

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 GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 7440 WOODLAND DRIVE Check if different than previously reported. (ACC) INDIANAPOLIS IN 46278

2. FEC IDENTIFICATION NUMBER C00231407 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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

5. Covering Period 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 Mr. Patrick Carr Signature of Treasurer Electronically Filed by Mr. Patrick Carr Date 07 13 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  
GOLDEN RULE FINANCIAL CORPORATION - 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		54237.40
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	57895.22									
(c) Total Receipts (from Line 19) .....	5353.16	10110.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	63248.38	64348.38								
7. Total Disbursements (from Line 31) .....	7750.00	8850.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	55498.38	55498.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

GOLDEN RULE FINANCIAL CORPORATION - 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	3176.00	5094.00
(i) Itemized (use Schedule A) .....	2118.85	4875.15
(ii) Unitemized .....	5294.85	9969.15
(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) .....	5294.85	9969.15
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.) .....	58.31	141.83
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)) .....	5353.16	10110.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5353.16	10110.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	475.00
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.....	7750.00	8375.00
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))..	7750.00	8850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7750.00	8850.00

**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) .....	5294.85	9969.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5294.85	9969.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Davis		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 970 Tillson		<b>Transaction ID:</b> SA11A1.12644	
City Zionsville	State IN	Zip Code 46077	Amount of Each Receipt this Period 175.00
FEC ID number of contributing federal political committee. C			
Name of Employer Golden Rule Financial Corp	Occupation Ast VP Gen Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Karen Dipalmo		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 7533 Prairie View Dr		<b>Transaction ID:</b> SA11A1.12645	
City Indianapolis	State IN	Zip Code 46256	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C			
Name of Employer Golden Rule Insurance Co	Occupation AVP Managed Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>C.</b> Full Name (Last, First, Middle Initial) A Jeffery Drozda		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 533 Worth Court		<b>Transaction ID:</b> SA11A1.12648	
City Carmel	State IN	Zip Code 46032	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Golden Rule Ins Co	Occupation Sr. Public Policy Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	735.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. James Gabriel</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 13410 Kingsbury Dr		Transaction ID: SA11A1.12651
City Carmel	State IN	Zip Code 46032
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Golden Rule Ins Co	Occupation VP Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Hampton</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 2026 Lohr Drive		Transaction ID: SA11A1.12657
City Indianapolis	State IN	Zip Code 46214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer Golden Rule Insurance Co	Occupation Health U/W	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Greg Kohne</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 9653 Spruce Lane		Transaction ID: SA11A1.12662
City Fishers	State IN	Zip Code 46038
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Golden Rule Insurance Co	Occupation Division Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	565.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<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)  
**GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Donald Mudgett</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 8131 Lake Point Way		<b>Transaction ID: SA11A1.12669</b>	
City Indianapolis	State IN	Zip Code 46256	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer Golden Rule Insurance Co	Occupation Spec Proj Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. Steven Pollack</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 14491 Quail Pointe		<b>Transaction ID: SA11A1.12673</b>	
City Carmel	State IN	Zip Code 46032	Amount of Each Receipt this Period 756.00
FEC ID number of contributing federal political committee. C			
Name of Employer Golden Rule Financial Corp	Occupation Senior VP/Chief Investment Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1404.00		

Full Name (Last, First, Middle Initial) <b>C. Darrell Richey</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 7244 Tuliptree Trl		<b>Transaction ID: SA11A1.12674</b>	
City Indianapolis	State IN	Zip Code 46256	Amount of Each Receipt this Period 560.00
FEC ID number of contributing federal political committee. C			
Name of Employer Golden Rule Financial Corp	Occupation VP & Gen Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1456.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 15
	(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)  
**GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. John Risk</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 6617 Speights Drive		<b>Transaction ID: SA11A1.12675</b>	
City Indianapolis	State IN	Zip Code 46278	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Golden Rule Insurance Co	Occupation Brokerage Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. William Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 3286 Jason Street		<b>Transaction ID: SA11A1.12682</b>	
City Carmel	State IN	Zip Code 46033	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Golden Rule Insurance Co	Occupation Legal Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3176.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 15

<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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. GIB ARMSTRONG</b>		<b>Transaction ID: SB29.12717</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 129 AUGUSTA DRIVE		Amount of Each Disbursement this Period 500.00
City ANNVILLE State PA Zip Code 17003	Purpose of Disbursement SENATE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. RON BUXTON</b>		<b>Transaction ID: SB29.12693</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O BOX 11781		Amount of Each Disbursement this Period 250.00
City HARRISBURG State PA Zip Code 17108	Purpose of Disbursement HOUSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. JAKE CORMAN</b>		<b>Transaction ID: SB29.12715</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 270 EDWARDS DRIVE		Amount of Each Disbursement this Period 500.00
City BELLEFONTE State PA Zip Code 16823	Purpose of Disbursement SENATE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ANTHONY DELUCA</b>		<b>Transaction ID: SB29.12695</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 1438 HOMESTEAD RD		Amount of Each Disbursement this Period 250.00
City VERONA State PA Zip Code 15147	Category/ Type	
Purpose of Disbursement HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BILL DEWEESE</b>		<b>Transaction ID: SB29.12689</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O BOX 2000		Amount of Each Disbursement this Period 500.00
City WAYNESBURG State PA Zip Code 15370	Category/ Type	
Purpose of Disbursement HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TOM GANNON</b>		<b>Transaction ID: SB29.12701</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 791 S CHESTER RD.		Amount of Each Disbursement this Period 300.00
City SWARTHMORE State PA Zip Code 19081	Category/ Type	
Purpose of Disbursement HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

<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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ROBERT GODSHALL</b>		Transaction ID: SB29.12705 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 316 GODSHALL RD.		Amount of Each Disbursement this Period 250.00
City SOUDERTON State PA Zip Code 18964	Category/ Type	
Purpose of Disbursement HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. EUGENE MCGILL</b>		Transaction ID: SB29.12703 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O BOX 3283		Amount of Each Disbursement this Period 250.00
City MAPLE GLEN State PA Zip Code 19002	Category/ Type	
Purpose of Disbursement HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BOB MELLOW</b>		Transaction ID: SB29.12711 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 524 MAIN ST		Amount of Each Disbursement this Period 500.00
City PECKVILLE State PA Zip Code 18452	Category/ Type	
Purpose of Disbursement SENATE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS MICOZZIE</b>		Transaction ID: SB29.12707 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address P O BOX 234		Amount of Each Disbursement this Period 500.00	
City CLIFTON HEIGHTS	State PA		Zip Code 19018
Purpose of Disbursement HOUSE			Category/ Type
Candidate Name			
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: PA District:			

Full Name (Last, First, Middle Initial) <b>B. ANN NISCHKE</b>		Transaction ID: SB29.12685 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address P O BOX 2005		Amount of Each Disbursement this Period 500.00	
City WAUKESHA	State WI		Zip Code 53187
Purpose of Disbursement HOUSE			Category/ Type
Candidate Name			
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: WI District:			

Full Name (Last, First, Middle Initial) <b>C. JOHN PERZEL</b>		Transaction ID: SB29.12719 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 4525 LEAF LANE		Amount of Each Disbursement this Period 1000.00	
City BEHSALEM	State PA		Zip Code 19020
Purpose of Disbursement HOUSE			Category/ Type
Candidate Name			
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: PA District:			

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. TINA PICKETT</b>		<b>Transaction ID: SB29.12697</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O BOX 203		Amount of Each Disbursement this Period 250.00
City WYSOX State PA Zip Code 18854	Category/ Type	
Purpose of Disbursement HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH SCARNATI</b>		<b>Transaction ID: SB29.12713</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O BOX 177		Amount of Each Disbursement this Period 500.00
City BROCKWAY State PA Zip Code 15824	Category/ Type	
Purpose of Disbursement SENATE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SAM SMITH</b>		<b>Transaction ID: SB29.12709</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 21 DINSMORE AVE		Amount of Each Disbursement this Period 500.00
City PUNXSUTAWNEY State PA Zip Code 15767	Category/ Type	
Purpose of Disbursement HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. TOM TANGRETTI</b>		<b>Transaction ID:</b> SB29.12691 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O BOX 292		Amount of Each Disbursement this Period 250.00
City GREENSBURG State PA Zip Code 15601		
Purpose of Disbursement HOUSE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. STEVE WIECKERT</b>		<b>Transaction ID:</b> SB29.12687 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1 WEATHERSTONE DRIVE		Amount of Each Disbursement this Period 500.00
City APPLETON State WI Zip Code 54914		
Purpose of Disbursement HOUSE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PETE ZUG</b>		<b>Transaction ID:</b> SB29.12699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O BOX 1258		Amount of Each Disbursement this Period 250.00
City LEBANON State PA Zip Code 17042		
Purpose of Disbursement HOUSE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	7550.00