NW		Amount of Each Disbursement this Period 785.79
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED BOOKS PURCHASE	
Purpose of Disbursement PRO-RATED BOOKS PURCHASE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Avis Rent A Car

Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address 3 Center Plaza

City Boston State MA Zip Code 02114-

Purpose of Disbursement PRO-RATED CAR RENTAL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70124.E7462

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

228.23

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

B. American Express

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 200007681

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

22138.88

PRO-RATED CREDIT CARD:
SEE BELOW

C. Northwest Airlines

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement PRO-RATED STAFF AIRFARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70124.E7649

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

157.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

22138.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 70124.E7623 Date of Disbursement 10 / 12 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 236.81
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 70124.E7644 Date of Disbursement 10 / 12 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 157.15
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 70124.E7646 Date of Disbursement 10 / 13 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 157.15
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 200007620 Date of Disbursement MM / DD / YYYY 11 / 07 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 619.30
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 70124.E7654 Date of Disbursement MM / DD / YYYY 10 / 14 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 25.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED CHANGE FEE	
Purpose of Disbursement PRO-RATED CHANGE FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 200007624 Date of Disbursement MM / DD / YYYY 10 / 24 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 276.55
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 200007625 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 296.85
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200007642 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 109.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200007643 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED CHANGE FEE	
Purpose of Disbursement PRO-RATED CHANGE FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70124.E7616 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 334.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 70124.E7650 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 120.05
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70124.E7618 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 314.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70124.E7617 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 314.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Midwest Airlines		Transaction ID: 70124.E7627 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 244.90
City Oak Creek State WI Zip Code 53154-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Midwest Airlines		Transaction ID: 70124.E7645 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 168.15
City Oak Creek State WI Zip Code 53154-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 200007659 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 119.05
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 70124.E7662 Date of Disbursement 10 / 18 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 54.85
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 70124.E7660 Date of Disbursement 10 / 13 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 130.30
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. JetBlue Airways		Transaction ID: 70124.E7661 Date of Disbursement 10 / 13 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 137.30
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 200007652 Date of Disbursement 11 / 02 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 84.30
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 70124.E7647 Date of Disbursement 10 / 18 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 179.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. JetBlue Airways		Transaction ID: 200007663 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 178.90
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 70124.E7648 Date of Disbursement 10 / 18 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 179.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 200007651 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 178.90
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70124.E7621 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70124.E7614 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70124.E7612 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 217.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70124.E7653 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 166.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007655 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 169.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007658 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 59.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007657 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 169.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70124.E7615 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70124.E7613 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 217.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70124.E7622 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. PI Alley		Transaction ID: 200007634 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 200007637 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. PI Alley		Transaction ID: 200007636 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PI Alley		Transaction ID: 200007635 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Avis Car Rental		Transaction ID: 200007638 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 112 Pacific Ave		Amount of Each Disbursement this Period 203.82
City Long Beach State CA Zip Code 90802-4410	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hertz Car Rental		Transaction ID: 200007640 Date of Disbursement 10 / 29 / 2006
Mailing Address 5404 Abbott Drive		Amount of Each Disbursement this Period 224.40
City Omaha State NE Zip Code 68110-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Boston Coach		Transaction ID: 200007610 Date of Disbursement 11 / 03 / 2006
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 204.32
City Everett State MA Zip Code 02149-1951	[MEMO ITEM] MEMO: PRO-RATED CAR SERVI- CE	
Purpose of Disbursement PRO-RATED CAR SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Hotel De Anza		Transaction ID: 200007672 Date of Disbursement 10 / 25 / 2006
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 124.33
City San Jose State CA Zip Code 95113-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hotel De Anza		Transaction ID: 200007673 Date of Disbursement 10 / 25 / 2006	
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 133.10	
City San Jose	State CA	Zip Code 95113-	Category/ Type
Purpose of Disbursement PRO-RATED LODGING			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Hotel De Anza		Transaction ID: 200007671 Date of Disbursement 10 / 25 / 2006	
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 78.00	
City San Jose	State CA	Zip Code 95113-	Category/ Type
Purpose of Disbursement PRO-RATED LODGING			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) C. Hotel De Anza		Transaction ID: 200007670 Date of Disbursement 10 / 25 / 2006	
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 86.50	
City San Jose	State CA	Zip Code 95113-	Category/ Type
Purpose of Disbursement PRO-RATED LODGING			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED LODGING

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TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hotel De Anza		Transaction ID: 200007669 Date of Disbursement 10 / 24 / 2006
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 103.42
City San Jose State CA Zip Code 95113-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Hotel De Anza		Transaction ID: 200007674 Date of Disbursement 10 / 25 / 2006
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 1.63
City San Jose State CA Zip Code 95113-	Purpose of Disbursement PRO-RATED SERVICE CHARGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED SERVICE CHARGE

Full Name (Last, First, Middle Initial) C. Hotel De Anza		Transaction ID: 200007675 Date of Disbursement 10 / 25 / 2006
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 78.00
City San Jose State CA Zip Code 95113-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hotel De Anza		Transaction ID: 200007676 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 233 West Santa Clara Street		Amount of Each Disbursement this Period 3.25
City San Jose State CA Zip Code 95113-	[MEMO ITEM] MEMO: PRO-RATED SERVICE CHARGE	
Purpose of Disbursement PRO-RATED SERVICE CHARGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Intelligent Direct		Transaction ID: 200007641 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address RR6		Amount of Each Disbursement this Period 250.00
City Wellsboro State PA Zip Code 16901-	[MEMO ITEM] MEMO: PRO-RATED SUPPLIES	
Purpose of Disbursement PRO-RATED SUPPLIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Intelligent Direct		Transaction ID: 200007901 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address RR6		Amount of Each Disbursement this Period 180.50
City Wellsboro State PA Zip Code 16901-	[MEMO ITEM] MEMO: PRO-RATED SUPPLIES	
Purpose of Disbursement PRO-RATED SUPPLIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hyatt Hotel		Transaction ID: 200007630 Date of Disbursement 10 / 26 / 2006
Mailing Address 5101 Great American Parkway		Amount of Each Disbursement this Period 3310.20
City Santa Clara State CA Zip Code 95054-	Purpose of Disbursement PRO-RATED CATERING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CATERING

Full Name (Last, First, Middle Initial) B. Hyatt Hotel		Transaction ID: 70124.E7628 Date of Disbursement 10 / 20 / 2006
Mailing Address 5101 Great American Parkway		Amount of Each Disbursement this Period 1500.00
City Santa Clara State CA Zip Code 95054-	Purpose of Disbursement PRO-RATED CATERING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CATERING

Full Name (Last, First, Middle Initial) C. Hyatt Regency Hotel		Transaction ID: 70124.E7677 Date of Disbursement 10 / 12 / 2006
Mailing Address 400 New Jersey Ave., NW		Amount of Each Disbursement this Period 142.56
City Washington State DC Zip Code 20001-	Purpose of Disbursement PRO-RATED LODGING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hyatt Regency Hotel		Transaction ID: 70124.E7678 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 400 New Jersey Ave., NW		Amount of Each Disbursement this Period 142.56
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Hyatt Regency Hotel		Transaction ID: 70124.E7679 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 400 New Jersey Ave., NW		Amount of Each Disbursement this Period 159.54
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Marriott Hotel		Transaction ID: 70124.E7626 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 200 Sable Oaks Drive		Amount of Each Disbursement this Period 270.62
City South Portland State ME Zip Code 04106-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Omni Parker House Hotel		Transaction ID: 200007631 Date of Disbursement MM / DD / YYYY 11 / 08 / 2006	
Mailing Address 60 School Street		Amount of Each Disbursement this Period 694.71	
City Boston	State MA	Zip Code 02108-	Category/ Type
Purpose of Disbursement PRO-RATED ROOM RENTAL			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED ROOM RENTAL

Full Name (Last, First, Middle Initial) B. Peninsula Hotel		Transaction ID: 200007629 Date of Disbursement MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 108 East Superior Street		Amount of Each Disbursement this Period 932.52	
City Chicago	State IL	Zip Code 60611-	Category/ Type
Purpose of Disbursement PRO-RATED CATERING			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED CATERING

Full Name (Last, First, Middle Initial) C. Wynn Las Vegas Hotel		Transaction ID: 200007668 Date of Disbursement MM / DD / YYYY 10 / 25 / 2006	
Mailing Address 3131 Las Vegas Blvd. S		Amount of Each Disbursement this Period 52.84	
City Las Vegas	State NV	Zip Code 89109-	Category/ Type
Purpose of Disbursement PRO-RATED SERVICE CHARGE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED SERVICE CHARGE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Wynn Las Vegas Hotel		Transaction ID: 70124.E7665 Date of Disbursement 10 / 18 / 2006
Mailing Address 3131 Las Vegas Blvd. S		Amount of Each Disbursement this Period 141.16
City Las Vegas State NV Zip Code 89109-	Purpose of Disbursement PRO-RATED LODGING	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wynn Las Vegas Hotel		Transaction ID: 200007667 Date of Disbursement 10 / 24 / 2006
Mailing Address 3131 Las Vegas Blvd. S		Amount of Each Disbursement this Period 141.16
City Las Vegas State NV Zip Code 89109-	Purpose of Disbursement PRO-RATED LODGING	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wynn Las Vegas Hotel		Transaction ID: 70124.E7666 Date of Disbursement 10 / 18 / 2006
Mailing Address 3131 Las Vegas Blvd. S		Amount of Each Disbursement this Period 141.16
City Las Vegas State NV Zip Code 89109-	Purpose of Disbursement PRO-RATED LODGING	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Wynn Las Vegas Hotel		Transaction ID: 70124.E7664 Date of Disbursement 10 / 18 / 2006
Mailing Address 3131 Las Vegas Blvd. S		Amount of Each Disbursement this Period 141.16
City Las Vegas State NV Zip Code 89109-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Central Parking		Transaction ID: 200007633 Date of Disbursement 11 / 01 / 2006
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 210.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED PARKING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial) C. Avis Rent A Car		Transaction ID: 200007639 Date of Disbursement 10 / 24 / 2006
Mailing Address Oakland Intl Airport		Amount of Each Disbursement this Period 464.76
City Oakland State CA Zip Code 94601-	Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 200007568 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 24469.29
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 200007499 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 383.81
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 200007510 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 540.11
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional) ▶	24469.29
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 200007556 Date of Disbursement MM / DD / YYYY 11 / 09 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 57.15
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 200007564 Date of Disbursement MM / DD / YYYY 11 / 28 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 64.65
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED CHANGE FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CHANGE FEE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 200007563 Date of Disbursement MM / DD / YYYY 11 / 28 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 39.65
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED CHANGE FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CHANGE FEE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Airtran Airlines		Transaction ID: 200007542 Date of Disbursement 10 / 30 / 2006
Mailing Address 9955 AirTran Blvd		Amount of Each Disbursement this Period 87.15
City Orlando State FL Zip Code 32827-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 200007539 Date of Disbursement 11 / 29 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 25.00
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200007497 Date of Disbursement 11 / 15 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 254.80
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 200007537 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 107.15
City Fort Worth State TX Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 200007540 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 132.65
City Fort Worth State TX Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200007498 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 220.00
City Fort Worth State TX Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 200007507 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 276.80
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 200007513 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 231.80
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200007509 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 364.65
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 200007567 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 72.80
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 200007536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 77.15
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200007512 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 254.15
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 200007508 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 364.65
City Fort Worth State TX Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Continental Airlines		Transaction ID: 200007548 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 190.05
City Houston State TX Zip Code 77002-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Continental Airlines		Transaction ID: 200007538 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 132.65
City Houston State TX Zip Code 77002-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 200007514 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 277.30
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200007543 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 159.80
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200007506 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 236.31
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Midwest Airlines		Transaction ID: 200007505 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 244.90
City State Zip Code Oak Creek WI 53154-	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Midwest Airlines		Transaction ID: 200007503 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 312.40
City State Zip Code Oak Creek WI 53154-	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Midwest Airlines		Transaction ID: 200007504 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 312.40
City State Zip Code Oak Creek WI 53154-	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Spirit Airlines		Transaction ID: 200007517 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 262.15
City Hollywood State FL Zip Code 33025-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 200007501 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 512.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 200007502 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 359.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 200007511 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 359.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 200007541 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 118.11
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 200007551 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 27.50
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. JetBlue Airways		Transaction ID: 200007565 Date of Disbursement MM / DD / YYYY 11 / 17 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 107.15
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 200007562 Date of Disbursement MM / DD / YYYY 11 / 20 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 79.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 200007547 Date of Disbursement MM / DD / YYYY 11 / 15 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 42.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. JetBlue Airways		Transaction ID: 200007561 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 104.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 200007550 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 122.15
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 200007554 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 79.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007546 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 121.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007549 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 168.70
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007545 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 180.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007557 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 117.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 178.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007492 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007534 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 178.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007555 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 117.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007559 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 71.25
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007544 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 180.30
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007552 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 132.30
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007493 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 363.80
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007558 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 117.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007494 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007518 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 218.05
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007500 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 200.58
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007516 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 350.60
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007495 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 272.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007531 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 133.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007532 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 178.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007515 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 356.40
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007533 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 50.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED UPGRADE FEE	
Purpose of Disbursement PRO-RATED UPGRADE FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. PI Alley		Transaction ID: 200007529 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PARKING	
Purpose of Disbursement PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 200007530 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 7.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Davios Boston		Transaction ID: 200007519 Date of Disbursement 11 / 27 / 2006
Mailing Address 75 Arlington Street		Amount of Each Disbursement this Period 243.85
City Boston State MA Zip Code 02116-	Purpose of Disbursement PRO-RATED FOOD	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED FOOD

Full Name (Last, First, Middle Initial) B. Avis Car Rental		Transaction ID: 200007489 Date of Disbursement 11 / 24 / 2006
Mailing Address Tampa International Airport		Amount of Each Disbursement this Period 231.78
City Tampa State FL Zip Code 33602-	Purpose of Disbursement PRO-RATED CAR RENTAL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) C. National Car Rental		Transaction ID: 200007488 Date of Disbursement 11 / 04 / 2006
Mailing Address 4108 Rental Road		Amount of Each Disbursement this Period 309.09
City Charlotte State NC Zip Code 28219-	Purpose of Disbursement PRO-RATED CAR RENTAL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Copley Fairmount Pla Hotel		Transaction ID: 200007526 Date of Disbursement MM / DD / YYYY 11 / 15 / 2006
Mailing Address 138 St. James Street		Amount of Each Disbursement this Period 1009.23
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED ROOM RENT-AL	
Purpose of Disbursement PRO-RATED ROOM RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Copley Fairmount Pla Hotel		Transaction ID: 200007525 Date of Disbursement MM / DD / YYYY 11 / 15 / 2006
Mailing Address 138 St. James Street		Amount of Each Disbursement this Period 807.38
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED ROOM RENT-AL	
Purpose of Disbursement PRO-RATED ROOM RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Marriott Hotel		Transaction ID: 200007491 Date of Disbursement MM / DD / YYYY 11 / 29 / 2006
Mailing Address 200 Lee Street E		Amount of Each Disbursement this Period 627.30
City Charleston State WV Zip Code 25301-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Marriott Hotel		Transaction ID: 200007527 Date of Disbursement MM / DD / YYYY 11 / 05 / 2006
Mailing Address 2415 Mall Drive		Amount of Each Disbursement this Period 276.79
City Charleston State SC Zip Code 29406-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Marriott Hotel		Transaction ID: 200007528 Date of Disbursement MM / DD / YYYY 11 / 14 / 2006
Mailing Address 6023 Park South Drive		Amount of Each Disbursement this Period 203.60
City Charlotte State NC Zip Code 28210-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) C. Ninezero Hotel		Transaction ID: 200007524 Date of Disbursement MM / DD / YYYY 11 / 02 / 2006
Mailing Address 90 Tremont Street		Amount of Each Disbursement this Period 1581.27
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sofitel Hotel		Transaction ID: 200007522 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 806 15th Street NW		Amount of Each Disbursement this Period 258.00
City Washington State DC Zip Code 20005-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sofitel Hotel		Transaction ID: 200007523 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 806 15th Street NW		Amount of Each Disbursement this Period 340.64
City Washington State DC Zip Code 20005-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sofitel Hotel		Transaction ID: 200007521 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 806 15th Street NW		Amount of Each Disbursement this Period 250.52
City Washington State DC Zip Code 20005-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
The Brown Palace Hotel and Spa

Mailing Address 321 17th Street

City State Zip Code
Denver CO 80202-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 200007520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: PRO-RATED LODGING

B. Full Name (Last, First, Middle Initial)
Waterfront Place

Mailing Address 122 South High Street

City State Zip Code
Morgantown WV 26501-

Purpose of Disbursement
PRO-RATED CATERING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 200007490

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: PRO-RATED CATERING

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 360001

City State Zip Code
Fort Lauderdale FL 33336-0001

Purpose of Disbursement
PRO-RATED CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 200007609

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PRO-RATED CREDIT CARD:
SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

<p>A. Sharemethods</p> <p>Full Name (Last, First, Middle Initial) Sharemethods</p> <p>Mailing Address 349 Montrose Avenue</p> <p>City South Orange State NJ Zip Code 07079-</p> <p>Purpose of Disbursement PRO-RATED SOFTWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 200007570</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p> <p>[MEMO ITEM] MEMO: PRO-RATED SOFTWARE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Sharemethods</p> <p>Full Name (Last, First, Middle Initial) Sharemethods</p> <p>Mailing Address 349 Montrose Avenue</p> <p>City South Orange State NJ Zip Code 07079-</p> <p>Purpose of Disbursement PRO-RATED SOFTWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 200007611</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p> <p>[MEMO ITEM] MEMO: PRO-RATED SOFTWARE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Northwest Airlines</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Dr</p> <p>City Minneapolis State MN Zip Code 55450-1101</p> <p>Purpose of Disbursement PRO-RATED STAFF AIRFARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 200007577</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="628.86"/></p> <p>[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 200007576 Date of Disbursement MM / DD / YYYY 11 / 18 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 478.45
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 200007606 Date of Disbursement MM / DD / YYYY 11 / 18 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 177.30
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 200007574 Date of Disbursement MM / DD / YYYY 11 / 14 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 366.80
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 200007578 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 244.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 200007607 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 39.65
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200007603 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 95.00
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 200007573 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 382.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200007601 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 159.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200007602 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 197.35
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 200007572 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 274.60
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 200007608 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 39.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200007575 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 229.30
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 200007605 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 65.25
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007604 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 50.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED UPGRADE FEE	
Purpose of Disbursement PRO-RATED UPGRADE FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 200007599 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. PI Alley		Transaction ID: 200007598 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00	
City Boston State MA Zip Code 02108-4304	Purpose of Disbursement PRO-RATED PARKING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial) B. RIM Blackberry		Transaction ID: 200007569 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 122 West John Carpenter Parkway Suite 430		Amount of Each Disbursement this Period 349.50	
City Irving State TX Zip Code 75039-	Purpose of Disbursement PRO-RATED CELL PHONES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: PRO-RATED CELL PHONES

Full Name (Last, First, Middle Initial) C. Marriott Hotel		Transaction ID: 200007590 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 25.00	
City Miami State FL Zip Code 33139-	Purpose of Disbursement PRO-RATED FOOD	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: PRO-RATED FOOD

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Marriott Hotel		Transaction ID: 200007587 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 101.13
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marriott Hotel		Transaction ID: 200007594 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 278.11
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Marriott Hotel		Transaction ID: 200007586 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 2.14
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED FOOD	
Purpose of Disbursement PRO-RATED FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Marriott Hotel		Transaction ID: 200007591 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 217.90
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Marriott Hotel		Transaction ID: 200007580 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 473.32
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Marriott Hotel		Transaction ID: 200007593 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 582.35
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Marriott Hotel		Transaction ID: 200007589 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 22.51
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED FOOD	
Purpose of Disbursement PRO-RATED FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marriott Hotel		Transaction ID: 200007592 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 1530 Washington Ave		Amount of Each Disbursement this Period 595.04
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sheraton Hotel		Transaction ID: 200007583 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 9701 Collins Avenue		Amount of Each Disbursement this Period 127.13
City Miami State FL Zip Code 33154-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sheraton Hotel		Transaction ID: 200007585 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 9701 Collins Avenue		Amount of Each Disbursement this Period 309.60
City Miami State FL Zip Code 33154-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sheraton Hotel		Transaction ID: 200007584 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 9701 Collins Avenue		Amount of Each Disbursement this Period 102.68
City Miami State FL Zip Code 33154-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sofitel Hotel		Transaction ID: 200007579 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 806 15th Street NW		Amount of Each Disbursement this Period 297.70
City Washington State DC Zip Code 20005-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sofitel Hotel		Transaction ID: 200007581 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 806 15th Street NW		Amount of Each Disbursement this Period 380.64
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Central Parking		Transaction ID: 200007596 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED PARKING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial) C. Central Parking		Transaction ID: 200007595 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 210.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED PARKING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED PARKING

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Enterprise Rent A Car		Transaction ID: 200007600 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 2211 Collins Ave		Amount of Each Disbursement this Period 444.47
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Adobe Software		Transaction ID: 200007571 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 601 Townsend St		Amount of Each Disbursement this Period 629.48
City San Francisco State CA Zip Code 94103-	[MEMO ITEM] MEMO: PRO-RATED SOFTWARE	
Purpose of Disbursement PRO-RATED SOFTWARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Embassy Suites		Transaction ID: 200007582 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 555 South 10th		Amount of Each Disbursement this Period 333.58
City Omaha State NE Zip Code 68102-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement PRO-RATED SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200006000 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 207.98 Category/Type PRO-RATED SHIPPING
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement PRO-RATED SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200006017 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 117.26 Category/Type PRO-RATED SHIPPING
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement PRO-RATED SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200006724 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 397.51 Category/Type PRO-RATED SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	722.75
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Eric Fehrstrom		Transaction ID: 200006016 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 83 Risley Rd		Amount of Each Disbursement this Period 112.14
City Chestnut Hill State MA Zip Code 02467-3274	Category/Type	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: CABS		PRO-RATED REIMBURSEMENT: CABS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mason Fink		Transaction ID: 200007187 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 1044.72
City Irvine State CA Zip Code 92612-	Category/Type	
Purpose of Disbursement PRO-RATED PAYROLL		PRO-RATED PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mason Fink		Transaction ID: 200006977 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 976.16
City Irvine State CA Zip Code 92612-	Category/Type	
Purpose of Disbursement PRO-RATED PAYROLL		PRO-RATED PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2133.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mason Fink		Transaction ID: 200007137 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 976.17
City Irvine State CA Zip Code 92612-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Harry Fix		Transaction ID: 200006877 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 147 Magazine Street		Amount of Each Disbursement this Period 350.00
City Cambridge State MA Zip Code 02139-	PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Media Forge, Inc.		Transaction ID: 200006728 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 6405 South 3000 East Suite 200		Amount of Each Disbursement this Period 1548.72
City Salt Lake City State UT Zip Code 84121-	PRO-RATED FUNDRAISING DEV- ELOPMENT	
Purpose of Disbursement PRO-RATED FUNDRAISING DEVELOPMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2874.89
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Doug Gamble		Transaction ID: 200006504 Date of Disbursement 12 / 12 / 2006	
Mailing Address PO Box 4517		Amount of Each Disbursement this Period 500.00	
City Carmel By The Sea State CA Zip Code 93921-4517	Purpose of Disbursement PRO-RATED WRITING CONSULTING	Category/ Type PRO-RATED WRITING CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Standard Chair of Gardener		Transaction ID: 200006004 Date of Disbursement 11 / 28 / 2006	
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 2040.50	
City Gardner State MA Zip Code 01440-	Purpose of Disbursement PRO-RATED FUNDRAISING AWARDS	Category/ Type PRO-RATED FUNDRAISING AWARDS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Standard Chair of Gardener		Transaction ID: 200006509 Date of Disbursement 12 / 12 / 2006	
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 162.50	
City Gardner State MA Zip Code 01440-	Purpose of Disbursement PRO-RATED FUNDRAISING AWARDS	Category/ Type PRO-RATED FUNDRAISING AWARDS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2703.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mark Glanville		Transaction ID: 200007348 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 8 Harris St. #3		Amount of Each Disbursement this Period 58.00
City Boston State MA Zip Code 02109-	PRO-RATED REIMBURSEMENT: TRAVEL	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mark Glanville		Transaction ID: 200006727 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 8 Harris St. #3		Amount of Each Disbursement this Period 56.75
City Boston State MA Zip Code 02109-	REIMBURSEMENT: CABS	
Purpose of Disbursement REIMBURSEMENT: CABS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ben Godley		Transaction ID: 200007188 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.72
City Auburndale State MA Zip Code 02466-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1229.47
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ben Godley		Transaction ID: 200006978 Date of Disbursement 12 / 15 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.71	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement PRO-RATED PAYROLL	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:	PRO-RATED PAYROLL		

Full Name (Last, First, Middle Initial) B. Ben Godley		Transaction ID: 200007138 Date of Disbursement 12 / 29 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.71	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement PRO-RATED PAYROLL	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:	PRO-RATED PAYROLL		

Full Name (Last, First, Middle Initial) C. Superstition Mtn Golf and Country Cl		Transaction ID: 200006571 Date of Disbursement 12 / 15 / 2006	
Mailing Address 8000 E. Club Village Drive		Amount of Each Disbursement this Period 2718.08	
City Superstition State AZ Zip Code 85218-	Purpose of Disbursement PRO-RATED CATERING AND ROOM RENTAL	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:	PRO-RATED CATERING AND ROOM RENTAL		

SUBTOTAL of Disbursements This Page (optional) ▶	4947.50
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Michael Grassia		Transaction ID: 200006507 Date of Disbursement 12 / 12 / 2006	
Mailing Address 1459 Grant Ave		Amount of Each Disbursement this Period 375.00	
City San Francisco State CA Zip Code 94133-3303	Purpose of Disbursement PRO-RATED PHOTOGRAPHY	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PHOTOGRAPHY	

Full Name (Last, First, Middle Initial) B. The Phillips Group		Transaction ID: 200006010 Date of Disbursement 11 / 28 / 2006	
Mailing Address 98 Findley St		Amount of Each Disbursement this Period 11759.50	
City Elkins State WV Zip Code 26241-3306	Purpose of Disbursement POLITICAL EVENTS CONSULTING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL EVENTS CONSULTING	

Full Name (Last, First, Middle Initial) C. The Phillips Group		Transaction ID: 200007429 Date of Disbursement 12 / 12 / 2006	
Mailing Address 98 Findley St		Amount of Each Disbursement this Period 12000.35	
City Elkins State WV Zip Code 26241-3306	Purpose of Disbursement POLITICAL EVENTS CONSULTING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL EVENTS CONSULTING	

SUBTOTAL of Disbursements This Page (optional) ▶	24134.85
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Big Cottonwood Group, Inc.		Transaction ID: 200007427 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-	PRO-RATED FUNDRAISING CONSULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Big Cottonwood Group, Inc.		Transaction ID: 200007349 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1073.98
City Salt Lake City State UT Zip Code 84121-	PRO-RATED FUNDRAISING CONSULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brian Henderson		Transaction ID: 200005995 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 1126 South 1450 East		Amount of Each Disbursement this Period 48.66
City Provo State UT Zip Code 84606-	PRO-RATED REIMBURSEMENT FOR TRAVEL	
Purpose of Disbursement PRO-RATED REIMBURSEMENT FOR TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2372.64
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Brian Henderson		Transaction ID: 200007281 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 1126 South 1450 East		Amount of Each Disbursement this Period 240.89	
City Provo State UT Zip Code 84606-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Doubletree Hotel		Transaction ID: 200007300 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 1515 Hotel Circle South		Amount of Each Disbursement this Period 81.83	
City San Diego State CA Zip Code 92108-	Purpose of Disbursement PRO-RATED LODGING	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING	

Full Name (Last, First, Middle Initial) C. Avis Rent A Car		Transaction ID: 200007305 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 9217 Airport Boulevard		Amount of Each Disbursement this Period 116.61	
City Los Angeles State CA Zip Code 90045-	Purpose of Disbursement PRO-RATED CAR RENTAL	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	

SUBTOTAL of Disbursements This Page (optional) ▶	240.89
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. The Woods Herberger Group		Transaction ID: 200006951 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 9200 South Dadeland Boulevard, Sui		Amount of Each Disbursement this Period 25000.00
City Miami State FL Zip Code 33156-	Category/ Type PRO-RATED FUNDRAISING CON- SULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Woods Herberger Group		Transaction ID: 200006510 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 9200 South Dadeland Boulevard, Sui		Amount of Each Disbursement this Period 197.75
City Miami State FL Zip Code 33156-	Category/ Type PRO-RATED FUNDRAISING CON- SULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Brown Palace Hotel and Spa		Transaction ID: 200006577 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 321 17th Street		Amount of Each Disbursement this Period 483.11
City Denver State CO Zip Code 80202-	Category/ Type PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	25680.86
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Adp Inc.		Transaction ID: 200007965 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 12247.31
City Roseland State NJ Zip Code 07068-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Adp Inc.		Transaction ID: 200007966 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 176.00
City Roseland State NJ Zip Code 07068-	PAYROLL FEES	
Purpose of Disbursement PAYROLL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Adp Inc.		Transaction ID: 200007967 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 12179.67
City Roseland State NJ Zip Code 07068-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	24602.98
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Adp Inc.		Transaction ID: 200007968 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 162.00	
City Roseland State NJ Zip Code 07068-	Purpose of Disbursement PAYROLL FEES Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Adp Inc.		Transaction ID: 200007969 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 12146.24	
City Roseland State NJ Zip Code 07068-	Purpose of Disbursement PAYROLL TAXES Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CMDI Inc.		Transaction ID: 200006503 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 437.16	
City Falls Church State VA Zip Code 22043-	Purpose of Disbursement PRO-RATED DATABASE SERVICES Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	12745.40
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sentient Jet		Transaction ID: 200007316 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 47238.95
City Weymouth State MA Zip Code 02189-	Category/ Type PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Timothy Jost		Transaction ID: 200007189 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.65
City Boston State MA Zip Code 02109-	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Timothy Jost		Transaction ID: 200006979 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.65
City Boston State MA Zip Code 02109-	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	48302.25
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Timothy Jost		Transaction ID: 200007139 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.65	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) B. Catering Jules		Transaction ID: 200005997 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 66 South St		Amount of Each Disbursement this Period 272.76	
City Somerville State MA Zip Code 02143-4226	Purpose of Disbursement PRO-RATED EVENT CATERING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED EVENT CATERING	

Full Name (Last, First, Middle Initial) C. Fedex Kinkos		Transaction ID: 200006505 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 290.30	
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement PRO-RATED SHIPPING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED SHIPPING	

SUBTOTAL of Disbursements This Page (optional) ▶	1094.71
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Old City Landmark Corporation		Transaction ID: 200006002 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 45 School St		Amount of Each Disbursement this Period 7422.54
City Boston State MA Zip Code 02108-3206	PRO-RATED RENT	
Purpose of Disbursement PRO-RATED RENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Elizabeth Lascaze		Transaction ID: 200007192 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.64
City Boston State MA Zip Code 02133-0044	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Elizabeth Lascaze		Transaction ID: 200006980 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.65
City Boston State MA Zip Code 02133-0044	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8487.83
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Elizabeth Lascaze		Transaction ID: 200006738 Date of Disbursement 12 / 19 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 151.15
City Boston	State MA Zip Code 02133-0044	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		PRO-RATED REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Continental Airlines		Transaction ID: 200006739 Date of Disbursement 12 / 15 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 151.15
City Houston	State TX Zip Code 77002-	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR- FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Elizabeth Lascaze		Transaction ID: 200007140 Date of Disbursement 12 / 29 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.64
City Boston	State MA Zip Code 02133-0044	
Purpose of Disbursement PRO-RATED PAYROLL		PRO-RATED PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	683.79
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Joshua Leffler		Transaction ID: 200007196 Date of Disbursement 12 / 01 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.66	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) B. Joshua Leffler		Transaction ID: 200006981 Date of Disbursement 12 / 15 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.65	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) C. Joshua Leffler		Transaction ID: 200007141 Date of Disbursement 12 / 29 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.66	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	2503.97
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Blake Lichty		Transaction ID: 200007350 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 162 Salem St. #4		Amount of Each Disbursement this Period 188.74	
City Boston State MA Zip Code 02113-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	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:	PRO-RATED REIMBURSEMENT: SEE BELOW		

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200007352 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 106.55	
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE		

Full Name (Last, First, Middle Initial) C. Blake Lichty		Transaction ID: 200006720 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 162 Salem St. #4		Amount of Each Disbursement this Period 93.75	
City Boston State MA Zip Code 02113-	Purpose of Disbursement REIMBURSEMENT: CABS	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:	REIMBURSEMENT: CABS		

SUBTOTAL of Disbursements This Page (optional) ▶	282.49
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. ENilsson, LLC		Transaction ID: 200006740 Date of Disbursement 12 / 19 / 2006
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 1500.00
City Westford State MA Zip Code 01886-2608	Purpose of Disbursement PRO-RATED TECHNOLOGY CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED TECHNOLOGY CONSULTING

Full Name (Last, First, Middle Initial) B. SJZ, LLC		Transaction ID: 200007327 Date of Disbursement 12 / 19 / 2006
Mailing Address PO Box 151		Amount of Each Disbursement this Period 162355.33
City Boston State MA Zip Code 02117-0151	Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial) C. Nathan Locke		Transaction ID: 200007198 Date of Disbursement 12 / 01 / 2006
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 538.71
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	164394.04
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Nathan Locke		Transaction ID: 200006982 Date of Disbursement 12 / 15 / 2006
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 538.70
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) B. Nathan Locke		Transaction ID: 200007142 Date of Disbursement 12 / 29 / 2006
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 538.71
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) C. Amanda Magee		Transaction ID: 200007201 Date of Disbursement 12 / 01 / 2006
Mailing Address 51 Leamington Rd. #1		Amount of Each Disbursement this Period 184.70
City Brighton State MA Zip Code 02135-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1262.11
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Amanda Magee		Transaction ID: 200006983 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 51 Leamington Rd. #1		Amount of Each Disbursement this Period 184.70
City Brighton State MA Zip Code 02135-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) B. Amanda Magee		Transaction ID: 200007143 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 51 Leamington Rd. #1		Amount of Each Disbursement this Period 184.70
City Brighton State MA Zip Code 02135-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) C. Dynamic Marketing, Inc.		Transaction ID: 200005999 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 1145 W Collins Ave		Amount of Each Disbursement this Period 1200.00
City Orange State CA Zip Code 92867-5445	Purpose of Disbursement PRO-RATED PRINTING FOR EVENT INVITE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PRINTING FOR EV- ENT INVITE

SUBTOTAL of Disbursements This Page (optional) ▶	1569.40
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Frank Moy		Transaction ID: 200007203 Date of Disbursement 12 / 01 / 2006	
Mailing Address 69 Richards St		Amount of Each Disbursement this Period 92.35	
City Dedham State MA Zip Code 02026-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) B. Frank Moy		Transaction ID: 200006984 Date of Disbursement 12 / 15 / 2006	
Mailing Address 69 Richards St		Amount of Each Disbursement this Period 92.35	
City Dedham State MA Zip Code 02026-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) C. Frank Moy		Transaction ID: 200007144 Date of Disbursement 12 / 29 / 2006	
Mailing Address 69 Richards St		Amount of Each Disbursement this Period 92.35	
City Dedham State MA Zip Code 02026-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	277.05
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Beth Myers		Transaction ID: 200006014 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 201 Buckminster Road		Amount of Each Disbursement this Period 2500.00
City Brookline State MA Zip Code 02445-	PRO-RATED POLICY/POLITICAL CONSULTI	
Purpose of Disbursement PRO-RATED POLICY/POLITICAL CONSULTI		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dish Network		Transaction ID: 200006711 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address DEPT 0063		Amount of Each Disbursement this Period 63.99
City Palatine State IL Zip Code 60055-	CABLE TV	
Purpose of Disbursement CABLE TV		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lexis Nexis		Transaction ID: 200006506 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia State PA Zip Code 19170-	PRO-RATED SUBSCRIPTION	
Purpose of Disbursement PRO-RATED SUBSCRIPTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2713.99
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mike Nobil		Transaction ID: 200007206 Date of Disbursement 12 / 01 / 2006	
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 494.02	
City Natick State MA Zip Code 01760-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) B. Mike Nobil		Transaction ID: 200006985 Date of Disbursement 12 / 15 / 2006	
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 494.02	
City Natick State MA Zip Code 01760-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) C. Mike Nobil		Transaction ID: 200007145 Date of Disbursement 12 / 29 / 2006	
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 494.02	
City Natick State MA Zip Code 01760-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1482.06
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Dwight Partners		Transaction ID: 200006007 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 92 Shoestrap Rd		Amount of Each Disbursement this Period 221.85
City Lyme State NH Zip Code 03768-3214	Purpose of Disbursement PRO-RATED REIMBURSEMENT: TRAVEL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: TRAVEL

Full Name (Last, First, Middle Initial) B. Jessica Peterson		Transaction ID: 200007208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58
City Chelsea State MA Zip Code 02150-3300	Purpose of Disbursement PRO-RATED PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) C. Jessica Peterson		Transaction ID: 200006986 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58
City Chelsea State MA Zip Code 02150-3300	Purpose of Disbursement PRO-RATED PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2305.01
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jessica Peterson		Transaction ID: 200007146 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58
City Chelsea State MA Zip Code 02150-3300	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jennifer Phelan		Transaction ID: 200007215 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.91
City Boston State MA Zip Code 02115-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jennifer Phelan		Transaction ID: 200006987 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.91
City Boston State MA Zip Code 02115-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1993.40
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jennifer Phelan		Transaction ID: 200007147 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.91
City Boston State MA Zip Code 02115-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Kyle Plotkin		Transaction ID: 200007217 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.26
City Boston State MA Zip Code 02114-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. Kyle Plotkin		Transaction ID: 200007959 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.27
City Boston State MA Zip Code 02114-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1404.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Kyle Plotkin		Transaction ID: 200007148 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.25
City Boston State MA Zip Code 02114-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Kendall Press		Transaction ID: 200006726 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 313.95
City Cambridge State MA Zip Code 02141-	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Cambridge Offset Printing		Transaction ID: 200006502 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 52.50
City Cambridge State MA Zip Code 02140-2032	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	830.70
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mitchell Reiss		Transaction ID: 200006020 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 108 John Fawler Rd		Amount of Each Disbursement this Period 106.55	
City Williamsburg State VA Zip Code 23185-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Airtran Airlines		Transaction ID: 200006021 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 9955 AirTran Blvd		Amount of Each Disbursement this Period 68.55	
City Orlando State FL Zip Code 32827-	Purpose of Disbursement PRO-RATED STAFF AIRFARE	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	

Full Name (Last, First, Middle Initial) C. Jinara Reyes		Transaction ID: 200006011 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 66 Greenleaf St Apt 33		Amount of Each Disbursement this Period 2500.00	
City Quincy State MA Zip Code 02169-4451	Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING	

SUBTOTAL of Disbursements This Page (optional) ▶	2606.55
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jinara Reyes		Transaction ID: 200006721 Date of Disbursement 12 / 19 / 2006	
Mailing Address 66 Greenleaf St Apt 33		Amount of Each Disbursement this Period 5000.00	
City Quincy State MA Zip Code 02169-4451	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type FUNDRAISING CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Andrew Roach		Transaction ID: 200007236 Date of Disbursement 12 / 05 / 2006	
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 573.40	
City Cambridge State MA Zip Code 02139-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	Category/ Type PRO-RATED REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Avis Rental Car		Transaction ID: 200007259 Date of Disbursement 11 / 21 / 2006	
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 258.70	
City Boston State MA Zip Code 02108-	Purpose of Disbursement CAR RENTAL	Category/ Type [MEMO ITEM] MEMO: CAR RENTAL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5573.40
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Avis Rent A Car		Transaction ID: 200007251 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 83 East 120th Avenue		Amount of Each Disbursement this Period 92.70
City Denver State CO Zip Code 80221-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Avis Rent A Car		Transaction ID: 200007239 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address Mitchell Intl Airport		Amount of Each Disbursement this Period 75.23
City Milwaukee State WI Zip Code 53202-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Avis Rent A Car		Transaction ID: 200007254 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address Mitchell Intl Airport		Amount of Each Disbursement this Period 62.44
City Milwaukee State WI Zip Code 53202-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Andrew Roach		Transaction ID: 200007306 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 788.13
City Cambridge State MA Zip Code 02139-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: TRAVEL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: TRAVEL

Full Name (Last, First, Middle Initial) B. Mr. Steve Roche		Transaction ID: 200007346 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 1681.06
City Waltham State MA Zip Code 02453-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. Orbitz Com		Transaction ID: 200007431 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 85 West Congress Parkway		Amount of Each Disbursement this Period 721.59
City Chicago State IL Zip Code 60605-	Purpose of Disbursement AIRFARE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	2469.19
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Central Parking		Transaction ID: 200007433 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 300.00
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PARKING	
Purpose of Disbursement PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Steve Roche		Transaction ID: 200007330 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 12500.00
City Waltham State MA Zip Code 02453-	FUNDRAISING CONSULTING	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Poland Spring		Transaction ID: 200006730 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 62.78
City Louisville State KY Zip Code 40258-	PRO-RATED WATER	
Purpose of Disbursement PRO-RATED WATER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	12562.78
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jay Stirling		Transaction ID: 200007219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.75	
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) B. Jay Stirling		Transaction ID: 200006988 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.76	
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) C. Jay Stirling		Transaction ID: 200007149 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.76	
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	1169.27
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Barry Security Systems, Inc.		Transaction ID: 200007428 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 50.00
City State Zip Code Tewksbury MA 01876-	Category/ Type PRO-RATED SECURITY SYSTEM	
Purpose of Disbursement PRO-RATED SECURITY SYSTEM		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dan Taggart		Transaction ID: 200006006 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 10457 N. 6300 W		Amount of Each Disbursement this Period 5000.00
City State Zip Code American Fork UT 84003-	Category/ Type PRO-RATED TECHNOLOGY CONS- ULTING	
Purpose of Disbursement PRO-RATED TECHNOLOGY CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dan Taggart		Transaction ID: 200007307 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 10457 N. 6300 W		Amount of Each Disbursement this Period 1210.84
City State Zip Code American Fork UT 84003-	Category/ Type PRO-RATED REIMBURSEMENT: TRAVEL	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: TRAVEL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6260.84
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Julie Teer Full Name (Last, First, Middle Initial) Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807 City Boston State MA Zip Code 02109-3581 Purpose of Disbursement PRO-RATED FIELD CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200006514 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 6250.00 PRO-RATED FIELD CONSULTING
--	--	--

B. Bethany Toyé Full Name (Last, First, Middle Initial) Mailing Address 36 Hillside Rd City Braintree State MA Zip Code 02184- Purpose of Disbursement REIMBURSEMENT FOR PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200005991 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 REIMBURSEMENT FOR PARKING
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C. Bethany Toyé Full Name (Last, First, Middle Initial) Mailing Address 36 Hillside Rd City Braintree State MA Zip Code 02184- Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200007221 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 447.63 PRO-RATED PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	6717.63
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bethany Toye		Transaction ID: 200006989 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 36 Hillside Rd		Amount of Each Disbursement this Period 447.63
City Braintree State MA Zip Code 02184-	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bethany Toye		Transaction ID: 200007150 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 36 Hillside Rd		Amount of Each Disbursement this Period 447.63
City Braintree State MA Zip Code 02184-	Category/ Type PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Vineyard Vines		Transaction ID: 200006734 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 37 Brown House Ct.		Amount of Each Disbursement this Period 3947.50
City Stamford State CT Zip Code 06902-6303	Category/ Type PRO-RATED FUNDRAISING AWA- RDS	
Purpose of Disbursement PRO-RATED FUNDRAISING AWARDS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4842.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Vineyard Vines		Transaction ID: 200006742 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 37 Brown House Ct.		Amount of Each Disbursement this Period 225.00
City Stamford State CT Zip Code 06902-6303	PRO-RATED FUNDRAISING AWARDS	
Purpose of Disbursement PRO-RATED FUNDRAISING AWARDS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 200005998 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 2595.07
City Carol Stream State IL Zip Code 60197-6414	PRO-RATED CELL PHONES	
Purpose of Disbursement PRO-RATED CELL PHONES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 200006005 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 911.37
City Worcester State MA Zip Code 01615-0023	PRO-RATED STAFF CELL PHONE	
Purpose of Disbursement PRO-RATED STAFF CELL PHONE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3731.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jared Young		Transaction ID: 200006019 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 3825 Jason Ave.		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302-	Category/ Type PRO-RATED FUNDRAISING CON- SULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jared Young		Transaction ID: 200007329 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 3825 Jason Ave.		Amount of Each Disbursement this Period 348.56
City Alexandria State VA Zip Code 22302-	Category/ Type PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Union Club		Transaction ID: 200007331 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 8 Beacon Street		Amount of Each Disbursement this Period 74.22
City Boston State MA Zip Code 02108-	Category/ Type [MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1348.56
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. The Union Club		Transaction ID: 200007332 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 8 Beacon Street		Amount of Each Disbursement this Period 90.70
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. The Union Club		Transaction ID: 200007333 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 8 Beacon Street		Amount of Each Disbursement this Period 87.15
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jared Young		Transaction ID: 200006725 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 3825 Jason Ave.		Amount of Each Disbursement this Period 1304.80
City Alexandria State VA Zip Code 22302-	PRO-RATED FUNDRAISING CONSULTING	
Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1304.80
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Tom Young		Transaction ID: 200006024 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 2 Valley Road		Amount of Each Disbursement this Period 234.60
City Atherton State CA Zip Code 94027-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	PRO-RATED REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200006025 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 234.60
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	234.60
TOTAL This Period (last page this line number only)	539473.20

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. James Greer For Chairman		Transaction ID: 200007971 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 1205 Prestige Point		Amount of Each Disbursement this Period 500.00	
City Oviedo State FL Zip Code 32765-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00