

# 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 Hawkeye PAC

ADDRESS (number and street) PO Box 7255  
 Check if different than previously reported. (ACC)  
Des Moines IA 50309

2. **FEC IDENTIFICATION NUMBER** C00379479  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 01 01 2006 through 03 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 Gina Noll

Signature of Treasurer Electronically Filed by Gina Noll Date 04 15 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Hawkeye PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

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		389364.90
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	389364.90									
(c) Total Receipts (from Line 19) .....	81250.00	81250.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	470614.90	470614.90								
7. Total Disbursements (from Line 31) .....	118754.97	118754.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	351859.93	351859.93								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
The Hawkeye PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

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	14750.00	14750.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14750.00	14750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	66500.00	66500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	81250.00	81250.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	81250.00	81250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	81250.00	81250.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	24754.97	24754.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	24754.97	24754.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	91000.00	91000.00
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) .....	3000.00	3000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	3000.00	3000.00
29. Other Disbursements.....	0.00	0.00
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))..	118754.97	118754.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	118754.97	118754.97

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	81250.00	81250.00
34. Total Contribution Refunds (from Line 28(d)) .....	3000.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78250.00	78250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24754.97	24754.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24754.97	24754.97

**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 / 27
	<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 Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. Donald Alexander</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID: SA11A1.6290</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Akin Gump Strauss Hauer & Feld	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Charles Allen</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 2260 Bluff Ct		<b>Transaction ID: SA11A1.6316</b>	
City State Zip Code Cedar Hill TX 75104	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Triumph	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Mark Disler</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 240 Congressional Lane		<b>Transaction ID: SA11A1.6403</b>	
City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BKSH and Associates	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<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 Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Fritsch		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 14 South Watch Lane		<b>Transaction ID:</b> SA11A1.6322
City State Zip Code Mechanicsburg PA 17050	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corp	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) J. Rod Lauffin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 2005 West Bourne Way		<b>Transaction ID:</b> SA11A1.6314
City State Zip Code Alpharetta GA 30022	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Regency	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Ortenzio		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address PO Box 2034		<b>Transaction ID:</b> SA11A1.6310
City State Zip Code Mechanicsburg PA 17055	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corp	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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 Hawkeye PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert A. Ortenzio, Sr.

Mailing Address 7 Westwind Drive

City State Zip Code  
Lemoyne PA 17043

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.6324

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Mississippi in Iowa SAC & FOX Tribe of the

Mailing Address 349 Meskwaki Rd

City State Zip Code  
Tama IA 52339

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

Name of Employer Tribe Occupation n/a

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.6299

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 140 Winfield Drive

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Select Medical Corp Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.6312

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	14750.00

**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 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. AEGON USA INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006
Mailing Address 1111 North Charles Street		<b>Transaction ID: SA11C.6332</b>
City Baltimore State MD Zip Code 21201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00236414</b>		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AMERICA'S COMMUNITY BANKERS COMMUNITY CAMPAIGN COMMITTEE (FKA) SAVINGS &amp; COMMUNITY DEVELOPMENT</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2006
Mailing Address 900 19TH STREET NW SUITE 400		<b>Transaction ID: SA11C.6300</b>
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00001875</b>		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN COUNCIL OF LIFE INSURERS PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 101 Constitution Avenue NW Suite 700 West		<b>Transaction ID: SA11C.6339</b>
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00147066</b>		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 10 / 27  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial)  
**A. AMERICAN FAMILY MUTUAL INSURANCE COMPANY FEDERAL PAC (AMFAM PAC)**

Mailing Address 6000 American Parkway

City State Zip Code  
Madison WI 53783

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: SA11C.6337

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE**

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 28 / 2006

Transaction ID: SA11C.6292

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. BEVERLY ENTERPRISES INC. POLITICAL ACTION COMMITTEE (BEV PAC)**

Mailing Address 1250 H Street NW Suite 555

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00346346

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11C.6308

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. BIKES BELONG COALITION LTD. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 20 Park Plaza Suite 1028		<b>Transaction ID: SA11C.6285</b>
City Boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. <b>C C00372862</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. BUILDING OUR BASES (BOBS) PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 228 S. Washington St. Ste. 115		<b>Transaction ID: SA11C.6295</b>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C C00334904</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address HARTFORD PLAZA HARTFORD PLAZA		<b>Transaction ID: SA11C.6349</b>
City HARTFORD	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. <b>C C00168864</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 12 / 27  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

**A.** Full Name (Last, First, Middle Initial)  
HEALTHSOUTH CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address ONE HEALTHSOUTH PARKWAY

City State Zip Code  
BIRMINGHAM AL 35243

FEC ID number of contributing federal political committee. **C** C00414649

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** SA11C.6341

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
HEWLETT PACKARD COMPANY PAC

Mailing Address 3000 Hanover Street  
20BQ

City State Zip Code  
Palo Alto CA 94304

FEC ID number of contributing federal political committee. **C** C00196725

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** SA11C.6342

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
ING AMERICA INSURANCE HOLDINGS INC. POLITICAL ACTION COMMITTEE (ING US PAC)

Mailing Address 151 Farmington Avenue - TS31  
Legal P-3

City State Zip Code  
Hartford CT 06156

FEC ID number of contributing federal political committee. **C** C00184028

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

**Transaction ID:** SA11C.6336

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. KINDRED HEALTHCARE INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 680 South Fourth Avenue ONE VENCOR PLACE		<b>Transaction ID: SA11C.6319</b>
City Louisville State KY Zip Code 40202	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00242271		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	5000.00

Full Name (Last, First, Middle Initial) <b>B. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1295 State Street		<b>Transaction ID: SA11C.6340</b>
City Springfield State MA Zip Code 01111	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00118943		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00

Full Name (Last, First, Middle Initial) <b>C. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 27-01 Queens Plaza North Area 4D		<b>Transaction ID: SA11C.6345</b>
City Long Island City State NY Zip Code 11101	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00040923		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 27  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

**A.** Full Name (Last, First, Middle Initial)  
MORTGAGE BANKERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1919 PENNSYLVANIA AVENUE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

**Transaction ID:** SA11C.6306

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MUTUAL OF OMAHA COMPANIES PAC (IMPAC)

Mailing Address Mutual of Omaha Plaza

City State Zip Code  
Omaha NE 68175

FEC ID number of contributing federal political committee. **C** C00094581

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** SA11C.6344

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1800 K St. NW Suite 718  
SUITE 718

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00219444

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** SA11C.6350

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 15 / 27  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

**A.** Full Name (Last, First, Middle Initial)  
NATSO PAC

Mailing Address 1737 King Street  
Ste. 200

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 6

**Transaction ID:** SA11C.6331

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 1900

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 6

**Transaction ID:** SA11C.6330

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
NORTHWESTERN MUTUAL LIFE

Mailing Address 720 E. Wisconsin Ave.

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing federal political committee. **C** C00197095

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 6

**Transaction ID:** SA11C.6296

Amount of Each Receipt this Period  
1000.00

**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 16 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 700 Newport Center Drive		<b>Transaction ID: SA11C.6334</b>
City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00068528</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. PHYSICAL THERAPY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 1111 N. Fairfax Street		<b>Transaction ID: SA11C.6305</b>
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C C00012880</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 317 MASSACHUSETTS AVENUE NE		<b>Transaction ID: SA11C.6327</b>
City State Zip Code WASHINGTON DC 20002	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00343137</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 711 HIGH STREET GOVERNMENT RELATIONS		<b>Transaction ID: SA11C.6329</b>
City State Zip Code DES MOINES IA 50392	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00128918		
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. SIEBEL SYSTEMS INC EGOVERNMENT PAC SIEBEL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2006
Mailing Address 2207 BRIDGEPOINTE PARKWAY		<b>Transaction ID: SA11C.6288</b>
City State Zip Code SAN MATEO CA 94404	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00364711		
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. TARGETCITIZENS POLITICAL FORUM</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 1000 NICOLLET MALL TPS 3275		<b>Transaction ID: SA11C.6304</b>
City State Zip Code MINNEAPOLIS MN 55403	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00098061		
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 805 FIFTEENTH ST NW SUITE 430		<b>Transaction ID: SA11C.6346</b>
City State Zip Code WASHINGTON DC 20005	FEC ID number of contributing federal political committee. <b>C</b> C00147173	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. WINSTON &amp; STRAWN LLP POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2006
Mailing Address 1700 K ST NW		<b>Transaction ID: SA11C.6293</b>
City State Zip Code WASHINGTON DC 20006	FEC ID number of contributing federal political committee. <b>C</b> C00282921	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	66500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 27

<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 Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>		<b>Transaction ID:</b> SB21B.6353 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 3900.00
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement software		
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>B. Capital Knowledge Consulting</b>		<b>Transaction ID:</b> SB21B.6355 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address Po Box 7255		Amount of Each Disbursement this Period 3825.00
City Des Moines State IA Zip Code 50309	Category/ Type	
Purpose of Disbursement bookkeeping		
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>C. Catering by Windows</b>		<b>Transaction ID:</b> SB21B.6357 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1125 N Royal St		Amount of Each Disbursement this Period 292.32
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement catering for event		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8017.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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 Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. Hoffman Consulting</b>		Transaction ID: SB21B.6352 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 3905 Sylvian Avenue		Amount of Each Disbursement this Period 16731.65	
City Sioux City	State IA	Zip Code 51104-1325	
Purpose of Disbursement fundraising fee		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	16731.65
<b>TOTAL</b> This Period (last page this line number only) .....	▶	24748.97

# 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 21 / 27

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. CHAFEE FOR SENATE</b>		<b>Transaction ID:</b> SB23.6368 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO BOX 7329		Amount of Each Disbursement this Period 5000.00
City WARWICK State RI Zip Code 02887	Purpose of Disbursement Category/Type	
Candidate Name LINCOLN D CHAFEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 00		

Full Name (Last, First, Middle Initial) <b>B. CHAFEE FOR SENATE</b>		<b>Transaction ID:</b> SB23.6371 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO BOX 7329		Amount of Each Disbursement this Period 5000.00
City WARWICK State RI Zip Code 02887	Purpose of Disbursement Category/Type	
Candidate Name LINCOLN D CHAFEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 00		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CONRAD BURNS - 2006</b>		<b>Transaction ID:</b> SB23.6364 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO BOX 1596		Amount of Each Disbursement this Period 5000.00
City HELENA State MT Zip Code 59624	Purpose of Disbursement Category/Type	
Candidate Name CONRAD BURNS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 27

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CONRAD BURNS - 2006</b>		Transaction ID: SB23.6367 Date of Disbursement																				
Mailing Address PO BOX 1596		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	6													
City HELENA	State MT	Zip Code 59624																				
Purpose of Disbursement		Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Candidate Name CONRAD BURNS		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MT	District: 00																					

Full Name (Last, First, Middle Initial) <b>B. LAMBERTI FOR CONGRESS</b>		Transaction ID: SB23.6391 Date of Disbursement																				
Mailing Address PO BOX 785		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	6													
City ANKENY	State IA	Zip Code 50021																				
Purpose of Disbursement		Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Candidate Name JEFFREY LAMBERTI		Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IA	District: 3																					

Full Name (Last, First, Middle Initial) <b>C. LAMBERTI FOR CONGRESS</b>		Transaction ID: SB23.6394 Date of Disbursement																				
Mailing Address PO BOX 785		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	6													
City ANKENY	State IA	Zip Code 50021																				
Purpose of Disbursement		Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Candidate Name JEFFREY LAMBERTI		Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IA	District: 3																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00
15000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. MARK KENNEDY FOR CONGRESS</b>		Transaction ID: SB23.6381	
Mailing Address PO Box 49333		Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
City Blaine	State MN	Zip Code 55449	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Category/ Type	
Candidate Name MARK RAYMOND KENNEDY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 06		

Full Name (Last, First, Middle Initial) <b>B. MARK KENNEDY FOR CONGRESS</b>		Transaction ID: SB23.6382	
Mailing Address PO Box 49333		Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
City Blaine	State MN	Zip Code 55449	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Category/ Type	
Candidate Name MARK RAYMOND KENNEDY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 06		

Full Name (Last, First, Middle Initial) <b>C. MIKE DEWINE FOR US SENATE</b>		Transaction ID: SB23.6375	
Mailing Address PO BOX 340188		Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
City COLUMBUS	State OH	Zip Code 43234	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Category/ Type	
Candidate Name RICHARD MICHAEL DEWINE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. MIKE DEWINE FOR US SENATE</b>		<b>Transaction ID: SB23.6378</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO BOX 340188		Amount of Each Disbursement this Period 5000.00
City COLUMBUS State OH Zip Code 43234	Purpose of Disbursement Candidate Name RICHARD MICHAEL DEWINE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE</b>		<b>Transaction ID: SB23.6387</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 425 SECOND STREET NE		Amount of Each Disbursement this Period 15000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN PARTY OF IOWA</b>		<b>Transaction ID: SB23.6399</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 621 E. Ninth Street		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. SANTORUM 2006 INC</b>		<b>Transaction ID: SB23.6360</b> Date of Disbursement
Mailing Address ONE TOWER BRIDGE SUITE 1440		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City WEST CONSHOHOCKEN	State PA	Zip Code 19428
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name RICHARD J SANTORUM		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: PA	District: 00	

Full Name (Last, First, Middle Initial) <b>B. SANTORUM 2006 INC</b>		<b>Transaction ID: SB23.6363</b> Date of Disbursement
Mailing Address ONE TOWER BRIDGE SUITE 1440		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City WEST CONSHOHOCKEN	State PA	Zip Code 19428
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name RICHARD J SANTORUM		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: PA	District: 00	

Full Name (Last, First, Middle Initial) <b>C. TALENT FOR SENATE COMMITTEE</b>		<b>Transaction ID: SB23.6379</b> Date of Disbursement
Mailing Address 9378 OLIVE BLVD #206		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City ST LOUIS	State MO	Zip Code 63132
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name JAMES M TALENT		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: MO	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 26 / 27

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial) <b>A. TALENT FOR SENATE COMMITTEE</b>		Transaction ID: SB23.6380 Date of Disbursement
Mailing Address 9378 OLIVE BLVD #206		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City ST LOUIS	State MO	Zip Code 63132
Purpose of Disbursement	<input type="text" value="5000.00"/>	
Candidate Name JAMES M TALENT	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 00	

Full Name (Last, First, Middle Initial) <b>B. TOM KEAN FOR US SENATE INC</b>		Transaction ID: SB23.6395 Date of Disbursement
Mailing Address PO BOX 225		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City COLONIA	State NJ	Zip Code 07067
Purpose of Disbursement	<input type="text" value="5000.00"/>	
Candidate Name THOMAS H JR KEAN	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="91000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 27

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

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial)		Transaction ID: SB28C.6351																					
A. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION (NADA)		Date of Disbursement																					
Mailing Address 8400 WESTPARK DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	1	0	/	2	0	0	6														
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement refund of excess 2005 contributions		Category/ Type	3000.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

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