

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
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2029 P STREET NW SUITE 302
 Check if different than previously reported. (ACC)
WASHINGTON DC 20036

2. **FEC IDENTIFICATION NUMBER** C00300921
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 04 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer C.E. Jones

Signature of Treasurer Electronically Filed by C.E. Jones Date 07 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
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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		65400.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	41515.05									
(c) Total Receipts (from Line 19)	140087.38	379232.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	181602.43	444632.09								
7. Total Disbursements (from Line 31)	144166.40	407196.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37436.03	37436.03								
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)	11782.93									

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
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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	27388.00	68365.00
(i) Itemized (use Schedule A)	110319.72	305187.12
(ii) Unitemized	137707.72	373552.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	137707.72	373552.12
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.)	2379.66	5679.93
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))	140087.38	379232.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	140087.38	379232.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1000.00	1000.00
(b) Other Federal Operating Expenditures.....	137916.40	400446.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	138916.40	401446.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3250.00	3750.00
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))..	144166.40	407196.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	143166.40	406196.06

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)	137707.72	373552.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	137707.72	373552.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	137916.40	400446.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	137916.40	400446.06

**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 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR HENRY ADAMSKI

Mailing Address **200 BERNICE AVE**

City **HARRISON** State **MI** Zip Code **48625**

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 ▼ **206.00**

Date of Receipt

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

Transaction ID: SA11A1.13179

Amount of Each Receipt this Period
105.00

B. Full Name (Last, First, Middle Initial)
T Thomas Allan, Mr

Mailing Address **3114 Barracks Rd**

City **Charlottesville** State **VA** Zip Code **22901-2029**

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 ▼ **500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.15849

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr Dana Andrson

Mailing Address **401 Wilshire Blvd Ste 700**

City **Santa Monica** State **CA** Zip Code **90401**

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 ▼ **300.00**

Date of Receipt

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

Transaction ID: SA11A1.15824

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	905.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MR JEFFREY ARMOUR		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006	
Mailing Address PO BOX 1367		Transaction ID: SA11A1.13146	
City LAGUNA HILLS	State CA	Amount of Each Receipt this Period 750.00	
Zip Code 92653-6145		FEC ID number of contributing federal political committee. C	
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 750.00			

Full Name (Last, First, Middle Initial) B. MRS ANN BAKER		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address 2093 GRAPE LAWN DR		Transaction ID: SA11A1.13262	
City IRVINE	State CA	Amount of Each Receipt this Period 105.00	
Zip Code 92612		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED TEACHER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 206.00			

Full Name (Last, First, Middle Initial) C. MRS ANN BAKER		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 2093 GRAPE LAWN DR		Transaction ID: SA11A1.13261	
City IRVINE	State CA	Amount of Each Receipt this Period 75.00	
Zip Code 92612		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED TEACHER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 281.00			

SUBTOTAL of Receipts This Page (optional) ▶	930.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR RICHARD BOSIO

Mailing Address 2462 OKTOC RD

City State Zip Code
MODESTO CA 95358

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

Name of Employer Occupation
SELF RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 10 / 2006

Transaction ID: SA11A1.13085

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
ROBERT BRAND

Mailing Address 2490 W SNOVER RD

City State Zip Code
STATE COLLEGE PA 16803

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

Name of Employer Occupation
US FOREIGN SERVICE O RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 03 / 2006

Transaction ID: SA11A1.13074

Amount of Each Receipt this Period
114.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID BRITTAIN

Mailing Address 2552 E ALAMEDA AVE UNIT 74

City State Zip Code
FAYETTEVILLE NY 13066

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

Name of Employer Occupation
HEALTH SYSTEMS MGMNT HEALTH QUALITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2006

Transaction ID: SA11A1.15822

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	564.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR PETER BROWNELL, SR

Mailing Address 2600 BARRACKS RD

City State Zip Code
PALM COAST FL 32137

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.00

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

Transaction ID: SA11A1.13110

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. & MRS WILLIAM CLARK, III

Mailing Address 8574 LA FONTE ST

City State Zip Code
DALLAS TX 75205-2827

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

Name of Employer Occupation
RETIRED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.13151

Amount of Each Receipt this Period
1200.00

C. Full Name (Last, First, Middle Initial)
MR WARREN COLLINS

Mailing Address 3003 DUNBARTON AVE NW

City State Zip Code
PEORIA IL 61614

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

Name of Employer Occupation
CONNOR CO OWNER/EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

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

Transaction ID: SA11A1.12971

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MRS NORMA DORFNER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 3508 ROLLING LN		Transaction ID: SA11A1.13760	
City State Zip Code COLUMBUS OH 43235		Amount of Each Receipt this Period 115.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 279.00	

B. Full Name (Last, First, Middle Initial) MRS AUGUSTA DOWNEY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 358 GREENWELL AVE		Transaction ID: SA11A1.15758	
City State Zip Code MILFORD CT 06460		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED REALTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 301.00	

C. Full Name (Last, First, Middle Initial) MR BREWSTER DURKEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address P O BOX 661		Transaction ID: SA11A1.15717	
City State Zip Code JACKSONVILLE FL 32207-1106		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	415.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
J Brewster Durkee, Mr

Mailing Address 5027 River Point Rd

City State Zip Code
Jacksonville FL 32207

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.15814

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR RONALD EASTMAN

Mailing Address 3660 GINA PL

City State Zip Code
MARCO ISLAND FL 34145

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

Name of Employer Occupation
MARRIOTT INTERNATION RESORT DEVELOPM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2006

Transaction ID: SA11A1.13800

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
C Joyce Eddy, Ms

Mailing Address PO Box 1209

City State Zip Code
Toccoa PA 30577-1421

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2006

Transaction ID: SA11A1.15828

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	650.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) H Glenn Fishbeck, Mr Mailing Address 7738 W Shore Rd City Pasadena State MD Zip Code 21122 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.15840 Amount of Each Receipt this Period 400.00
Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) MRS JULIANNE FLINT Mailing Address P O BOX B City TULSA State OK Zip Code 74114-1434 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.15788 Amount of Each Receipt this Period 200.00
Name of Employer HOMEMAKER Occupation HOUSE WIFE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Mr Samuel Franklin Mailing Address 17 Columbus Ave City Spring Valley State NY Zip Code 10977 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.15793 Amount of Each Receipt this Period 225.00
Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	825.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MR ROBERT GARTHWAIT		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 4204 MARLA DR NE		Transaction ID: SA11A1.13138	
City WATERBURY	State CT	Zip Code 06721	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer CLY-DEL MFG CO	Occupation PRES GEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. O Philip Geier, Mr		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 6000 Redbird Hollow Ln		Transaction ID: SA11A1.13975	
City Cincinnati	State OH	Zip Code 45243-3331	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation BUILDING CONTRACTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00		

Full Name (Last, First, Middle Initial) C. MR CAMERON GLIDEWELL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 43 W SEQUIM BAY RD		Transaction ID: SA11A1.12708	
City LOS ANGELES	State CA	Zip Code 90042	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer DISNET/A B C INC	Occupation TV ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MR & MRS MARVIN GOEHRING		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address PO BOX 643		Transaction ID: SA11A1.13143	
City PARKSTON	State SD	Zip Code 57366-2253	Amount of Each Receipt this Period 525.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

B. Full Name (Last, First, Middle Initial) Mr John Green		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address PO Box 4014		Transaction ID: SA11A1.15812	
City Monterey	State CA	Zip Code 93942	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) MR GEORGE HAEFNER		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 4484 FROST AVE		Transaction ID: SA11A1.15764	
City JACKSON	State WY	Zip Code 83001	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	975.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR CLIFFORD HANSEN

Mailing Address 4584 887TH ST

City JACKSON State WY Zip Code 83001

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 ▼ 253.00

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

Transaction ID: SA11A1.13003

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR ALBERT HAVRILLA

Mailing Address 4704 ANCHORAGE CT

City DALLAS State TX Zip Code 75355

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

Name of Employer DSX ACCESS SYSTEMS Occupation PROGRAMMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

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

Transaction ID: SA11A1.13144

Amount of Each Receipt this Period
675.00

C. Full Name (Last, First, Middle Initial)
C Wiley Hutchins, Mr

Mailing Address 1712 Bramblewood Dr

City Columbus State MS Zip Code 39705-1507

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 ▼ 300.00

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

Transaction ID: SA11A1.15833

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
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 / 85		
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MR BRUCE JACOBS		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 5284 REISTERSTOWN RD		Transaction ID: SA11A1.15808	
City ANACORTES	State WA	Zip Code 98221	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00		

B. Full Name (Last, First, Middle Initial) MRS LORENA JAEB		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2006	
Mailing Address 53 PERUVILLE RD		Transaction ID: SA11A1.13147	
City MANGO	State FL	Zip Code 33550	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00		

C. Full Name (Last, First, Middle Initial) MR KENNETH JOHNSON		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address 5480 E HAWTHORNE ST		Transaction ID: SA11A1.14311	
City MINNEAPOLIS	State MN	Zip Code 55442	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	1335.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
C T Jones, Dr

Mailing Address 1301 Arenal Ct

City State Zip Code
Santa Fe NM 87501

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.15795

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
MR. NORMAN KINSEY

Mailing Address PO BOX 9514

City State Zip Code
SHREVEPORT LA 71101-3289

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

Name of Employer
KINSEY INTERESTS(SEL)

Occupation
PERS.INVESTMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2006

Transaction ID: SA11A1.13125

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR BOB KLASS

Mailing Address 605 UNIVERSE BLVD

City State Zip Code
ATLANTA GA 30327

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11A1.14410

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	575.00
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 18 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. J Donald Kochanski, Mr		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2006	
Mailing Address 1915 N Kostner Ave		Transaction ID: SA11A1.15853	
City State Zip Code Chicago IL 60639-5109	Amount of Each Receipt this Period 504.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00		

Full Name (Last, First, Middle Initial) B. M John Krenz, Mr		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 1665 Ceanothus Ct		Transaction ID: SA11A1.14436	
City State Zip Code Carlsbad CA 92011	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. A Barbara Lekas, Ms		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2006	
Mailing Address 9950 S Hamilton Ave		Transaction ID: SA11A1.15805	
City State Zip Code Chicago IL 60643-1814	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	854.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR JOHN LONETTI, JR

Mailing Address 694 BRANCH DR

City State Zip Code
LAS VEGAS NV 89109

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

Name of Employer Occupation
LEM INC/WHOLESALE RE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
M M / D D / Y Y Y Y
06 22 2006

Transaction ID: SA11A1.15847

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR MIKE MANGIONE

Mailing Address 7386 SE 23RD ST UNIT 5

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
RETIRED REST OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y
04 19 2006

Transaction ID: SA11A1.13022

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr William Marino

Mailing Address 6 Cobblestone Ln

City State Zip Code
Morristown NJ 07960-6424

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
06 30 2006

Transaction ID: SA11A1.15851

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MR GEORGE MARINOS		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2006	
Mailing Address 7435 SE 62ND ST		Transaction ID: SA11A1.13023	
City State Zip Code EL CAJON CA 92020	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

Full Name (Last, First, Middle Initial) B. D George McClintock, Mr		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 2905 Gulf Shore Blvd N Apt 201		Transaction ID: SA11A1.15810	
City State Zip Code Naples FL 34103	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
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. FRANCES MCDOWELL		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2006	
Mailing Address PO BOX 550909		Transaction ID: SA11A1.13140	
City State Zip Code AMELIA ISLAND FL 32034-6552	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MR FLOYD MILES, JR		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 80385 MILLSHAW DR		Transaction ID: SA11A1.15837	
City FORT MYERS	State FL	Zip Code 33912	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. DR WILLIAM NICHOLS, JR		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 8245 BISCAYNE DR		Transaction ID: SA11A1.14814	
City CANTON	State GA	Zip Code 30114	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.00		

Full Name (Last, First, Middle Initial) C. MR RICHARD NOWAK		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 829 ENCANADA DR		Transaction ID: SA11A1.13132	
City LEWISVILLE	State TX	Zip Code 75077	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer ELK CORP.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 22 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR RICHARD NOWAK

Mailing Address 829 ENCANADA DR

City State Zip Code
LEWISVILLE TX 75077

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

Name of Employer Occupation
ELK CORP. EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11A1.15821

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
L Joan O'Donnell, Ms

Mailing Address 820 Steele Dr

City State Zip Code
Brea CA 92821-2227

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: SA11A1.14857

Amount of Each Receipt this Period
90.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS PALAZZI

Mailing Address 835 RICHFIELD CT

City State Zip Code
CONTOOCOOK NH 03229

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
MM / DD / YYYY
05 / 26 / 2006

Transaction ID: SA11A1.15751

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	590.00
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 23 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MRS. FRANK PATTON		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 84 SEAHORSE LN		Transaction ID: SA11A1.15775	
City FLAGSTAFF	State AZ	Amount of Each Receipt this Period 200.00	
Zip Code 86001			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR JOHN PENSON		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address PO BOX 959		Transaction ID: SA11A1.13127	
City DALLAS	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 75205-3837			
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation INVESTOR		
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. M Beverly Pevehouse, Mrs		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address 810 Canonero St		Transaction ID: SA11A1.15799	
City Midland	State TX	Amount of Each Receipt this Period 230.00	
Zip Code 79705			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	680.00
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 24 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
May Anna Phillips, Mrs
Mailing Address 770 Goodlette Rd N Apt 221

City	State	Zip Code
Naples	FL	34102

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 ▼
240.00

Date of Receipt

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

Transaction ID: SA11A1.15801
 Amount of Each Receipt this Period
 240.00

B. Full Name (Last, First, Middle Initial)
MRS ANNA MAY PHILLIPS
Mailing Address 8438 FOREST HILL DR SW

City	State	Zip Code
NAPLES	FL	34102

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

Name of Employer RETIRED	Occupation TEACHER
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	6

Transaction ID: SA11A1.15722
 Amount of Each Receipt this Period
 174.00

C. Full Name (Last, First, Middle Initial)
MRS ANNA MAY PHILLIPS
Mailing Address 8438 FOREST HILL DR SW

City	State	Zip Code
NAPLES	FL	34102

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

Name of Employer RETIRED	Occupation TEACHER
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
389.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.15723
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	514.00
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 25 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. W Elliott Phillips, Mr		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 1615 S Bryan St Apt 2		Transaction ID: SA11A1.15835	
City Amarillo	State TX	Zip Code 79102-2326	Amount of Each Receipt this Period 310.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) B. C Robert Puff, Mr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 6	
Mailing Address 8 Davis Rd		Transaction ID: SA11A1.15846	
City Marblehead	State MA	Zip Code 01945-2633	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
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) C. Mr George Putnam		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address PO Box 1120		Transaction ID: SA11A1.15819	
City Boynton Beach	State FL	Zip Code 33425	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1110.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS VIRGINIA REZETKO

Mailing Address **85446 580TH AVE**

City **TUCSON** State **AZ** Zip Code **85718**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt

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

Transaction ID: SA11A1.15842

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MR. FRANK RIBELIN

Mailing Address **8545 VIRGINIA AVE**

City **RICHARDSON** State **TX** Zip Code **75081**

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

Name of Employer **OTRA VIDA INC** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

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

Transaction ID: SA11A1.15841

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER RODGERS

Mailing Address **85884 RUNBELL PL**

City **GULF STREAM** State **FL** Zip Code **33483**

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 ▼ **500.00**

Date of Receipt

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

Transaction ID: SA11A1.15803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER RODGERS

Mailing Address 85884 RUNBELL PL

City State Zip Code
GULF STREAM FL 33483

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2006

Transaction ID: SA11A1.15785

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr Carl Rohman

Mailing Address 1312 Fall Creek Rd

City State Zip Code
Lincoln NE 68510-4950

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2006

Transaction ID: SA11A1.15095

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MR THEODORE SCHMIDT, JR

Mailing Address PO BOX 987
P O BOX 40

City State Zip Code
DIABLO CA 94528-0040

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2006

Transaction ID: SA11A1.13129

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	600.00
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 28 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MR DAVID SCHMULBACH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 8730 COLUMBIA CIR		Transaction ID: SA11A1.13119	
City State Zip Code CARBONDALE IL 62901	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. MR DAVID SCHMULBACH		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 8730 COLUMBIA CIR		Transaction ID: SA11A1.15836	
City State Zip Code CARBONDALE IL 62901	Amount of Each Receipt this Period 315.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

Full Name (Last, First, Middle Initial) C. MR MORGAN SHUMATE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 8824 MAREMONT CT.		Transaction ID: SA11A1.15244	
City State Zip Code MAGNOLIA TX 77355	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00		

SUBTOTAL of Receipts This Page (optional) ▶	615.00
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 29 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MR ALLEN SIMON		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006	
Mailing Address 8842 LYNETTE LN		Transaction ID: SA11A1.13133	
City State Zip Code CHANDLER AZ 85226	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. H Allen Simon, Mr		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2006	
Mailing Address 1383 N Criss St		Transaction ID: SA11A1.15815	
City State Zip Code Chandler AZ 85226-1307	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. H Allen Simon, Mr		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006	
Mailing Address 1383 N Criss St		Transaction ID: SA11A1.15820	
City State Zip Code Chandler AZ 85226-1307	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 85
	(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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) H Allen Simon, Mr Mailing Address 1383 N Criss St		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6 Transaction ID: SA11A1.15826
City State Zip Code Chandler AZ 85226-1307	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00
Name of Employer Occupation RETIRED RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) H Allen Simon, Mr Mailing Address 1383 N Criss St		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.15252
City State Zip Code Chandler AZ 85226-1307	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Occupation RETIRED RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) ELBERT SMITH Mailing Address PO BOX 362		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.13073
City State Zip Code RENTON WA 98057-0856	Amount of Each Receipt this Period 101.00	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 201.00
Name of Employer Occupation RETIRED RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	501.00
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 31 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ELBERT SMITH

Mailing Address PO BOX 362

City RENTON State WA Zip Code 98057-0856

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 ▼
501.00

Date of Receipt

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

Transaction ID: SA11A1.15825

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
H Ray Smith, COL

Mailing Address 228 Lakeside Cir

City Greenville State SC Zip Code 29615

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 ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.15807

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM SNYDER

Mailing Address 88900 BARRYKNOLL LN #6280

City DOYLESTOWN State PA Zip Code 18901

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

Name of Employer BUCKS COUNTY TREASUR Occupation ELECTED OFFICIA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
511.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	6

Transaction ID: SA11A1.13141

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 32 / 85		
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
B William Snyder, Mr

Mailing Address 555 5th Ave NE

City State Zip Code
Saint Petersburg FL 33701-2655

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2006

Transaction ID: SA11A1.15844

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr Thomas Spencer

Mailing Address 110 Ocean Hollow Ln Apt 115

City State Zip Code
Saint Augustine FL 32084

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 26 / 2006

Transaction ID: SA11A1.15802

Amount of Each Receipt this Period
250.00

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

Mailing Address 110 Ocean Hollow Ln Apt 115

City State Zip Code
Saint Augustine FL 32084

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2006

Transaction ID: SA11A1.15761

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	950.00
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 34 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr John Strassenburgh, &

Mailing Address PO Box 608

City State Zip Code
Ocean View NJ 08230-0608

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: SA11A1.15830

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr John Strassenburgh, &

Mailing Address PO Box 608

City State Zip Code
Ocean View NJ 08230-0608

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: SA11A1.15831

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOHN SUTTLE

Mailing Address 936 SYCAMORE DR

City State Zip Code
DENTON TX 76201

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

Name of Employer Occupation
SELF EMPLOYED MUSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2006

Transaction ID: SA11A1.13122

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	800.00
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 35 / 85
	(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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MR RICHARD THOMAS		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 9700 RAVENSWOOD RD		Transaction ID: SA11A1.15759	
City TRACY State CA Zip Code 95304	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
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. MR RICHARD THOMAS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 9700 RAVENSWOOD RD		Transaction ID: SA11A1.15426	
City TRACY State CA Zip Code 95304	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. MR W THOMAS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address PO BOX 999		Transaction ID: SA11A1.13131	
City HOUSTON State TX Zip Code 77035-5305	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
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 36 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR GEORGE TYRRELL

Mailing Address S10W27698 SUMMIT AVE

City State Zip Code
NEW SMYRNA BEACH FL 32168-7910

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.13137

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR WAYNE WETZEL

Mailing Address PO BOX 5338

City State Zip Code
CLEARWATER FL 33761

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

Name of Employer Occupation
SELF EMPLOYED SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.00

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

Transaction ID: SA11A1.15791

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
J L Whitmeyer, Mrs

Mailing Address HC 1 Box 110

City State Zip Code
Colmesneil TX 75938-9704

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.15817

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	800.00
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 37 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
J L Whitmeyer, Mrs

Mailing Address HC 1 Box 110

City State Zip Code
Colmesneil TX 75938-9704

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2006

Transaction ID: SA11A1.15838

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT WHITTINGTON

Mailing Address PO BOX 60296

City State Zip Code
ANACORTES WA 98221

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2006

Transaction ID: SA11A1.13123

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR & MRS NORMAN WILLIAMSON

Mailing Address 601 CRESCENT ST

City State Zip Code
PASADENA CA 91106-4129

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2006

Transaction ID: SA11A1.13149

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	1600.00
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 38 / 85
	<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
GEORGE YANCEY

Mailing Address **PO BOX 8644**

City **HOUSTON** State **TX** Zip Code **77034**

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

Name of Employer **SELF-EMPLOYED** Occupation **BROKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.15676

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR JIM ZANIOS

Mailing Address **PO BOX 95**

City **ALBUQUERQUE** State **NM** Zip Code **87125**

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

Name of Employer **ZANIOS FOODS INC** Occupation **BUSINESS OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	6

Transaction ID: SA11A1.15780

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
MS IRENE ZSCHOKKE

Mailing Address **RR 8 BOX 8830**

City **MILLVILLE** State **CA** Zip Code **96062**

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 ▼ **201.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	6

Transaction ID: SA11A1.12831

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	27388.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 85
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Omega List Company

Mailing Address 1420 Spring Hill Rd.

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	6

Transaction ID: SA17.13173

Amount of Each Receipt this Period
1200.66

Mailing List Rental Income - FMV

B. Full Name (Last, First, Middle Initial)
Omega List Company

Mailing Address 1420 Spring Hill Rd.

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5679.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	6

Transaction ID: SA17.13174

Amount of Each Receipt this Period
1179.00

Mailing List Rental Income - FMV

SUBTOTAL of Receipts This Page (optional)	▶	2379.66
TOTAL This Period (last page this line number only)	▶	2379.66

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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Aaron Shrout		Transaction ID: SB21B.11520	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 04 / 01 / 2006	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 1078.95
Purpose of Disbursement Salary Expense		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. Aaron Shrout		Transaction ID: SB21B.11521	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 04 / 05 / 2006	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 1078.95
Purpose of Disbursement Salary Expense		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. Aaron Shrout		Transaction ID: SB21B.11522	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 04 / 27 / 2006	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 1078.95
Purpose of Disbursement Salary Expense		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) ▶

3236.85

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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Aaron Shrout		Transaction ID: SB21B.11523	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 04 / 27 / 2006	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Salary Expense		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. Aaron Shrout		Transaction ID: SB21B.11524	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 05 / 02 / 2006	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Salary Expense		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. Aaron Shrout		Transaction ID: SB21B.11525	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 05 / 02 / 2006	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 1078.95
Purpose of Disbursement Salary Expense		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)	1578.95
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Aaron Shrout		Transaction ID: SB21B.11526 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 5850 Cameron Run		Amount of Each Disbursement this Period 1078.95
City Alexandria State VA Zip Code 22303	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Aaron Shrout		Transaction ID: SB21B.11527 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 5850 Cameron Run		Amount of Each Disbursement this Period 1078.95
City Alexandria State VA Zip Code 22303	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Aaron Shrout		Transaction ID: SB21B.11528 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 5850 Cameron Run		Amount of Each Disbursement this Period 1078.95
City Alexandria State VA Zip Code 22303	Purpose of Disbursement Salary 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3236.85
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)

PAGE 43 / 85

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Advance Mailing Services		Transaction ID: SB21B.11529 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Postage and Lettershop - Generic		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3633.85"/>
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Advance Mailing Services		Transaction ID: SB21B.11530 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Postage and Lettershop - Generic		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="6436.85"/>
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Advance Mailing Services		Transaction ID: SB21B.11531 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Postage and Lettershop - Generic		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3633.85"/>
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13704.55"/>
TOTAL 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 44 / 85

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Advance Mailing Services		Transaction ID: SB21B.11532
Mailing Address 2600 Temple Heights Drive		Date of Disbursement MM / DD / YYYY 06 / 22 / 2006
City Oceanside	State CA	Amount of Each Disbursement this Period 7727.46
Zip Code 92056		
Purpose of Disbursement Postage and Lettershop - Generic		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. Allied Envelope		Transaction ID: SB21B.15732
Mailing Address 525 E. 42nd Street		Date of Disbursement MM / DD / YYYY 04 / 11 / 2006
City Boise	State ID	Amount of Each Disbursement this Period 2557.75
Zip Code 83714		
Purpose of Disbursement Postage & Lettershop Services - Generic		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. Alvin Williams		Transaction ID: SB21B.11535
Mailing Address PO Box 8335		Date of Disbursement MM / DD / YYYY 04 / 15 / 2006
City Silver Spring	State MD	Amount of Each Disbursement this Period 2793.96
Zip Code 20910		
Purpose of Disbursement Salary Expense		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) ▶

13079.17

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 45 / 85

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Alvin Williams		Transaction ID: SB21B.11537 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Alvin Williams		Transaction ID: SB21B.11536 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 2793.96
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Alvin Williams		Transaction ID: SB21B.11538 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	9054.38
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. American Funds Group		Transaction ID: SB21B.11540 Date of Disbursement
Mailing Address 6849 Old Dominion Drive		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Employer Retirement Expense		Amount of Each Disbursement this Period <input type="text" value="3150.00"/>
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. American Funds Group		Transaction ID: SB21B.11539 Date of Disbursement
Mailing Address 6849 Old Dominion Drive		<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Employee Retirement Expense		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB21B.11541 Date of Disbursement
Mailing Address PO Box 2969		<input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Baltimore	State MD	Zip Code 21265
Purpose of Disbursement Telephone Expense		Amount of Each Disbursement this Period <input type="text" value="441.46"/>
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4091.46"/>
TOTAL 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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 2969 City Baltimore State MD Zip Code 21265 Purpose of Disbursement Telephone 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) ▼		Transaction ID: SB21B.11542 Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 487.74 Category/Type
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B. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 2969 City Baltimore State MD Zip Code 21265 Purpose of Disbursement Telephone 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) ▼		Transaction ID: SB21B.11543 Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 505.02 Category/Type
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C. Broadwing Telecommunications Full Name (Last, First, Middle Initial) Mailing Address 5407 Port Royal City Springfield State VA Zip Code 22304 Purpose of Disbursement Courier 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) ▼		Transaction ID: SB21B.11546 Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 49.14 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1041.90
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Broadwing Telecommunications Full Name (Last, First, Middle Initial) Mailing Address 5407 Port Royal City Springfield State VA Zip Code 22304 Purpose of Disbursement Courier 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) ▼		Transaction ID: SB21B.11547 Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 47.71 Category/Type
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B. Campaign Funding Direct Full Name (Last, First, Middle Initial) Mailing Address 1801 I Sara Drive City Chesapeake State VA Zip Code 23320 Purpose of Disbursement Postage & Lettershop Services - Generic 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: SB21B.15741 Date of Disbursement 04 / 17 / 2006 Amount of Each Disbursement this Period 1494.85 Category/Type
---	--	---

C. Campaign Funding Direct Full Name (Last, First, Middle Initial) Mailing Address 1801 I Sara Drive City Chesapeake State VA Zip Code 23320 Purpose of Disbursement Postage & Lettershop Services - Generic 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: SB21B.15729 Date of Disbursement 05 / 26 / 2006 Amount of Each Disbursement this Period 5906.15 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	7448.71
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Care First		Transaction ID: SB21B.11550 Date of Disbursement																					
Mailing Address PO Box 79749		<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>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	5		2	0	0	6														
City Baltimore	State MD	Zip Code 21279	Amount of Each Disbursement this Period																				
Purpose of Disbursement Medical Insurance		Category/ Type	2644.00																				
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. Care First		Transaction ID: SB21B.11551 Date of Disbursement																					
Mailing Address PO Box 79749		<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>5</td><td></td><td>0</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	5		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	2		2	0	0	6														
City Baltimore	State MD	Zip Code 21279	Amount of Each Disbursement this Period																				
Purpose of Disbursement Medical Insurance		Category/ Type	2644.00																				
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. Care First		Transaction ID: SB21B.11552 Date of Disbursement																					
Mailing Address PO Box 79749		<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>6</td><td></td><td>1</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	6		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	6														
City Baltimore	State MD	Zip Code 21279	Amount of Each Disbursement this Period																				
Purpose of Disbursement Medical Insurance		Category/ Type	2644.00																				
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)	7932.00
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Colortree, Inc. of VA		Transaction ID: SB21B.15725 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 2519 Brittons Hill Rd.		Amount of Each Disbursement this Period 1508.97
City Richmond State VA Zip Code 23230	Category/ Type	
Purpose of Disbursement Postage & Lettershop Services - Generic		
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. Comcast		Transaction ID: SB21B.11554 Date of Disbursement MM / DD / YYYY 06 / 12 / 2006
Mailing Address 900 Michigan Avenue, NE		Amount of Each Disbursement this Period 87.86
City Washington State DC Zip Code 20017-1833	Category/ Type	
Purpose of Disbursement Online & Cable 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) ▼	

Full Name (Last, First, Middle Initial) C. Curtis Midkiff		Transaction ID: SB21B.11555 Date of Disbursement MM / DD / YYYY 04 / 05 / 2006
Mailing Address 1001 3rd Street, SW, #412		Amount of Each Disbursement this Period 1175.00
City Washington State DC Zip Code 20024	Category/ Type	
Purpose of Disbursement Newsletter Production		
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) ▶	2771.83
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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Curtis Midkiff		Transaction ID: SB21B.11556 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 1001 3rd Street, SW, #412		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20024	Purpose of Disbursement Newsletter Production	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Curtis Midkiff		Transaction ID: SB21B.11557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1001 3rd Street, SW, #412		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20024	Purpose of Disbursement Newsletter Production	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Curtis Midkiff		Transaction ID: SB21B.11558 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 1001 3rd Street, SW, #412		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20024	Purpose of Disbursement Newsletter Production	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Curtis Midkiff		Transaction ID: SB21B.11559 Date of Disbursement MM / DD / YYYY 06 / 01 / 2006
Mailing Address 1001 3rd Street, SW, #412		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20024	Purpose of Disbursement Newsletter Production 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. Curtis Midkiff		Transaction ID: SB21B.11560 Date of Disbursement MM / DD / YYYY 06 / 16 / 2006
Mailing Address 1001 3rd Street, SW, #412		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20024	Purpose of Disbursement Newsletter Production 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. Curtis Midkiff		Transaction ID: SB21B.11561 Date of Disbursement MM / DD / YYYY 06 / 28 / 2006
Mailing Address 1001 3rd Street, SW, #412		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20024	Purpose of Disbursement Newsletter Production 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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Direct Concepts		Transaction ID: SB21B.11564 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period 1950.00
City Lansdowne State VA Zip Code 20176		
Purpose of Disbursement Postage and Lettershop - Generic 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. Direct Mail Processors		Transaction ID: SB21B.15726 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 2081 Skipjack Rd.		Amount of Each Disbursement this Period 661.16
City Prince Frederick State MD Zip Code 20368		
Purpose of Disbursement Caging & Escrow Expense - Generic 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. Direct Mail Processors		Transaction ID: SB21B.15730 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 2081 Skipjack Rd.		Amount of Each Disbursement this Period 1143.32
City Prince Frederick State MD Zip Code 20368		
Purpose of Disbursement Caging & Escrow Expense - Generic 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) ▶	3754.48
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Eberle & Associates		Transaction ID: SB21B.15731 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 1420 Spring Hill Rd.		Amount of Each Disbursement this Period 1155.52
City McLean State VA Zip Code 22102	Purpose of Disbursement Mailing List Maintenance 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Eberle-Data Center		Transaction ID: SB21B.15727 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address 1420 Spring Hill Rd.		Amount of Each Disbursement this Period 460.77
City McLean State VA Zip Code 22102	Purpose of Disbursement Mailing List Maintenance 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11569 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 200.00
City Fort Wayne State IN Zip Code 46855	Purpose of Disbursement 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1816.29
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11570 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 770.05
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement CAM	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. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11571 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 1166.72
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Property 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) C. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11572 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 3540.63
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Office 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5477.40
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11573 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 200.00
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement 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. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11574 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 770.05
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement CAM	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. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11575 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 1166.72
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Property 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) ▶	2136.77
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11576 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 3540.63
City Fort Wayne State IN Zip Code 46855	Category/ Type	
Purpose of Disbursement Office Rent		
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. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11577 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 200.00
City Fort Wayne State IN Zip Code 46855	Category/ Type	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) C. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11578 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 770.05
City Fort Wayne State IN Zip Code 46855	Category/ Type	
Purpose of Disbursement CAM		
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) ▶	4510.68
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11579 Date of Disbursement 06 / 28 / 2006
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 1166.72
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Property Taxes		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. Grosvenor Urban Retail, LP		Transaction ID: SB21B.11580 Date of Disbursement 06 / 28 / 2006
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 3540.63
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Office Rent		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. Hagerstown Bank Trust		Transaction ID: SB21B.11581 Date of Disbursement 05 / 10 / 2006
Mailing Address 1710 Underpass Way		Amount of Each Disbursement this Period 100.44
City Hagerstown	State MD Zip Code 21740	
Purpose of Disbursement Bank Charges		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) ▶	4807.79
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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ikon Office Solutions		Transaction ID: SB21B.11582 Date of Disbursement 05 / 02 / 2006
Mailing Address PO Box 41564		Amount of Each Disbursement this Period 655.96
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Equipment Lease		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. Ikon Office Solutions		Transaction ID: SB21B.11583 Date of Disbursement 06 / 12 / 2006
Mailing Address PO Box 41564		Amount of Each Disbursement this Period 655.96
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Equipment Lease		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. J & N Printing		Transaction ID: SB21B.11585 Date of Disbursement 06 / 16 / 2006
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period 913.00
City Lansdowne	State VA Zip Code 20176	
Purpose of Disbursement Postage and Lettershop - Generic		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) ▶	2224.92
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mentor's Inc.		Transaction ID: SB21B.11586 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 1012 14th St., NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Sponsorship Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Middleton & Associates		Transaction ID: SB21B.11587 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 1250 24th Street, NW		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20037	Purpose of Disbursement Legal Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Middleton & Associates		Transaction ID: SB21B.11588 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 1250 24th Street, NW		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20037	Purpose of Disbursement Legal Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Middleton & Associates		Transaction ID: SB21B.11589 Date of Disbursement MM / DD / YYYY 05 / 02 / 2006
Mailing Address 1250 24th Street, NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20037	Category/ Type	
Purpose of Disbursement Legal Services		
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. Northwestern Mutual Life		Transaction ID: SB21B.11592 Date of Disbursement MM / DD / YYYY 04 / 04 / 2006
Mailing Address 720 East Wisconsin Avenue		Amount of Each Disbursement this Period 406.76
City Milwaukee State WI Zip Code 53202	Category/ Type	
Purpose of Disbursement Medical Insurance		
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. Northwestern Mutual Life		Transaction ID: SB21B.11593 Date of Disbursement MM / DD / YYYY 05 / 03 / 2006
Mailing Address 720 East Wisconsin Avenue		Amount of Each Disbursement this Period 406.76
City Milwaukee State WI Zip Code 53202	Category/ Type	
Purpose of Disbursement Medical Insurance		
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) ▶	1813.52
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Omniaxis		Transaction ID: SB21B.11597 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 635 Slaters Lane		Amount of Each Disbursement this Period 95.00
City Alexandria State VA Zip Code 22314-4219	Purpose of Disbursement Office Supplies 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. Omniaxis		Transaction ID: SB21B.11598 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 635 Slaters Lane		Amount of Each Disbursement this Period 18.75
City Alexandria State VA Zip Code 22314-4219	Purpose of Disbursement Office Supplies 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. Omniaxis		Transaction ID: SB21B.11599 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 635 Slaters Lane		Amount of Each Disbursement this Period 18.75
City Alexandria State VA Zip Code 22314-4219	Purpose of Disbursement Office Supplies 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) ▶	132.50
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Omniaxis		Transaction ID: SB21B.11600 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 635 Slaters Lane		Amount of Each Disbursement this Period 112.50	
City Alexandria State VA Zip Code 22314-4219	Purpose of Disbursement Office Supplies	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:		

Full Name (Last, First, Middle Initial) B. Patriot Data Services		Transaction ID: SB21B.11602 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 847.50	
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Postage Expense - Generic	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:		

Full Name (Last, First, Middle Initial) C. Paychex Services		Transaction ID: SB21B.11603 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address PO Box 388		Amount of Each Disbursement this Period 126.06	
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes	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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1086.06
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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Paychex Services		Transaction ID: SB21B.11606 Date of Disbursement MM / DD / YYYY 04 / 15 / 2006
Mailing Address PO Box 388		Amount of Each Disbursement this Period 337.94
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		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. Paychex Services		Transaction ID: SB21B.11610 Date of Disbursement MM / DD / YYYY 04 / 15 / 2006
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		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. Paychex Services		Transaction ID: SB21B.11607 Date of Disbursement MM / DD / YYYY 04 / 27 / 2006
Mailing Address PO Box 388		Amount of Each Disbursement this Period 337.94
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		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) ▶	1799.43
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Paychex Services		Transaction ID: SB21B.11612 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1287.30
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Paychex Services		Transaction ID: SB21B.11604 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 136.52
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Paychex Services		Transaction ID: SB21B.11608 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 337.94
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1761.76
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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Paychex Services		Transaction ID: SB21B.11611 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Paychex Services		Transaction ID: SB21B.11609 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 337.94
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Paychex Services		Transaction ID: SB21B.11613 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1287.30
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2748.79
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Paychex Services		Transaction ID: SB21B.11605 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 136.90
City Owings Mills	State MD Zip Code 21117	
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. Pepco		Transaction ID: SB21B.11614 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 189.16
City Washington	State DC Zip Code 20090-7275	
Purpose of Disbursement Utilities	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. Pepco		Transaction ID: SB21B.11615 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 144.96
City Washington	State DC Zip Code 20090-7275	
Purpose of Disbursement Utilities	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) ▶	471.02
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Pepco		Transaction ID: SB21B.11616 Date of Disbursement 06 / 01 / 2006	
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 191.27	
City Washington State DC Zip Code 20090-7275	Purpose of Disbursement Utilities	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pepco		Transaction ID: SB21B.11617 Date of Disbursement 06 / 28 / 2006	
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 332.39	
City Washington State DC Zip Code 20090-7275	Purpose of Disbursement Utilities	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: SB21B.11618 Date of Disbursement 06 / 22 / 2006	
Mailing Address 8245 Boone Blvd.		Amount of Each Disbursement this Period 234.00	
City Vienna State VA Zip Code 22182	Purpose of Disbursement Postage Expense - Generic	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	757.66
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 8245 Boone Blvd. City Vienna State VA Zip Code 22182 Purpose of Disbursement Postage Expense - Generic 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: SB21B.11619 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type
---	--	---

B. Public Storage Full Name (Last, First, Middle Initial) Mailing Address 5420 Randolph Rd City Rockville State MD Zip Code 20852 Purpose of Disbursement Storage 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) ▼		Transaction ID: SB21B.11621 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 504.00 Category/Type
--	--	--

C. Richard Norman Company Full Name (Last, First, Middle Initial) Mailing Address 44084 Riverside Parkway City Lansdowne State VA Zip Code 20176 Purpose of Disbursement Direct Mail Creative Fee - Generic 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: SB21B.11623 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 9817.67 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	11321.67
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Richard Norman Company		Transaction ID: SB21B.11624 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 5521.29
City Lansdowne State VA Zip Code 20176	Category/ Type	
Purpose of Disbursement Direct Mail Creative Fee - Generic		
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. Sisk Fulfillment Sevices		Transaction ID: SB21B.15740 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 768.30
City Stevensville State MD Zip Code 21666-2165	Category/ Type	
Purpose of Disbursement Postage & Lettershop Services - Generic		
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. Sisk Fulfillment Sevices		Transaction ID: SB21B.15728 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 650.00
City Stevensville State MD Zip Code 21666-2165	Category/ Type	
Purpose of Disbursement Postage & Lettershop Services - Generic		
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) ▶	6939.59
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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Star Envelope		Transaction ID: SB21B.11626 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 740209		Amount of Each Disbursement this Period 580.25
City Atlanta State GA Zip Code 30374	Purpose of Disbursement Postage and Lettershop - Generic Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: SB21B.11628 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 92200		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20090-2200	Purpose of Disbursement Postage Expense - Generic Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Valley Press, Inc		Transaction ID: SB21B.11630 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period 1844.86
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Postage and Lettershop - Generic Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5425.11
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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon, Inc.		Transaction ID: SB21B.11637	
Mailing Address PO Box 7120		Date of Disbursement 05 / 19 / 2006	
City Tucson	State AZ	Zip Code 85731	Amount of Each Disbursement this Period 60.60
Purpose of Disbursement Telephone Expense		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. Verizon, Inc.		Transaction ID: SB21B.11638	
Mailing Address PO Box 7120		Date of Disbursement 06 / 09 / 2006	
City Tucson	State AZ	Zip Code 85731	Amount of Each Disbursement this Period 106.84
Purpose of Disbursement Telephone Expense		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. Verizon, Inc.		Transaction ID: SB21B.11639	
Mailing Address PO Box 7120		Date of Disbursement 06 / 28 / 2006	
City Tucson	State AZ	Zip Code 85731	Amount of Each Disbursement this Period 60.60
Purpose of Disbursement Telephone Expense		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)	228.04
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB21B.11631 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address PO Box 7120		Amount of Each Disbursement this Period 60.60
City Tucson State AZ Zip Code 85731-7120	Purpose of Disbursement Telephone 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB21B.11632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address PO Box 7120		Amount of Each Disbursement this Period 98.35
City Tucson State AZ Zip Code 85731-7120	Purpose of Disbursement Telephone 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB21B.11633 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 7120		Amount of Each Disbursement this Period 60.60
City Tucson State AZ Zip Code 85731-7120	Purpose of Disbursement Telephone 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	219.55
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB21B.11634 Date of Disbursement
Mailing Address PO Box 7120		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Tucson	State AZ	Zip Code 85731-7120
Purpose of Disbursement Telephone Expense	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="102.20"/>
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. Verizon Wireless		Transaction ID: SB21B.11635 Date of Disbursement
Mailing Address PO Box 7120		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Tucson	State AZ	Zip Code 85731-7120
Purpose of Disbursement Telephone Expense	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="121.40"/>
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 Wireless		Transaction ID: SB21B.11636 Date of Disbursement
Mailing Address PO Box 7120		<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Tucson	State AZ	Zip Code 85731-7120
Purpose of Disbursement Telephone Expense	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="97.93"/>
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)	<input type="text" value="321.53"/>
TOTAL 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 75 / 85

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Wachovia Bank		Transaction ID: SB21B.11640 Date of Disbursement
Mailing Address 740 15th Street NW 3rd Floor		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Bank Charges		Amount of Each Disbursement this Period <input type="text" value="47.16"/>
Candidate Name	Category/ Type	
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. Wachovia Bank		Transaction ID: SB21B.11641 Date of Disbursement
Mailing Address 740 15th Street NW 3rd Floor		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Bank Charges		Amount of Each Disbursement this Period <input type="text" value="59.56"/>
Candidate Name	Category/ Type	
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. Wilfredo C. Jaldin		Transaction ID: SB21B.11643 Date of Disbursement
Mailing Address 4113 Wadsworth Court, #3		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Annandale	State VA	Zip Code 22003
Purpose of Disbursement Cleaning Services		Amount of Each Disbursement this Period <input type="text" value="400.00"/>
Candidate Name	Category/ Type	
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)	<input type="text" value="506.72"/>
TOTAL 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)

<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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Wilfredo C. Jaldin		Transaction ID: SB21B.11644 Date of Disbursement 05 / 19 / 2006
Mailing Address 4113 Wadsworth Court, #3		Amount of Each Disbursement this Period 500.00
City Annandale State VA Zip Code 22003	Purpose of Disbursement Cleaning 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) ▼	

Full Name (Last, First, Middle Initial) B. Wilfredo C. Jaldin		Transaction ID: SB21B.11645 Date of Disbursement 06 / 22 / 2006
Mailing Address 4113 Wadsworth Court, #3		Amount of Each Disbursement this Period 440.00
City Annandale State VA Zip Code 22003	Purpose of Disbursement Cleaning 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) ▼	

Full Name (Last, First, Middle Initial) C. XO Communications		Transaction ID: SB21B.11646 Date of Disbursement 04 / 27 / 2006
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 228.85
City San Francisco State CA Zip Code 94160-3708	Purpose of Disbursement Online & Cable Expense	
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) ▶	1168.85
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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. XO Communications		Transaction ID: SB21B.11647 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 228.85
City San Francisco State CA Zip Code 94160-3708	Purpose of Disbursement Online & Cable 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. XO Communications		Transaction ID: SB21B.11648 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 228.85
City San Francisco State CA Zip Code 94160-3708	Purpose of Disbursement Online & Cable 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

457.70

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

137064.48

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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ESPY FOR CONGRESS		Transaction ID: SB23.13165 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO BOX 353		Amount of Each Disbursement this Period 1000.00
City CLARKSDALE State MS Zip Code 38614	Purpose of Disbursement Political Contributions Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. STEELE FOR MARYLAND INC		Transaction ID: SB23.13169 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 1350 DORSEY ROAD BUILDING A STE A		Amount of Each Disbursement this Period 500.00
City HANOVER State MD Zip Code 21076	Purpose of Disbursement Political Contributions Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. STEELE FOR MARYLAND INC		Transaction ID: SB23.13170 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 1350 DORSEY ROAD BUILDING A STE A		Amount of Each Disbursement this Period 500.00
City HANOVER State MD Zip Code 21076	Purpose of Disbursement Political Contributions Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Friends of Jeff Frederick-VA House of Delegates		Transaction ID: SB29.13166
Mailing Address 13391 Dogues Terrace		Date of Disbursement MM / DD / YYYY 06 / 28 / 2006
City Woodbridge	State VA	Zip Code 22191
Purpose of Disbursement Political Contributions		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Ken Blackwell For Governor - Ohio		Transaction ID: SB29.13167
Mailing Address 172 E State St, #203		Date of Disbursement MM / DD / YYYY 04 / 05 / 2006
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Political Contributions		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Lynn Swann for Governor - Pennsylvania		Transaction ID: SB29.13168
Mailing Address PO Box 3501		Date of Disbursement MM / DD / YYYY 05 / 02 / 2006
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Political Contributions		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ray Haynes For CA Board of Equalization		Transaction ID: SB29.13172 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 27475 Ynez Rd, #294		Amount of Each Disbursement this Period 500.00
City Temecula State CA Zip Code 92591	Purpose of Disbursement Political Contributions Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Strickland for Controller - CA		Transaction ID: SB29.13171 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 30151 Tomas		Amount of Each Disbursement this Period 500.00
City Rancho Santa Marga State CA Zip Code 92688	Purpose of Disbursement Political Contributions Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

3250.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advance Mailing Services	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 2600 Temple Heights Drive	
City State ZIP Code Oceanside CA 92056	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.15734	
Amount Incurred This Period 3703.07	Payment This Period 0.00	Outstanding Balance at Close of This Period 3703.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Funding Direct	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 1801 I Sara Drive	
City State ZIP Code Chesapeake VA 23320	

Outstanding Balance Beginning This Period 5906.15	Transaction ID: SD10.4265	
Amount Incurred This Period 0.00	Payment This Period 5906.15	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colortree, Inc. of VA	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 2519 Brittons Hill Rd.	
City State ZIP Code Richmond VA 23230	

Outstanding Balance Beginning This Period 1508.97	Transaction ID: SD10.4267	
Amount Incurred This Period 0.00	Payment This Period 1508.97	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	3703.07
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Processors	Nature of Debt (Purpose): Caging & Escrow Expense - Generic
Mailing Address 2081 Skipjack Rd.	
City State ZIP Code Prince Frederick MD 20368	

Outstanding Balance Beginning This Period <input type="text" value="661.16"/>	Transaction ID: SD10.4268	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="661.16"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eberle-Data Center	Nature of Debt (Purpose): Mailing List Maintenance Expense-Generic
Mailing Address 1420 Spring Hill Rd.	
City State ZIP Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="460.77"/>	Transaction ID: SD10.4269	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="460.77"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor J & N Printing	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 44084 Riverside Parkway Suite 350	
City State ZIP Code Lansdowne VA 20176	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.15736	
Amount Incurred This Period <input type="text" value="3090.46"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3090.46"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3090.46"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 / 85
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sisk Fulfillment Sevices	Nature of Debt (Purpose): Postage & Lettershop Serv- ices - Generic
Mailing Address 203 Log Canoe Circle	
City State ZIP Code Stevensville MD 21666-2165	

Outstanding Balance Beginning This Period <input type="text" value="650.00"/>	Transaction ID: SD10.11488	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="650.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tri-State Envelope Corporation	Nature of Debt (Purpose): Postage & Lettershop Serv- ices - Generic
Mailing Address PO Box 433	
City State ZIP Code Beltsville MD 20704	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.15739	
Amount Incurred This Period <input type="text" value="2082.36"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2082.36"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Valley Press, Inc	Nature of Debt (Purpose): Postage & Lettershop Serv- ices - Generic
Mailing Address 44084 Riverside Parkway Suite 350	
City State ZIP Code Lansdowne VA 20176	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.15735	
Amount Incurred This Period <input type="text" value="2907.04"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2907.04"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4989.40"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="11782.93"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Africare Bishop Walker Dinner

Mailing Address
440 R. Street, NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement:
Sponsorship

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1000.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	6

Transaction ID: H4.11650

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1000.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1000.00		1000.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		1000.00		1000.00

Image# 26930247728

Form/Schedule: **SA17** Transaction was performed at FMV.
Transaction ID: **SA17.13173**

Form/Schedule: **SA17** Transaction was performed at FMV.
Transaction ID: **SA17.13174**
