



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		30110.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	739857.91									
(c) Total Receipts (from Line 19) .....	296836.00	2653815.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1036693.91	2683925.85								
7. Total Disbursements (from Line 31) .....	490156.37	2137388.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	546537.54	546537.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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	248850.00	2543378.59
(i) Itemized (use Schedule A) .....	12786.00	28916.00
(ii) Unitemized .....	261636.00	2572294.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	35200.00	76700.00
(c) Other Political Committees (such as PACs) .....	296836.00	2648994.59
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	4820.85
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	296836.00	2653815.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	296836.00	2653815.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	421656.37	1844888.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	421656.37	1844888.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	40500.00	223750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	250.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	250.00
29. Other Disbursements.....	28000.00	68500.00
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))..	490156.37	2137388.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	490156.37	2137388.31

**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) .....	296836.00	2648994.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	296836.00	2648744.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	421656.37	1844888.31
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	4820.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	421656.37	1840067.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 168</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> 21st Century Pac		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2052 Lake Audobon Court		<b>Transaction ID:</b> 100001946
City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00337261	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> ACS Good Government Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address PO Box 219002		<b>Transaction ID:</b> 100001917
City State Zip Code Dallas TX 75221	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00350884	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> American Freedom Pac		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 2111 Wilson Blvd Fl. 8		<b>Transaction ID:</b> 100001916
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b> C00406009	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7200.00
<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: <span style="float: right;">PAGE 7 / 168</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Anheuser-Busch Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1401 I Street, NW		<b>Transaction ID: 100002324</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00034488</b>		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. FMR Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 82 Devonshire Street		<b>Transaction ID: 100004068</b>	
City State Zip Code Boston MA 02109	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00380550</b>		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Insur Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 412 First St. SE, Suite 300		<b>Transaction ID: 100001998</b>	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00022343</b>		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 168</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Maximus, Inc. Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 11419 Sunset Hills Road		<b>Transaction ID: 100002269</b>	
City State Zip Code Reston VA 20190	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00343707		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Michigan Independent Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 150 West Jefferson, Suite 2500		<b>Transaction ID: 100004090</b>	
City State Zip Code Detroit MI 48226	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. National Venture Cap Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1655 North Fort Myer Dr. Suite 850		<b>Transaction ID: 100001915</b>	
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00150367		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 168</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Nixon Peabody LLP Pac

Mailing Address PO Box 31051

City State Zip Code  
Rochester NY 14603

FEC ID number of contributing federal political committee. **C** C00404178

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 9 / 2 0 0 6

**Transaction ID:** 100004059

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Snow Pac

Mailing Address 175 S West Temple Ste 650

City State Zip Code  
Salt Lake City UT 84101

FEC ID number of contributing federal political committee. **C** C00392621

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

**Transaction ID:** 100002284

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>35200.00</b>

# 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 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Lowell Anderson

Mailing Address 2848 N. Foothill Dr.

City Provo State UT Zip Code 84604

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

Name of Employer Dr. Lowell Anderson Occupation Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: 100002272

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brent Andrus

Mailing Address 15 Sandstone Cove

City Park City State UT Zip Code 84060

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

Name of Employer Brent Andrus Occupation Hospitality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: 100002273

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Andrew Balson

Mailing Address 14 Winthrop Street

City Newton State MA Zip Code 02465

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

Name of Employer Bain Capital, LLC Occupation Private Equity Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: 100004075

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<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 11 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephen Bassett

Mailing Address 9626 Hadleigh Ct.

City State Zip Code  
Laurel MD 20723

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

Name of Employer USATA Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001875

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Baty

Mailing Address 2626 Ridgetop Road

City State Zip Code  
Ames IA 50014

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

Name of Employer Retired Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 100004087

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 280 Dudley St

City State Zip Code  
Brookline MA 02445

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

Name of Employer Retired Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100001987

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5400.00
<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 12 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Steven Black

Mailing Address 5132 N. 300W

City Provo State UT Zip Code 84604

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

Name of Employer Apex Marketing Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

Transaction ID: 100002275

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Rick Blankenship

Mailing Address 11587 San Jose Boulevard

City Jacksonville State FL Zip Code 32223

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

Name of Employer Global Investment Advisor Occupation Investment Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2006

Transaction ID: 100002321

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
M. Kenneth Bowler

Mailing Address 11532 Manorstone Lane

City Columbia State MD Zip Code 21044-5413

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

Name of Employer Retired Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 100001880

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Sally Bradshaw

Mailing Address 1345 Dupont Road

City State Zip Code  
Havana FL 32333

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

Name of Employer Occupation  
Sally Bradshaw Political Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100002300

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James Calvin

Mailing Address 286 Emerson Road

City State Zip Code  
Lexington MA 02420

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

Name of Employer Occupation  
Deloitte & Touche Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2305

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Greg Carr

Mailing Address 975 Memorial Drive #1008

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation  
Greg Carr Philanthropist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100001999

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<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 14 / 168
	<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)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Melissa Castle

Mailing Address 1547 Bruton Ct.

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer American University Occupation Staff Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001883

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Shelese Castle

Mailing Address 505 Frontier For Lane

City State Zip Code  
Strasburg VA 22657

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001884

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Susan Chapman

Mailing Address 428 Kingston Street

City State Zip Code  
Conway SC 29526

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

Name of Employer Unemployed Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2298

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<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 15 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Barbara Comstock

Mailing Address 6822 Wemberly Way

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001887

Amount of Each Receipt this Period  
400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Edward Conard

Mailing Address 5 East 81st Street

City State Zip Code  
New York NY 10028

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

Name of Employer Bain Capital, LLC Occupation Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100002043

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Shawn Coughlin

Mailing Address 4401 Upland Dr

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Capitol Health Group Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 100001962

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6400.00
<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 16 / 168
	(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)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Howard Cox

Mailing Address 880 Winter Street

City State Zip Code  
Waltham MA 02451

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

Name of Employer Greylock Management Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

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

Transaction ID: 100002049

Amount of Each Receipt this Period  
1400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lew Cramer

Mailing Address 2960 Oak Park Lane

City State Zip Code  
Salt Lake City UT 84117

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

Name of Employer World Trade Center Utah Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100002053

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Anne Davis

Mailing Address 11109 Piney Meetinghouse Road

City State Zip Code  
Potomac MD 20854-1314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001888

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6600.00</b>
<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 17 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Jill Davis

Mailing Address 5 E 81St St.

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002046

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kevin DeMenna

Mailing Address 1825 West Adams Street

City State Zip Code  
Phoenix AZ 85007

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

Name of Employer Occupation  
DeMenna and Associates Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

Transaction ID: 100004085

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jean Denton

Mailing Address 15 19th St SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
Innovative Federal Strategies Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100004082

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Peter Doelger

Mailing Address 144 Beacon Street

City State Zip Code  
Boston MA 02116

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

Name of Employer Information Requested Occupation  
Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 100002080

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
D. Scott Elder

Mailing Address 1156 E. 100 N.

City State Zip Code  
Orem UT 84097

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

Name of Employer True North Academy Occupation  
Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

Transaction ID: 100002274

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Andrew Farbman

Mailing Address 27272 West 14 Mile

City State Zip Code  
Franklin MI 48025

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

Name of Employer The Farbman Group Occupation  
Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2006

Transaction ID: 100002027

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<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 19 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Burton Farbman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 27272 West 14 Mile		Transaction ID: 100002028
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer The Farbman Group Occupation Executive	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Suzy Farbman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 27272 West 14 Mile		Transaction ID: 100002029
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Phyllis Fireman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 120 Wells Ave.		Transaction ID: 100001872
City State Zip Code Newton MA 02459	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12500.00
<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 20 / 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Audrey Gruss</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 720 Park Avenue		<b>Transaction ID: 100002281</b>	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Audrey and Martin Gruss Found	Occupation Founder		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Martin Gruss</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 720 Park Avenue		<b>Transaction ID: 100002278</b>	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Martin Gruss		Occupation Philanthropist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Gary Heck</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 13250 River Road		<b>Transaction ID: 100004070</b>	
City State Zip Code Guerneville CA 95446	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer E. Korbel and Brothers		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15000.00
<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 21 / 168
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Gary Hollister</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 12268 Raleigh Ct		Transaction ID: 100002270	
City State Zip Code Draper UT 84020		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Nutritional Management Co. Chairman		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Sonia Holman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 9208 Belwood Ct.		Transaction ID: 100001958	
City State Zip Code Alexandria VA 22309-2901		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Mary Vernon Group Information Requested		Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Joel Jacob</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address PO Box 250250		Transaction ID: 100002026	
City State Zip Code West Bloomfield MI 48325		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation The Bottle Crew President		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10200.00
<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 22 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Cherie James

Mailing Address 4223 N. Vintage Cir

City Provo State UT Zip Code 84604

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100002010

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joshua James

Mailing Address 4223 N. Vintage Circle

City Provo State UT Zip Code 84604

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

Name of Employer Omniture Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100002002

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Drew Johnson

Mailing Address 705 Kent Ct

City Southlake State TX Zip Code 76092

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

Name of Employer CIC Partners Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100004072

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<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 23 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Gil Kapen

Mailing Address 2923 Oakbury Ct.

City State Zip Code  
Oakton VA 22124

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

Name of Employer Occupation  
Gil Kapen Business Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

**Transaction ID:** 100002293

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gil Kapen

Mailing Address 2923 Oakbury Ct.

City State Zip Code  
Oakton VA 22124

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

Name of Employer Occupation  
Gil Kapen Business Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

**Transaction ID:** 100004105

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
C. David Kikumoto

Mailing Address 4890 E. Perry Parkway

City State Zip Code  
Littleton CO 80121

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

Name of Employer Occupation  
Denver Management Advisors President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2006

**Transaction ID:** 100002051

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<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 24 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Edward Kutler

Mailing Address 6405 Tree Top Circle

City Columbia State MD Zip Code 21045

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

Name of Employer Clark & Weinstock Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2301

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Edward Kutler

Mailing Address 6405 Tree Top Circle

City Columbia State MD Zip Code 21045

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

Name of Employer Clark & Weinstock Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2302

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Marc Lampkin

Mailing Address 1640 Davidson Rd

City Mc Lean State VA Zip Code 22101

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

Name of Employer Quinn Gillespie Occupation Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100001951

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<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 25 / 168
	(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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. David Lemoine</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 1 Victoria Cir		<b>Transaction ID: 100002055</b>	
City State Zip Code Natick MA 01760	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Deloitte and Touche	Occupation Audit Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Eduardo Lopez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 89850 West Olympic Boulevard, 184		<b>Transaction ID: 61207.C2319</b>	
City State Zip Code Coventry CT 06238	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Peter Lynch</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 82 Devonshire St., 54A		<b>Transaction ID: 100004057</b>	
City State Zip Code Boston MA 02109	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer FMR Corp.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrew Maloney

Mailing Address 3020 Macomb Street, NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Federalist Group LLC Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001896

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
J. Willard Marriott

Mailing Address 7124 Natelli Woods Lane

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Marriott, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: 100004053

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kevin Mayberry

Mailing Address 1365 N. 430 E

City State Zip Code  
Orem UT 84097

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

Name of Employer Veracity Communications Occupation Telecommunications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100002276

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<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 27 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 705 S. Overlook Dr.

City State Zip Code  
Alexandria VA 22305

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

Name of Employer National Capital Teleservices  
Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

**Transaction ID:** 100001899

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michael McDermott

Mailing Address 153 West Lupine Drive

City State Zip Code  
Aspen CO 81611

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

Name of Employer Michael McDermott  
Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

**Transaction ID:** 100002095

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
William McDermott

Mailing Address 6 Coventry Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Deloitte Financial Advisory  
Occupation Financial Consultants

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

**Transaction ID:** 100002054

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5700.00</b>
<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 28 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Thomas McInerney

Mailing Address 45 Bennington Place

City State Zip Code  
New Canaan CT 06840

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

Name of Employer Occupation  
AETNA, Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

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

Transaction ID: 100004093

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Stewart McLaurin

Mailing Address 3810 Charles Avenue

City State Zip Code  
Alexandria VA 22305

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

Name of Employer Occupation  
Georgetown University Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2308

Amount of Each Receipt this Period  
300.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
David Moon

Mailing Address 355 S. Apline Drive

City State Zip Code  
Alpine UT 84004

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

Name of Employer Occupation  
Esnet, Ltd. Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002064

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Moorad

Mailing Address 5709 N. Saguaro Road

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Arizona Diamondbacks Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2006

Transaction ID: 100004084

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James Murphy

Mailing Address 23 Mercy Ct

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
DCI Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2006

Transaction ID: 100001997

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
John Muse

Mailing Address 5500 Preston Road

City State Zip Code  
Dallas TX 75205

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

Name of Employer Occupation  
Hicks Muse Tate & Furst Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2006

Transaction ID: 100004088

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. William Nixon</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 7610 Thomas Grant Drive		<b>Transaction ID: 100002296</b>	
City State Zip Code Alexandria VA 22315	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Policy Impact Communications	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mimi Peery</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 2200 Cowper		<b>Transaction ID: 61207.C2042</b>	
City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Richard Peery</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 2200 Cowper		<b>Transaction ID: 100002038</b>	
City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Peery/Arrillaga	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 168
	(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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John Roby Penn Mailing Address 3410 P St. NW City Washington State DC Zip Code 20007 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> 100001913 Amount of Each Receipt this Period 1000.00 Receipt
Name of Employer Penn Foundation Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Boyd Phillips Mailing Address 3214 Reservoir Rd. NW City Washington State DC Zip Code 20007 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> 100001869 Amount of Each Receipt this Period 5000.00 Receipt
Name of Employer Boyd Phillips Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Katherine Phillips Mailing Address 24 Valleyfields Farm City High Point State NC Zip Code 27265 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> 100001868 Amount of Each Receipt this Period 5000.00 Receipt
Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 168
	(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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Lucy Phillips		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 346 E 10th St. Apt. 1		Transaction ID: 100001865
City State Zip Code New York NY 10009	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Lil Phillips	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jacob Porter		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 6
Mailing Address 10820 Eagle Drive		Transaction ID: 100004091
City State Zip Code Baytown TX 77520	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Brent Pratt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 11113 Piney Meetinghouse Rd.		Transaction ID: 100001905
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Foulger Pratt, Inc	Occupation Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10200.00
<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 33 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Margaret Pratt

Mailing Address 11113 Pineymeetinghouse Rd.

City Potomac State MD Zip Code 20854-1314

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

Name of Employer Margaret Pratt Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001906

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Waltraud Prechter

Mailing Address 19013 Park Lane

City Grosse Ile State MI Zip Code 48138

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

Name of Employer WEP Holdings, Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100004066

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Erin Quinn

Mailing Address 4625A 36th St S

City Arlington State VA Zip Code 22206

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

Name of Employer Not Required Occupation Not Required

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001908

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6100.00
<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 34 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Erin Quinn

Mailing Address 4625A 36th St S

City State Zip Code  
Arlington VA 22206

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

Name of Employer Not Required Occupation Not Required

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001907

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Reingruber

Mailing Address 2121 Jamieson Avenue

City State Zip Code  
Wilmington DE 19886-5153

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

Name of Employer Not Required Occupation Not Required

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2309

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Brooke Rowe

Mailing Address 1415 Lady Bird Drive

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

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

Transaction ID: 100001972

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<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 35 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Brooke Rowe

Mailing Address 1415 Lady Bird Drive

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 100001971

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brooke Rowe

Mailing Address 1415 Lady Bird Drive

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 100001930

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
D. Kyle Sampson

Mailing Address 4927 25th Street S.

City State Zip Code  
Arlington VA 22206

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

Name of Employer U.S. Dept. of Justice Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001874

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<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 36 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 16 Arell Court

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
RGA Finance Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 100001927

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert Simmons

Mailing Address 5 Lake Potomac Ct

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
ETrade Financial CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 61207.C2297

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Boyd C. Smith

Mailing Address 301 Coleridge Ave.

City State Zip Code  
Palo Alto CA 94301-3608

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

Name of Employer Occupation  
WSJ Properties Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2006

Transaction ID: 100002087

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<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 37 / 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jill Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 301 Coleridge Ave		Transaction ID: 100002091	
City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation None Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Anthony Soave		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 423 Lake Shore Drive		Transaction ID: 100002033	
City State Zip Code Grosse Pointe MI 48236	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Soave Enterprises President and CEO	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Eric Steinman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 90 Barrett Dr		Transaction ID: 100004073	
City State Zip Code Fort Thomas KY 41075	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Forge Lumber Administration	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15000.00
<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 38 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Stewart</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 6433 Shady Lane		<b>Transaction ID: 100001941</b>	
City Falls Church	State VA	Zip Code 22042-2335	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Larson Sewart Myrick and Link	Occupation Government Relations	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Adam Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 8253 Colling Ridge Ct.		<b>Transaction ID: 100002323</b>	
City Alexandria	State VA	Zip Code 22308	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Harris Corp.	Occupation Information Requested	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michelle Tessier</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1620 Hobart St. NW		<b>Transaction ID: 100001910</b>	
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Podesta Group	Occupation Principal	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<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 39 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Tuffin

Mailing Address 6049 Shaffer Dr

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Occupation  
AH7P SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: 100001957

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Betsy Werronen

Mailing Address 3122 N. Street NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
District of Columbia Repu- National Committeewoman  
blic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2288

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert White

Mailing Address 23 Chadwick Road

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
Bain Capital, LLC Investment Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100004064

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5450.00
<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 40 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Margaret Whitman

Mailing Address 2145 Hamilton Avenue

City State Zip Code  
San Jose CA 95125

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

Name of Employer Occupation  
eBay, Inc. President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002062

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kent Wood

Mailing Address 158 East Canterbury Lane

City State Zip Code  
Alpine UT 84004

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

Name of Employer Occupation  
Nutritional Management, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002271

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Wood

Mailing Address 813 Vicar Lane

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Barbour Griffith & Rogers LLC President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2315

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	248850.00



**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 41 / 168

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Copia</b> Full Name (Last, First, Middle Initial) Mailing Address 100 City Square City Charlestown State MA Zip Code 02129-3777 Purpose of Disbursement PRO-RATED EVENT CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200005990 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 10690.55 PRO-RATED EVENT CATERING
--	--	---

<b>B. Nstar</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 4508 City Woburn State MA Zip Code 01888-4508 Purpose of Disbursement PRO-RATED OFFICE UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200005545 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 496.47 PRO-RATED OFFICE UTILITIES
---	--	---

<b>C. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1 City Worcester State MA Zip Code 01654-0001 Purpose of Disbursement PRO-RATED OFFICE PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200006347 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 646.76 PRO-RATED OFFICE PHONES
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11833.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Salesforce .Com</b>		<b>Transaction ID:</b> 200006345 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 5126		Amount of Each Disbursement this Period 20832.00
City Carol Stream State IL Zip Code 60197-5126	PRO-RATED DATABASE	
Purpose of Disbursement PRO-RATED DATABASE 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>B. Clay Beck</b>		<b>Transaction ID:</b> 200005700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 8154 South Wasatch Haven Court		Amount of Each Disbursement this Period 414.38
City Salt Lake City State UT Zip Code 84121-	PRO-RATED PHOTOGRAPHER	
Purpose of Disbursement PRO-RATED PHOTOGRAPHER 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>C. Britt Becker</b>		<b>Transaction ID:</b> 200006049 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 139 W 6th St # 1 #1		Amount of Each Disbursement this Period 253.15
City Boston State MA Zip Code 02127-2630	PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21499.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 168

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> 200005981 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 2087.31
City Woburn State MA Zip Code 01888-4701	PRO-RATED HEALTH INSURANCE	
Purpose of Disbursement PRO-RATED HEALTH INSURANCE		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>B. Patton Boggs</b>		<b>Transaction ID:</b> 200005674 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 9409.96
City Washington State DC Zip Code 20037-1301	PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alans Boscawen</b>		<b>Transaction ID:</b> 200005923 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 133 No. Main St.		Amount of Each Disbursement this Period 556.69
City Concord State NH Zip Code 03303-	PRO-RATED EVENT CATERING	
Purpose of Disbursement PRO-RATED EVENT CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12053.96
<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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sarah Bradshaw</b>		Transaction ID: 200006054 Date of Disbursement 11 / 07 / 2006
Mailing Address 1345 Dupont Road		Amount of Each Disbursement this Period 1119.10
City Havana State FL Zip Code 32333-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	PRO-RATED REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6056 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 417.60
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6055 Date of Disbursement 10 / 14 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 524.61
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1119.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		<b>Transaction ID:</b> 61207.E6057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 101.15
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Capital Campaigns</b>		<b>Transaction ID:</b> 200005680 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 5225.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Capital Campaigns</b>		<b>Transaction ID:</b> 200005537 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 2556.38
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7781.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Capital Campaigns</b>		<b>Transaction ID:</b> 200005982 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 751.38
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sally Canfield</b>		<b>Transaction ID:</b> 200005016 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 1994.17
City Boston State MA Zip Code 02127-1039	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sally Canfield</b>		<b>Transaction ID:</b> 200005780 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 57.56
City Boston State MA Zip Code 02127-1039	PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2803.11</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sally Canfield</b>		Transaction ID: 200005439 Date of Disbursement MM / DD / YYYY 11 / 03 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 1994.16	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sally Canfield</b>		Transaction ID: 200007166 Date of Disbursement MM / DD / YYYY 11 / 17 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 2091.24	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Craig Cannon</b>		Transaction ID: 200005017 Date of Disbursement MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70	
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4270.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Craig Cannon</b>		Transaction ID: 200005440 Date of Disbursement 11 / 03 / 2006
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Craig Cannon</b>		Transaction ID: 200006323 Date of Disbursement 11 / 17 / 2006
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Capers Catering, Inc.</b>		Transaction ID: 200005699 Date of Disbursement 10 / 24 / 2006
Mailing Address 21 Emerson Street		Amount of Each Disbursement this Period 1615.98
City Stoneham State MA Zip Code 02180-	Purpose of Disbursement PRO-RATED EVENT EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED EVENT EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1985.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Capers Catering, Inc.</b>		<b>Transaction ID:</b> 200005853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 21 Emerson Street		Amount of Each Disbursement this Period 1240.63
City Stoneham State MA Zip Code 02180-	PRO-RATED FUNDRAISING EXPENSES	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSES		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>B. Jules Catering</b>		<b>Transaction ID:</b> 200005776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 66 South Street		Amount of Each Disbursement this Period 156.72
City Somerville State MA Zip Code 02143-	PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lily &amp; Co</b>		<b>Transaction ID:</b> 200005703 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 13864		Amount of Each Disbursement this Period 510.25
City Jackson State WY Zip Code 83002-	PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1907.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. OBrien Communications</b>		<b>Transaction ID:</b> 200005705 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 485.35
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. OBrien Communications</b>		<b>Transaction ID:</b> 200005546 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 5152.19
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. OBrien Communications</b>		<b>Transaction ID:</b> 200005849 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 153.75
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5791.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Accu Conference</b>		<b>Transaction ID:</b> 200005533 Date of Disbursement
Mailing Address 6300 Ridglea Place #318		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Bellevue	State WA	Zip Code 98005-
Purpose of Disbursement PRO-RATED CONFERENCE CALL SERVICES		Amount of Each Disbursement this Period <input type="text" value="476.00"/>
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:	PRO-RATED CONFERENCE CALL SERVICES	

Full Name (Last, First, Middle Initial) <b>B. Huntsman Coporation</b>		<b>Transaction ID:</b> 200005326 Date of Disbursement
Mailing Address 500 Huntsman Way		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Salt Lake City	State UT	Zip Code 84108-
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period <input type="text" value="3191.90"/>
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:	AIRFARE	

Full Name (Last, First, Middle Initial) <b>C. The Las Vegas Country Club</b>		<b>Transaction ID:</b> 200005781 Date of Disbursement
Mailing Address 300 Joe W. Brown Drive		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Las Vegas	State NV	Zip Code 89109-
Purpose of Disbursement PRO-RATED EVENT EXPENSE		Amount of Each Disbursement this Period <input type="text" value="594.78"/>
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:	PRO-RATED EVENT EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4262.68"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Staples Credit Plan</b>		<b>Transaction ID:</b> 200005851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 893.96
City Des Moines State IA Zip Code 50368-9020	PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		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>B. Hui Jojo Deng</b>		<b>Transaction ID:</b> 200005540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 668.25
City Brookline State MA Zip Code 02445-	PRO-RATED BOOKKEEPING	
Purpose of Disbursement PRO-RATED BOOKKEEPING		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>C. Caplin &amp; Drysdale</b>		<b>Transaction ID:</b> 200005775 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4918.07
City Washington State DC Zip Code 20005-	PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6480.28
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> 200006258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12530.81
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		<b>Transaction ID:</b> 61207.E6286 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 165.66
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		<b>Transaction ID:</b> 61207.E6292 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 292.15
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12530.81
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 61207.E6283 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 179.65
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: 61207.E6285 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 165.66
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6281 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 114.65
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61207.E6280 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 167.15
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 61207.E6259 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 5.00
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6260 Date of Disbursement MM / DD / YYYY 09 / 02 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 5.00
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> 61207.E6261 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 25.00
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> 61207.E6262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 45.00
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		<b>Transaction ID:</b> 61207.E6279 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 218.80
City Atlanta      State GA      Zip Code 30320-6001	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6287 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6282 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6291 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 309.80
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6289 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Transaction ID: 61207.E6288 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 169.65
City Salt Lake City State UT Zip Code 84117-7435	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6293 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 704.60
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6294 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6290 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6284 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 402.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6263 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6264 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 12.50
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6266 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 12.50
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blatt Billiards</b>		Transaction ID: 61207.E6278 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 809 Broadway		Amount of Each Disbursement this Period 150.00
City New York State NY Zip Code 10003-	Purpose of Disbursement PRO-RATED EVENT 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED EVENT EXPENSE

Full Name (Last, First, Middle Initial) <b>B. The Barking Crab</b>		Transaction ID: 61207.E6298 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address 88 Sleeper		Amount of Each Disbursement this Period 1509.23
City Boston State MA Zip Code 02210-	Purpose of Disbursement PRO-RATED MEETING 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Government Center Garage</b>		Transaction ID: 61207.E6319 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 162.50
City Boston State MA Zip Code 02114-2912	Purpose of Disbursement PRO-RATED PARKING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED PARKING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<p><b>A. Courtyard Hotel</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1824 Montgomery Hwy S</p> <p>City Birmingham State AL Zip Code 35244-</p> <p>Purpose of Disbursement PRO-RATED LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61207.E6305</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="201.83"/></p> <p><b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING</p>
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<p><b>B. Hilton Hotel</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 11149 Dowlin Dr</p> <p>City Cincinnati State OH Zip Code 45241-</p> <p>Purpose of Disbursement PRO-RATED LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61207.E6316</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="149.18"/></p> <p><b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING</p>
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<p><b>C. Hilton Hotel</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 11149 Dowlin Dr</p> <p>City Cincinnati State OH Zip Code 45241-</p> <p>Purpose of Disbursement PRO-RATED LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61207.E6315</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="173.87"/></p> <p><b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotel</b>		Transaction ID: 61207.E6311 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 123.04
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotel</b>		Transaction ID: 61207.E6310 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 118.09
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Marriott Hotel</b>		Transaction ID: 61207.E6306 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 9010 Grand Central Pkwy		Amount of Each Disbursement this Period 176.63
City East Elmhurst State NY Zip Code 11369-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotel</b>		Transaction ID: 61207.E6307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 9010 Grand Central Pkwy		Amount of Each Disbursement this Period 259.82
City East Elmhurst State NY Zip Code 11369-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Omni Parker House Hotel</b>		Transaction ID: 61207.E6317 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address 60 School Street		Amount of Each Disbursement this Period 985.27
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE	
Purpose of Disbursement PRO-RATED MEETING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Park Central Hotel</b>		Transaction ID: 61207.E6300 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 870 7th Avenue		Amount of Each Disbursement this Period 290.29
City New York State NY Zip Code 10001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Park Central Hotel</b>		Transaction ID: 61207.E6301 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 870 7th Avenue		Amount of Each Disbursement this Period 273.29
City New York State NY Zip Code 10001-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Park Central Hotel</b>		Transaction ID: 61207.E6302 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 870 7th Avenue		Amount of Each Disbursement this Period 375.32
City New York State NY Zip Code 10001-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Fedex Kinkos</b>		Transaction ID: 61207.E6273 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 95.37
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED PRINTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Fedex Kinkos</b>		Transaction ID: 61207.E6276 Date of Disbursement 09 / 28 / 2006	
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 93.45	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING	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:		

**[MEMO ITEM]**  
MEMO: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial) <b>B. Fedex Kinkos</b>		Transaction ID: 61207.E6275 Date of Disbursement 09 / 08 / 2006	
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 56.07	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING	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:		

**[MEMO ITEM]**  
MEMO: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial) <b>C. Fedex Kinkos</b>		Transaction ID: 61207.E6274 Date of Disbursement 09 / 05 / 2006	
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 56.23	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING	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:		

**[MEMO ITEM]**  
MEMO: PRO-RATED PRINTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Radisson Lexington Hotel NY</b>		Transaction ID: 61207.E6299 Date of Disbursement 09 / 13 / 2006
Mailing Address 511 Lexington Ave. at 48th Street		Amount of Each Disbursement this Period 114.56
City New York State NY Zip Code 10017-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. USPS Post Office</b>		Transaction ID: 61207.E6320 Date of Disbursement 09 / 18 / 2006
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 78.00
City Boston State MA Zip Code 02111-	Purpose of Disbursement PRO-RATED POSTAGE 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED POSTAGE

Full Name (Last, First, Middle Initial) <b>C. USPS Post Office</b>		Transaction ID: 61207.E6321 Date of Disbursement 09 / 19 / 2006
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 195.00
City Boston State MA Zip Code 02111-	Purpose of Disbursement PRO-RATED POSTAGE 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED POSTAGE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		Transaction ID: 61207.E6271	
Mailing Address 3 Center Plaza		Date of Disbursement 09 / 24 / 2006	
City Boston	State MA	Zip Code 02114-	Amount of Each Disbursement this Period 114.67
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
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>B. Avis Rent A Car</b>		Transaction ID: 61207.E6270	
Mailing Address 3 Center Plaza		Date of Disbursement 09 / 15 / 2006	
City Boston	State MA	Zip Code 02114-	Amount of Each Disbursement this Period 278.77
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
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>C. Avis Rent A Car</b>		Transaction ID: 61207.E6268	
Mailing Address 3 Center Plaza		Date of Disbursement 09 / 22 / 2006	
City Boston	State MA	Zip Code 02114-	Amount of Each Disbursement this Period 146.52
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Four Seasons</b>		<b>Transaction ID:</b> 61207.E6318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 200 Boylston St		Amount of Each Disbursement this Period 630.76
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> 200006095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 51928.78
City Fort Lauderdale State FL Zip Code 33336-0001	PRO-RATED CREDIT CARD: SEE BELOW	
Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		<b>Transaction ID:</b> 61207.E6189 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 267.55
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	51928.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 61207.E6100 Date of Disbursement 10 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED CHANGE FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED CHANGE FEE

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 61207.E6175 Date of Disbursement 10 / 05 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 27.15
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6146 Date of Disbursement 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61207.E6159 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 384.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 61207.E6145 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 384.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6158 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 354.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61207.E6148 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth      State TX      Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 61207.E6147 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth      State TX      Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6143 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 354.65
City Fort Worth      State TX      Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61207.E6149 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 61207.E6144 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 354.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6160 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 384.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		Transaction ID: 61207.E6156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 360.05
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: 61207.E6183 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 160.65
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		Transaction ID: 61207.E6157 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 199.55
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		Transaction ID: 61207.E6184 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 160.65
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: 61207.E6185 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 160.65
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		Transaction ID: 61207.E6191 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 132.65
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6166 Date of Disbursement 10 / 02 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81	
City Atlanta	State GA	Zip Code 30320-6001	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6201 Date of Disbursement 09 / 30 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 164.80	
City Atlanta	State GA	Zip Code 30320-6001	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6180 Date of Disbursement 10 / 06 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 379.65	
City Atlanta	State GA	Zip Code 30320-6001	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6171 Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 232.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6096 Date of Disbursement 09 / 14 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6172 Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 232.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6098 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6181 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6173 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 232.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6182 Date of Disbursement 10 / 08 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6169 Date of Disbursement 10 / 02 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6167 Date of Disbursement 10 / 02 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6170 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6123 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 229.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6168 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6121 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 86.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6122 Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 169.60
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6114 Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 157.15
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED AIRFARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6115 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 714.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6120 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 248.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Transaction ID: 61207.E6099 Date of Disbursement MM / DD / YYYY 09 / 23 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 10.00
City Dallas State TX Zip Code 75235-1647	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Transaction ID: 61207.E6155 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Transaction ID: 61207.E6152 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Transaction ID: 61207.E6154 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Transaction ID: 61207.E6151 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Transaction ID: 61207.E6204 Date of Disbursement 10 / 03 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 58.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Transaction ID: 61207.E6153 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 61207.E6187 Date of Disbursement 10 / 07 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 114.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 61207.E6161 Date of Disbursement 10 / 02 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 100.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 61207.E6118 Date of Disbursement 09 / 24 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 303.10
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 61207.E6194 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 172.31
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 61207.E6162 Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 100.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 61207.E6188 Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 100.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 61207.E6186 Date of Disbursement 10 / 06 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 114.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Transaction ID: 61207.E6202 Date of Disbursement 09 / 13 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 145.30
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. JetBlue Airways</b>		Transaction ID: 61207.E6205 Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 149.80
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. JetBlue Airways</b>		Transaction ID: 61207.E6119 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 57.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6141 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6126 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 166.55
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6133 Date of Disbursement MM / DD / YYYY 09 / 17 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 222.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6131 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 15.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6129 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6135 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6102 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6179 Date of Disbursement MM / DD / YYYY 10 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6128 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 157.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6116 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6127 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 157.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6138 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 177.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6130 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6196 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 50.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6103 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6139 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6197 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6142 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6137 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 50.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6140 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6136 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6132 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 108.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6163 Date of Disbursement MM / DD / YYYY 10 / 02 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6192 Date of Disbursement 10 / 09 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 74.65	
City Tempe	State AZ	Zip Code 85281-2880	Category/Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
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>B. US Airways</b>		Transaction ID: 61207.E6165 Date of Disbursement 10 / 04 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15	
City Tempe	State AZ	Zip Code 85281-2880	Category/Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
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>C. US Airways</b>		Transaction ID: 61207.E6199 Date of Disbursement 09 / 25 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 349.80	
City Tempe	State AZ	Zip Code 85281-2880	Category/Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6193 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 422.35
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6164 Date of Disbursement MM / DD / YYYY 10 / 03 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 170.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6198 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6174 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 116.40
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6195 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 356.40
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6176 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6200 Date of Disbursement 10 / 02 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 170.65	
City Tempe	State AZ	Zip Code 85281-2880	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
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>B. US Airways</b>		Transaction ID: 61207.E6178 Date of Disbursement 10 / 06 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15	
City Tempe	State AZ	Zip Code 85281-2880	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
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>C. US Airways</b>		Transaction ID: 61207.E6203 Date of Disbursement 10 / 01 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 158.30	
City Tempe	State AZ	Zip Code 85281-2880	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6177 Date of Disbursement 10 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. PI Alley</b>		Transaction ID: 61207.E6256 Date of Disbursement 10 / 08 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. PI Alley</b>		Transaction ID: 61207.E6254 Date of Disbursement 10 / 05 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. PI Alley</b>		Transaction ID: 61207.E6253 Date of Disbursement 10 / 05 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston	State MA Zip Code 02108-4304	
Purpose of Disbursement PRO-RATED PARKING		[MEMO ITEM] MEMO: PRO-RATED PARKING
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>B. PI Alley</b>		Transaction ID: 61207.E6255 Date of Disbursement 10 / 07 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston	State MA Zip Code 02108-4304	
Purpose of Disbursement PRO-RATED PARKING		[MEMO ITEM] MEMO: PRO-RATED PARKING
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>C. Best Buy</b>		Transaction ID: 61207.E6212 Date of Disbursement 10 / 10 / 2006
Mailing Address 14 Allstate Road		Amount of Each Disbursement this Period 147.00
City Boston	State MA Zip Code 02125-	
Purpose of Disbursement PRO-RATED SUPPLIES		[MEMO ITEM] MEMO: PRO-RATED SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton</b>		Transaction ID: 61207.E6245 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 1631.58
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Orbitz Com</b>		Transaction ID: 61207.E6097 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 6
Mailing Address 85 West Congress Parkway		Amount of Each Disbursement this Period 3.50
City Chicago State IL Zip Code 60605-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Orbitz Com</b>		Transaction ID: 61207.E6101 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 85 West Congress Parkway		Amount of Each Disbursement this Period 3.50
City Chicago State IL Zip Code 60605-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Damilic Corporation</b>		Transaction ID: 61207.E6211 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 14670 Southlawn Lane		Amount of Each Disbursement this Period 2146.00
City Rockville State MD Zip Code 20850-	Purpose of Disbursement PRO-RATED EQUIPMENT 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED EQUIPMENT

Full Name (Last, First, Middle Initial) <b>B. Staples Credit Plan</b>		Transaction ID: 61207.E6248 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 125.97
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement PRO-RATED 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Custom Ear Piece</b>		Transaction ID: 61207.E6210 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 24 Hollywood Boulevard Southwest		Amount of Each Disbursement this Period 341.38
City Fort Walton Beach State FL Zip Code 32548-	Purpose of Disbursement PRO-RATED EVENT 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED EVENT SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Government Center Garage</b>		Transaction ID: 61207.E6249 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 150.00
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Crescent Hotel</b>		Transaction ID: 61207.E6216 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 161.55
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Crescent Hotel</b>		Transaction ID: 61207.E6215 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 289.35
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Crescent Hotel</b>		Transaction ID: 61207.E6113 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 5317.26
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Crescent Hotel</b>		Transaction ID: 61207.E6111 Date of Disbursement 10 / 02 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 1188.83
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Crescent Hotel</b>		Transaction ID: 61207.E6112 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 769.50
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Crescent Hotel</b>		Transaction ID: 61207.E6218 Date of Disbursement 10 / 07 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 140.88
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Crescent Hotel</b>		Transaction ID: 61207.E6237 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 5.37
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Crescent Hotel</b>		Transaction ID: 61207.E6238 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 140.88
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Crescent Hotel</b>		Transaction ID: 61207.E6217 Date of Disbursement MM / DD / YYYY 10 / 06 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 146.29
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Hilton Hotel</b>		Transaction ID: 61207.E6228 Date of Disbursement MM / DD / YYYY 09 / 23 / 2006
Mailing Address 1919 Connecticut Avenue NW		Amount of Each Disbursement this Period 113.93
City Washington State DC Zip Code 20009-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Intercontinental Hotel</b>		Transaction ID: 61207.E6226 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 701 Congress Avenue		Amount of Each Disbursement this Period 647.04
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Intercontinental Hotel</b>		Transaction ID: 61207.E6227 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 701 Congress Avenue		Amount of Each Disbursement this Period 36.80
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotel</b>		Transaction ID: 61207.E6231 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 2.50
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Marriott Hotel</b>		Transaction ID: 61207.E6230 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 176.91
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Omni Hotel</b>		Transaction ID: 61207.E6239 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 102.93
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Transaction ID: 61207.E6243 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 4.43
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Omni Hotel</b>		Transaction ID: 61207.E6241 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 48.88
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Omni Hotel</b>		Transaction ID: 61207.E6244 Date of Disbursement 10 / 06 / 2006	
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 65.15	
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED LODGING		

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Transaction ID: 61207.E6221 Date of Disbursement 10 / 05 / 2006	
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 97.75	
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED LODGING		

Full Name (Last, First, Middle Initial) <b>C. Omni Hotel</b>		Transaction ID: 61207.E6242 Date of Disbursement 10 / 05 / 2006	
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 48.88	
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED LODGING		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Omni Hotel</b>		Transaction ID: 61207.E6236 Date of Disbursement 10 / 01 / 2006
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 66.85
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Transaction ID: 61207.E6240 Date of Disbursement 10 / 05 / 2006
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 60.86
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Ramada Hotel</b>		Transaction ID: 61207.E6234 Date of Disbursement 09 / 17 / 2006
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 81.40
City Tallahassee State FL Zip Code 32303-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Ramada Hotel</b>		Transaction ID: 61207.E6235 Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 47.97
City Tallahassee State FL Zip Code 32303-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Ramada Hotel</b>		Transaction ID: 61207.E6233 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 53.39
City Tallahassee State FL Zip Code 32303-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Ramada Hotel</b>		Transaction ID: 61207.E6232 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 59.62
City Tallahassee State FL Zip Code 32303-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Residence Inn Hotel</b>		Transaction ID: 61207.E6219 Date of Disbursement 10 / 04 / 2006
Mailing Address 1150 Eldridge Parkway		Amount of Each Disbursement this Period 200.23
City Houston State TX Zip Code 77077-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Residence Inn Hotel</b>		Transaction ID: 61207.E6220 Date of Disbursement 10 / 05 / 2006
Mailing Address 1150 Eldridge Parkway		Amount of Each Disbursement this Period 1.50
City Houston State TX Zip Code 77077-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Sheraton Hotel</b>		Transaction ID: 61207.E6213 Date of Disbursement 09 / 21 / 2006
Mailing Address 320 Paul Bryant		Amount of Each Disbursement this Period 217.22
City Tuscaloosa State AL Zip Code 35401-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 114 / 168

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sheraton Hotel</b>		Transaction ID: 61207.E6224 Date of Disbursement 10 / 11 / 2006
Mailing Address 227 South 18th		Amount of Each Disbursement this Period 157.32
City Philadelphia State PA Zip Code 19103-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Sheraton Hotel</b>		Transaction ID: 61207.E6225 Date of Disbursement 10 / 11 / 2006
Mailing Address 227 South 18th		Amount of Each Disbursement this Period 235.98
City Philadelphia State PA Zip Code 19103-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Mandarin Oriental</b>		Transaction ID: 61207.E6110 Date of Disbursement 09 / 18 / 2006
Mailing Address 10 Columbus Circle		Amount of Each Disbursement this Period 15845.25
City New York State NY Zip Code 10019-	[MEMO ITEM] MEMO: PRO-RATED CATERING AND EVENT EXPENS	
Purpose of Disbursement PRO-RATED CATERING AND EVENT EXPENS 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) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. North End Parking</b>		<b>Transaction ID:</b> 61207.E6251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 600 Commercial Street		Amount of Each Disbursement this Period 125.00
City Boston State MA Zip Code 02113-	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Cranbury Printing</b>		<b>Transaction ID:</b> 61207.E6257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 19 Richards Road		Amount of Each Disbursement this Period 642.25
City Plymouth State MA Zip Code 02360-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Avis Rent A Car</b>		<b>Transaction ID:</b> 61207.E6106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 103.68
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		<b>Transaction ID:</b> 61207.E6107 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 69.64
City Boston State MA Zip Code 02114-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Avis Rent A Car</b>		<b>Transaction ID:</b> 61207.E6109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 05 / 2006
Mailing Address 9320 Rental Carr Lane		Amount of Each Disbursement this Period 219.05
City Austin State TX Zip Code 78701-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Four Seasons</b>		<b>Transaction ID:</b> 61207.E6214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 03 / 2006
Mailing Address 6419 Winfree		Amount of Each Disbursement this Period 242.39
City Houston State TX Zip Code 77033-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Peninsula Hotel</b>		<b>Transaction ID:</b> 61207.E6246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 108 East Superior Street		Amount of Each Disbursement this Period 175.00
City Chicago State IL Zip Code 60611-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> 200005701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 204.26
City Pittsburgh State PA Zip Code 15250-7461	PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING 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>C. Federal Express</b>		<b>Transaction ID:</b> 200005539 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 658.02
City Pittsburgh State PA Zip Code 15250-7461	PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	862.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Transaction ID: 200005845 Date of Disbursement 11 / 14 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 970.93
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement PRO-RATED SHIPPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Transaction ID: 200005985 Date of Disbursement 11 / 21 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 396.75
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement PRO-RATED SHIPPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial) <b>C. Gordons Fine Wine and Liquor</b>		Transaction ID: 200005702 Date of Disbursement 10 / 24 / 2006
Mailing Address PO Box 310		Amount of Each Disbursement this Period 141.97
City Waltham State MA Zip Code 02454-	Purpose of Disbursement PRO-RATED FUNDRAISING 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) ▼	PRO-RATED FUNDRAISING EXP- ENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1509.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mason Fink</b>		<b>Transaction ID:</b> 200005018 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 1044.72
City Irvine State CA Zip Code 92612-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Mason Fink</b>		<b>Transaction ID:</b> 200005765 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 864.76
City Irvine State CA Zip Code 92612-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Mason Fink</b>		<b>Transaction ID:</b> 200005686 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 3176.28
City Irvine State CA Zip Code 92612-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5085.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mason Fink</b>		Transaction ID: 200005441 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 1044.71
City Irvine State CA Zip Code 92612-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mason Fink</b>		Transaction ID: 200005544 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 56.50
City Irvine State CA Zip Code 92612-	Category/ Type  PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mason Fink</b>		Transaction ID: 200007164 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 1044.72
City Irvine State CA Zip Code 92612-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2145.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Standard Chair of Gardener</b>		<b>Transaction ID:</b> 200005708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 180.00
City Gardner State MA Zip Code 01440-	PRO-RATED FUNDRAISING EXP-ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Ben Godley</b>		<b>Transaction ID:</b> 200005019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.71
City Auburndale State MA Zip Code 02466-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ben Godley</b>		<b>Transaction ID:</b> 200005442 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.72
City Auburndale State MA Zip Code 02466-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2409.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Ben Godley</b>		<b>Transaction ID:</b> 200006325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.71
City Auburndale State MA Zip Code 02466-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Big Cottonwood Group, Inc.</b>		<b>Transaction ID:</b> 200005729 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 75.00
City Salt Lake City State UT Zip Code 84121-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Big Cottonwood Group, Inc.</b>		<b>Transaction ID:</b> 200005698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-	PRO-RATED CONUSULTING	
Purpose of Disbursement PRO-RATED CONUSULTING 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2439.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Big Cottonwood Group, Inc.</b>		<b>Transaction ID:</b> 200005842 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brian Henderson</b>		<b>Transaction ID:</b> 200005774 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1126 South 1450 East		Amount of Each Disbursement this Period 248.24
City Provo State UT Zip Code 84606-	PRO-RATED REIMBURSEMENT: SUPPLIES	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SUPPLIES		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>C. The Woods Herberger Group</b>		<b>Transaction ID:</b> 200006058 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 9200 South Dadeland Boulevard, Sui		Amount of Each Disbursement this Period 508.96
City Miami State FL Zip Code 33156-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2007.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Adp Inc.</b>		<b>Transaction ID:</b> 200005031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 12486.15
City Roseland State NJ Zip Code 07068-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Adp Inc.</b>		<b>Transaction ID:</b> 200005438 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 12814.68
City Roseland State NJ Zip Code 07068-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Adp Inc.</b>		<b>Transaction ID:</b> 200006338 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 4383.85
City Roseland State NJ Zip Code 07068-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	29684.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. CMDI Inc.</b>		<b>Transaction ID:</b> 200005538 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 400.00
City Falls Church State VA Zip Code 22043-	PRO-RATED DATABASE SERVICES	
Purpose of Disbursement PRO-RATED DATABASE SERVICES		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>B. CMDI Inc.</b>		<b>Transaction ID:</b> 200005843 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 5326.04
City Falls Church State VA Zip Code 22043-	PRO-RATED DATABASE SERVICE	
Purpose of Disbursement PRO-RATED DATABASE SERVICE		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>C. Theikos Inc.</b>		<b>Transaction ID:</b> 200006344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 153 Cordaville Road, Suite 100		Amount of Each Disbursement this Period 9500.00
City Southborough State MA Zip Code 01772-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15226.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sentient Jet</b>		<b>Transaction ID:</b> 200006028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 33311.46
City Weymouth State MA Zip Code 02189-	PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Blue Star Jets</b>		<b>Transaction ID:</b> 200005854 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 805 Third Ave.,28 Floor		Amount of Each Disbursement this Period 11650.70
City New York State NY Zip Code 10022-	CHARTER FLIGHTS	
Purpose of Disbursement CHARTER FLIGHTS 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>C. Blue Star Jets</b>		<b>Transaction ID:</b> 200005924 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 805 Third Ave.,28 Floor		Amount of Each Disbursement this Period 11650.69
City New York State NY Zip Code 10022-	CHARTER FLIGHT	
Purpose of Disbursement CHARTER FLIGHT 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	56612.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Timothy Jost</b>		Transaction ID: 200005020 Date of Disbursement 10 / 20 / 2006
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.66
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Timothy Jost</b>		Transaction ID: 200005443 Date of Disbursement 11 / 03 / 2006
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.66
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Timothy Jost</b>		Transaction ID: 200006326 Date of Disbursement 11 / 17 / 2006
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.65
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1594.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Timothy Jost</b>		<b>Transaction ID: 70311.E8114</b> Date of Disbursement 11 / 27 / 2006	
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 64.86	
City Boston State MA Zip Code 02109-	Purpose of Disbursement 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		Amount of Each Disbursement this Period 9387.60	

Full Name (Last, First, Middle Initial) <b>B. Old City Landmark Corporation</b>		<b>Transaction ID: 200005548</b> Date of Disbursement 11 / 07 / 2006	
Mailing Address 45 School St		Amount of Each Disbursement this Period 9387.60	
City Boston State MA Zip Code 02108-3206	Purpose of Disbursement 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		Amount of Each Disbursement this Period 532.64	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Lascaze</b>		<b>Transaction ID: 200005021</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.64	
City Boston State MA Zip Code 02133-0044	Purpose of Disbursement 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		Amount of Each Disbursement this Period 9985.10	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9985.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Lascaze</b>		Transaction ID: 200005444 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.65
City Boston State MA Zip Code 02133-0044	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Lascaze</b>		Transaction ID: 200006046 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 346.80
City Boston State MA Zip Code 02133-0044	Category/ Type  PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Airtran Airlines</b>		Transaction ID: 200006048 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 9955 AirTran Blvd		Amount of Each Disbursement this Period 93.65
City Orlando State FL Zip Code 32827-	Category/ Type  [MEMO ITEM] MEMO: PRO-RATED AIRFARE	
Purpose of Disbursement PRO-RATED AIRFARE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	879.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		<b>Transaction ID:</b> 200006047 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 200006327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.64
City Boston State MA Zip Code 02133-0044	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 200006342 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 52.49
City Boston State MA Zip Code 02133-0044	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	585.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Joshua Leffler</b>		Transaction ID: 200005022 Date of Disbursement 10 / 20 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.65	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Joshua Leffler</b>		Transaction ID: 200005445 Date of Disbursement 11 / 03 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.66	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Joshua Leffler</b>		Transaction ID: 200006328 Date of Disbursement 11 / 17 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.65	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2503.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blake Lichty</b>		Transaction ID: 200005535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 162 Salem St. #4		Amount of Each Disbursement this Period 357.15
City Boston State MA Zip Code 02113-	PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 200005536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 714.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED AIRFARE	
Purpose of Disbursement PRO-RATED AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. SJZ, LLC</b>		Transaction ID: 200005707 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 151		Amount of Each Disbursement this Period 39161.29
City Boston State MA Zip Code 02117-0151	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	39518.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. SJZ, LLC</b>		Transaction ID: 200005988 Date of Disbursement 11 / 21 / 2006	
Mailing Address PO Box 151		Amount of Each Disbursement this Period 4352.88	
City Boston State MA Zip Code 02117-0151	Purpose of Disbursement PRO-RATED CONSULTING	Category/ Type PRO-RATED CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nathan Locke</b>		Transaction ID: 200005023 Date of Disbursement 10 / 20 / 2006	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 583.79	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type PRO-RATED PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Nathan Locke</b>		Transaction ID: 200005446 Date of Disbursement 11 / 03 / 2006	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 538.70	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type PRO-RATED PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>44675.37</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(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

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Nathan Locke</b>		Transaction ID: 200005532 Date of Disbursement 11 / 07 / 2006	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 9.45	
City Boston State MA Zip Code 02109-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. Nathan Locke</b>		Transaction ID: 200006329 Date of Disbursement 11 / 17 / 2006	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 538.70	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Amanda Magee</b>		Transaction ID: 200006339 Date of Disbursement 11 / 17 / 2006	
Mailing Address 51 Leamington Rd. #1		Amount of Each Disbursement this Period 710.57	
City Brighton State MA Zip Code 02135-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1258.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Commonwealth of Massachusetts</b>		<b>Transaction ID:</b> 200005324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address Executive Department State House		Amount of Each Disbursement this Period 20.00
City Boston State MA Zip Code 02133-	WEBSITE PHOTOS	
Purpose of Disbursement WEBSITE PHOTOS		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>B. Commonwealth of Massachusetts</b>		<b>Transaction ID:</b> 200005770 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address Executive Department State House		Amount of Each Disbursement this Period 75.00
City Boston State MA Zip Code 02133-	PRO-RATED VIDEO	
Purpose of Disbursement PRO-RATED VIDEO		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>C. Commonwealth of Massachusetts</b>		<b>Transaction ID:</b> 200005550 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address Executive Department State House		Amount of Each Disbursement this Period 6250.00
City Boston State MA Zip Code 02133-	PRO-RATED MULTI-MEDIA GAL- LERY	
Purpose of Disbursement PRO-RATED MULTI-MEDIA GALLERY		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6345.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Konica Minolta Business Solutions</b>		<b>Transaction ID:</b> 200005542 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1 International Blvd		Amount of Each Disbursement this Period 557.34
City Mahwah State NJ Zip Code 07495-0027	Category/ Type  PRO-RATED PRINTER SERVICE	
Purpose of Disbursement PRO-RATED PRINTER SERVICE		
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>B. Konica Minolta Business Solutions</b>		<b>Transaction ID:</b> 200005986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 1 International Blvd		Amount of Each Disbursement this Period 557.34
City Mahwah State NJ Zip Code 07495-0027	Category/ Type  PRO-RATED PRINTER SERVICE	
Purpose of Disbursement PRO-RATED PRINTER SERVICE		
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>C. Frank Moy</b>		<b>Transaction ID:</b> 200006340 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 69 Richards St		Amount of Each Disbursement this Period 461.75
City Dedham State MA Zip Code 02026-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1576.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Beth Myers</b>		<b>Transaction ID:</b> 200005773 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 201 Buckminster Road		Amount of Each Disbursement this Period 2500.00
City Brookline State MA Zip Code 02445-	Category/ Type  CONSULTING	
Purpose of Disbursement CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dish Network</b>		<b>Transaction ID:</b> 200005839 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address DEPT 0063		Amount of Each Disbursement this Period 63.99
City Palatine State IL Zip Code 60055-	Category/ Type  PRO-RATED CABLE TV	
Purpose of Disbursement PRO-RATED CABLE TV		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lexis Nexis</b>		<b>Transaction ID:</b> 200005847 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia State PA Zip Code 19170-	Category/ Type  PRO-RATED SUBSCRIPTION	
Purpose of Disbursement PRO-RATED SUBSCRIPTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2713.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mike Nobil</b>		Transaction ID: 200005024 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 526.65	
City Natick State MA Zip Code 01760-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Mike Nobil</b>		Transaction ID: 200005447 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 494.03	
City Natick State MA Zip Code 01760-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Mike Nobil</b>		Transaction ID: 200007156 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 494.02	
City Natick State MA Zip Code 01760-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1514.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. New England Office Supply</b>		<b>Transaction ID:</b> 200005848 Date of Disbursement
Mailing Address 135 Lundquist Dr		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Braintree	State MA	Zip Code 02184-5208
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		Amount of Each Disbursement this Period <input type="text" value="278.39"/>
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:	PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Jessica Peterson</b>		<b>Transaction ID:</b> 200005025 Date of Disbursement
Mailing Address 175 Cottage St Unit 605 Unit 605		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Chelsea	State MA	Zip Code 02150-3300
Purpose of Disbursement PRO-RATED PAYROLL		Amount of Each Disbursement this Period <input type="text" value="1041.58"/>
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:	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Jessica Peterson</b>		<b>Transaction ID:</b> 200005448 Date of Disbursement
Mailing Address 175 Cottage St Unit 605 Unit 605		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Chelsea	State MA	Zip Code 02150-3300
Purpose of Disbursement PRO-RATED PAYROLL		Amount of Each Disbursement this Period <input type="text" value="1041.58"/>
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:	PRO-RATED PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2361.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jessica Peterson</b>		<b>Transaction ID:</b> 200006331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58
City Chelsea State MA Zip Code 02150-3300	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Phelan</b>		<b>Transaction ID:</b> 200005026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.92
City Boston State MA Zip Code 02115-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jennifer Phelan</b>		<b>Transaction ID:</b> 200005449 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.92
City Boston State MA Zip Code 02115-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1993.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jennifer Phelan</b>		<b>Transaction ID:</b> 200007154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.92
City Boston State MA Zip Code 02115-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Lee McDonald Photographic Service</b>		<b>Transaction ID:</b> 200005778 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3156 East Rusell Road		Amount of Each Disbursement this Period 200.00
City Las Vegas State NV Zip Code 89120-	PRO-RATED PHOTOGRAPHER	
Purpose of Disbursement PRO-RATED PHOTOGRAPHER		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>C. Model Bride Photography</b>		<b>Transaction ID:</b> 200005783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 4435 N. Country Wood Drive		Amount of Each Disbursement this Period 265.63
City Lehi State UT Zip Code 84043-	PRO-RATED PHOTOGRAPHER	
Purpose of Disbursement PRO-RATED PHOTOGRAPHER		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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	941.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.26
City Boston State MA Zip Code 02114-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005772 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 31.00
City Boston State MA Zip Code 02114-	Category/ Type  REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005451 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.27
City Boston State MA Zip Code 02114-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	959.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005846 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 70.19
City Boston State MA Zip Code 02114-	REIMBURSEMENT : SEE BELOW	
Purpose of Disbursement REIMBURSEMENT : SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kyle Plotkin</b>		<b>Transaction ID:</b> 200006333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.27
City Boston State MA Zip Code 02114-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kendall Press</b>		<b>Transaction ID:</b> 200005777 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 170.50
City Cambridge State MA Zip Code 02141-	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	704.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Andrew Roach</b>		Transaction ID: 200006033 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 354.88
City Cambridge State MA Zip Code 02139-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Avis Rent A Car</b>		Transaction ID: 61207.E6036 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 190.84
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED CAR RENTAL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) <b>C. Avis Rent A Car</b>		Transaction ID: 61207.E6035 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 177.62
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED CAR RENTAL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	354.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Andrew Roach</b>		<b>Transaction ID:</b> 200006052 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 212.68
City Cambridge State MA Zip Code 02139-	PRO-RATED REIMBURSEMENT: TRAVEL	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Roche</b>		<b>Transaction ID:</b> 200006029 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 1543.20
City Waltham State MA Zip Code 02453-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		<b>Transaction ID:</b> 61207.E6030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 314.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1755.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		<b>Transaction ID:</b> 61207.E6031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 704.60
City State Zip Code Tempe AZ 85281-2880	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Roche</b>		<b>Transaction ID:</b> 200005841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 5000.00
City State Zip Code Waltham MA 02453-	Category/ Type	
Purpose of Disbursement FUNDRAISING CONSULTING		FUNDRAISING CONSULTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Furniture Sales</b>		<b>Transaction ID:</b> 200005779 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 76 Vadnerbilt Avenue		Amount of Each Disbursement this Period 1055.00
City State Zip Code Norwood MA 02062-	Category/ Type	
Purpose of Disbursement PRO-RATED OFFICE FURNITURE		PRO-RATED OFFICE FURNITURE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6055.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Office Furniture Sales</b>		<b>Transaction ID:</b> 200005547 Date of Disbursement
Mailing Address 76 Vadnerbilt Avenue		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Norwood	State MA	Zip Code 02062-
Purpose of Disbursement PRO-RATED OFFICE FURNITURE		Amount of Each Disbursement this Period <input type="text" value="421.80"/>
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:	PRO-RATED OFFICE FURNITURE	

Full Name (Last, First, Middle Initial) <b>B. Shelly Seguin</b>		<b>Transaction ID:</b> 200005704 Date of Disbursement
Mailing Address 135 Mountain Road		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Windsor	State CT	Zip Code 06095-
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		Amount of Each Disbursement this Period <input type="text" value="469.08"/>
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:	PRO-RATED REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>C. Poland Spring</b>		<b>Transaction ID:</b> 200005706 Date of Disbursement
Mailing Address 6661 Dixie Hwy, Suite 4		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Louisville	State KY	Zip Code 40258-
Purpose of Disbursement PRO-RATED WATER		Amount of Each Disbursement this Period <input type="text" value="27.79"/>
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:	PRO-RATED WATER	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="918.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Poland Spring</b>		<b>Transaction ID:</b> 200005987 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 51.05
City Louisville State KY Zip Code 40258-	PRO-RATED WATER	
Purpose of Disbursement PRO-RATED WATER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Jay Stirling</b>		<b>Transaction ID:</b> 200005028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 425.55
City Somerville State MA Zip Code 02143-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jay Stirling</b>		<b>Transaction ID:</b> 200005452 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.75
City Somerville State MA Zip Code 02143-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	866.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jay Stirling</b>		<b>Transaction ID: 200006334</b> Date of Disbursement 11 / 17 / 2006	
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.76	
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type	PRO-RATED PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Barry Security Systems, Inc.</b>		<b>Transaction ID: 200005534</b> Date of Disbursement 11 / 07 / 2006	
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 132.50	
City Tewksbury State MA Zip Code 01876-	Purpose of Disbursement PRO-RATED SECURITY SYSTEM Candidate Name Category/Type	PRO-RATED SECURITY SYSTEM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dan Taggart</b>		<b>Transaction ID: 200005844</b> Date of Disbursement 11 / 14 / 2006	
Mailing Address 10457 N. 6300 W		Amount of Each Disbursement this Period 5000.00	
City American Fork State UT Zip Code 84003-	Purpose of Disbursement PRO-RATED CONSULTING Candidate Name Category/Type	PRO-RATED CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5522.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mindshift Technologies, Inc.</b>		<b>Transaction ID:</b> 200005984 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 7894.19
City Waltham State MA Zip Code 02452-	PRO-RATED OFFICE IT	
Purpose of Disbursement PRO-RATED OFFICE IT		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>B. Printer and Fax Technology, Inc.</b>		<b>Transaction ID:</b> 200005850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 407 Mystic Ave Ste 11A		Amount of Each Disbursement this Period 3674.48
City Medford State MA Zip Code 02155-6339	PRO-RATED OFFICE EQUIPMENT	
Purpose of Disbursement PRO-RATED OFFICE EQUIPMENT		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>C. Julie Teer</b>		<b>Transaction ID:</b> 200005541 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807		Amount of Each Disbursement this Period 6250.00
City Boston State MA Zip Code 02109-3581	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17818.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Bethany Toye</b>		Transaction ID: 200005453 Date of Disbursement 11 / 03 / 2006	
Mailing Address 36 Hillside Rd		Amount of Each Disbursement this Period 367.21	
City Braintree State MA Zip Code 02184-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Bethany Toye</b>		Transaction ID: 200006336 Date of Disbursement 11 / 17 / 2006	
Mailing Address 36 Hillside Rd		Amount of Each Disbursement this Period 447.63	
City Braintree State MA Zip Code 02184-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Vineyard Vines</b>		Transaction ID: 200005709 Date of Disbursement 10 / 24 / 2006	
Mailing Address 37 Brown House Ct.		Amount of Each Disbursement this Period 352.50	
City Stamford State CT Zip Code 06902-6303	Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED FUNDRAISING EXP- ENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1167.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: 200005574 Date of Disbursement 11 / 07 / 2006
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 660.10
City Worcester	State MA Zip Code 01615-0023	
Purpose of Disbursement PRO-RATED STAFF CELL PHONES		PRO-RATED STAFF CELL PHONES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jared Young</b>		Transaction ID: 200005782 Date of Disbursement 10 / 31 / 2006
Mailing Address 3825 Jason Ave.		Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA Zip Code 22302-	
Purpose of Disbursement PRO-RATED CONSULTING		PRO-RATED CONSULTING
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>C. Jared Young</b>		Transaction ID: 200006043 Date of Disbursement 11 / 07 / 2006
Mailing Address 3825 Jason Ave.		Amount of Each Disbursement this Period 255.10
City Alexandria	State VA Zip Code 22302-	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		PRO-RATED REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1915.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. The Union Club</b>		Transaction ID: 61207.E6044																					
Mailing Address 8 Beacon Street		Date of Disbursement																					
City Boston State MA Zip Code 02108-		<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>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	0		2	0	0	6														
Purpose of Disbursement PRO-RATED LODGING		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">114.29</td> </tr> </table>		114.29																			
114.29																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

**[MEMO ITEM]**  
MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. The Union Club</b>		Transaction ID: 200006045																					
Mailing Address 8 Beacon Street		Date of Disbursement																					
City Boston State MA Zip Code 02108-		<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>1</td><td>0</td><td></td><td>2</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	1	0		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	5		2	0	0	6														
Purpose of Disbursement PRO-RATED LODGING		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">171.91</td> </tr> </table>		171.91																			
171.91																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

**[MEMO ITEM]**  
MEMO: PRO-RATED LODGING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	420717.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Texans For Bonilla</b>		Transaction ID: 200006068 Date of Disbursement 10 / 27 / 2006	
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION	
City San Antonio	State TX		Zip Code 78217-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name HENRY BONILLA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 23			

Full Name (Last, First, Middle Initial) <b>B. Texans For Bonilla</b>		Transaction ID: 200006040 Date of Disbursement 11 / 14 / 2006	
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 5000.00  CONTRIBUTION	
City San Antonio	State TX		Zip Code 78217-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name HENRY BONILLA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		
State: TX District: 23			

Full Name (Last, First, Middle Initial) <b>C. Joe Negron For Congress</b>		Transaction ID: 200005048 Date of Disbursement 10 / 24 / 2006	
Mailing Address PO Box 1816		Amount of Each Disbursement this Period 1500.00  CONTRIBUTION	
City Stuart	State FL		Zip Code 34995-
Purpose of Disbursement CONTRIBUTION			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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Joe Wilson For Congress</b>		Transaction ID: 200006062 Date of Disbursement 10 / 27 / 2006	
Mailing Address PO Box 2145		Amount of Each Disbursement this Period 2000.00	
City West Columbia	State SC		Category/ Type
Zip Code 29171-			
Purpose of Disbursement CONTRIBUTION			
Candidate Name ADDISON (JOE) GRAVES WILSON		CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC District: 02			

Full Name (Last, First, Middle Initial) <b>B. Musgrave For Congress</b>		Transaction ID: 200006065 Date of Disbursement 10 / 27 / 2006	
Mailing Address 118 West Charlotte Street		Amount of Each Disbursement this Period 1000.00	
City Johnstown	State CO		Category/ Type
Zip Code 80534-			
Purpose of Disbursement CONTRIBUTION			
Candidate Name MARILYN N MUSGRAVE		CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO District: 04			

Full Name (Last, First, Middle Initial) <b>C. Northrup For Congress</b>		Transaction ID: 200006066 Date of Disbursement 10 / 27 / 2006	
Mailing Address PO Box 7313		Amount of Each Disbursement this Period 1000.00	
City Louisville	State KY		Category/ Type
Zip Code 40257-			
Purpose of Disbursement CONTRIBUTION			
Candidate Name ANNE M. NORTHUP		CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY District: 03			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Porter For Congress</b>		<b>Transaction ID:</b> 200006067 <b>Date of Disbursement</b> 10 / 27 / 2006	
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION	
City Las Vegas	State NV		Zip Code 89126-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name JON SR PORTER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV District: 03			

Full Name (Last, First, Middle Initial) <b>B. Reynolds For Congress</b>		<b>Transaction ID:</b> 200006027 <b>Date of Disbursement</b> 10 / 30 / 2006	
Mailing Address PO Box 15388		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION	
City Rochester	State NY		Zip Code 14615-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name THOMAS M REYNOLDS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 26			

Full Name (Last, First, Middle Initial) <b>C. Tom Feeny For Congress</b>		<b>Transaction ID:</b> 200006026 <b>Date of Disbursement</b> 10 / 30 / 2006	
Mailing Address 1420 Alafaya Trail		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION	
City Oviedo	State FL		Zip Code 32765-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name TOM FEENEY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 24			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Walsh For Congress</b>		Transaction ID: 200006071 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 1974		Amount of Each Disbursement this Period 1000.00  CONTRIBUTION
City Syracuse	State NY Zip Code 13201-	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JAMES T WALSH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 25		

Full Name (Last, First, Middle Initial) <b>B. Zanzi For Congress</b>		Transaction ID: 200005437 Date of Disbursement 11 / 02 / 2006
Mailing Address PO Box 549		Amount of Each Disbursement this Period 1000.00  CONTRIBUTION
City Smithtown	State NY Zip Code 11787-	
Purpose of Disbursement CONTRIBUTION		
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: District:		

Full Name (Last, First, Middle Initial) <b>C. Bob Corker For Senate</b>		Transaction ID: 200006059 Date of Disbursement 10 / 27 / 2006
Mailing Address 1130 8th Avenue		Amount of Each Disbursement this Period 5000.00  CONTRIBUTION
City Nashville	State TN Zip Code 37203-	
Purpose of Disbursement CONTRIBUTION		
Candidate Name ROBERT P CORKER JR		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Doug Lamborn For US Congress</b>		<b>Transaction ID:</b> 200006061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 5170 N. Union Blvd. Suite 201		Amount of Each Disbursement this Period 1000.00
City Colorado Springs State CO Zip Code 80918-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DOUGLAS L LAMBORN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05	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. John Gard For US Congress</b>		<b>Transaction ID:</b> 200006063 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 277		Amount of Each Disbursement this Period 2000.00
City Green Bay State WI Zip Code 54305-0277	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JOHN G GARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	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. Michele Bachmann For US Congress</b>		<b>Transaction ID:</b> 200006064 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 49756		Amount of Each Disbursement this Period 1000.00
City Minneapolis State MN Zip Code 55449-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHELE M BACHMANN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	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) ..... ▶	4000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Vern Buchanan For US Congress</b>		<b>Transaction ID:</b> 200006070 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 48928		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Sarasota State FL Zip Code 34230-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name VERNON BUCHANAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	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. Bouchard For US Senate</b>		<b>Transaction ID:</b> 200006060 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 4050 W. Maple Road		Amount of Each Disbursement this Period 3000.00 CONTRIBUTION
City Bloomfield Hills State MI Zip Code 48301-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL J BOUCHARD		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tom Kean For US Senate</b>		<b>Transaction ID:</b> 200006069 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 187 Mill Lane		Amount of Each Disbursement this Period 2000.00 CONTRIBUTION
City Mountainside State NJ Zip Code 07092-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name THOMAS H JR KEAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	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) ..... ▶	6000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Republican Party</b>		Transaction ID: 200005049	
Mailing Address 148 E. Johnson Street		Date of Disbursement 10 / 24 / 2006	
City Madison	State WI	Zip Code 53703-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CONTRIBUTION		CONTRIBUTION	
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 checked="" type="checkbox"/> Other (specify) ▼ Federal State Party	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	40500.00



**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)

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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

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mineral County Republican Committee</b>		<b>Transaction ID:</b> 200006085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1090 Carolina Street		Amount of Each Disbursement this Period 1000.00
City Keyser State WV Zip Code 26726-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Republican Party Of Orange County</b>		<b>Transaction ID:</b> 200004991 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1800 W. Katella Avenue, Suite 210		Amount of Each Disbursement this Period 5000.00
City Orange State CA Zip Code 92867-9818	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Berkeley County Republican Committee</b>		<b>Transaction ID:</b> 200006072 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 838 Jenny Drive		Amount of Each Disbursement this Period 1000.00
City Martinsburg State WV Zip Code 25401-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Cabell County Republican Committee</b>		<b>Transaction ID: 200006073</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3004 Brier Wood Road		Amount of Each Disbursement this Period 1000.00
City Culloden State WV Zip Code 25510-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Grant County Republican Committee</b>		<b>Transaction ID: 200006074</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address HC 30 Box 24		Amount of Each Disbursement this Period 1000.00
City Maysville State WV Zip Code 26803-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Greenbrier County Republican Committee</b>		<b>Transaction ID: 200006075</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City White Sulphur Spgs State WV Zip Code 24986-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Hancock County Republican Committee</b>		<b>Transaction ID: 200006076</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 232 St. Johns Road		Amount of Each Disbursement this Period 1000.00
City Weirton State WV Zip Code 26062-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Harrison County Republican Committee</b>		<b>Transaction ID: 200006077</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 636 Rivendell Drive		Amount of Each Disbursement this Period 1000.00
City Bridgeport State WV Zip Code 26330-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Jackson County Republican Committee</b>		<b>Transaction ID: 200006078</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 117 Highlawn Heights		Amount of Each Disbursement this Period 1000.00
City Ripley State WV Zip Code 25271-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jefferson County Republican Committee</b>		<b>Transaction ID: 200006079</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 228 Prospect Avenue		Amount of Each Disbursement this Period 1000.00
City Harpers Ferry State WV Zip Code 25425-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Kanawha County Republican Committee</b>		<b>Transaction ID: 200006080</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 105 Newcomer Road		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25309-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Marion County Republican Committee</b>		<b>Transaction ID: 200006082</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1489 Locust Avenue		Amount of Each Disbursement this Period 1000.00
City Fairmont State WV Zip Code 26554-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Marshall County Republican Committee</b>		<b>Transaction ID:</b> 200006081 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 302 Twelfth Street		Amount of Each Disbursement this Period 1000.00
City State Zip Code Glen Dale WV 26038-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Mason County Republican Committee</b>		<b>Transaction ID:</b> 200006083 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 629-5 Main Street		Amount of Each Disbursement this Period 1000.00
City State Zip Code Point Pleasant WV 25550-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Mercer County Republican Committee</b>		<b>Transaction ID:</b> 200006084 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1806 Honaker Drive		Amount of Each Disbursement this Period 1000.00
City State Zip Code Princeton WV 24740-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Monongalia County Republican Committee</b>		<b>Transaction ID:</b> 200006086 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 321 Watts Street		Amount of Each Disbursement this Period 1000.00
City Morgantown State WV Zip Code 26501-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Morgan County Republican Committee</b>		<b>Transaction ID:</b> 200006087 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 270 South Washington Street, Suite		Amount of Each Disbursement this Period 1000.00
City Berkeley Springs State WV Zip Code 25411-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Ohio County Republican Committee</b>		<b>Transaction ID:</b> 200006088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 63 Dogwood Drive		Amount of Each Disbursement this Period 1000.00
City Triadelphia State WV Zip Code 26059-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Preston County Republican Committee</b>		<b>Transaction ID:</b> 200006089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 102 Summer Lane		Amount of Each Disbursement this Period 1000.00
City Kingwood State WV Zip Code 26537-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Putnam County Republican Committee</b>		<b>Transaction ID:</b> 200006090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 149 Waterside Circle		Amount of Each Disbursement this Period 1000.00
City Winfield State WV Zip Code 25213-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Raleigh County Republican Committee</b>		<b>Transaction ID:</b> 200006091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 85 Flat Top Road		Amount of Each Disbursement this Period 1000.00
City Ghent State WV Zip Code 25843-	Purpose of Disbursement CONTRIBUTION	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Upshur County Republican Committee</b>		<b>Transaction ID:</b> 200006092	
Mailing Address 45 Hickory Flat Road		Date of Disbursement 10 / 26 / 2006	
City Buckhannon	State WV	Zip Code 26201-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>B. Wayne County Republican Committee</b>		<b>Transaction ID:</b> 200006093	
Mailing Address Route 1, Box 314		Date of Disbursement 10 / 26 / 2006	
City Genoa	State WV	Zip Code 25517-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>C. Wood County Republican Committee</b>		<b>Transaction ID:</b> 200006094	
Mailing Address 2303 Oak Street		Date of Disbursement 10 / 26 / 2006	
City Parkersburg	State WV	Zip Code 26101-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>28000.00</b>