

**Jon Kyl**  
**U.S. SENATE**

SECRETARY OF THE SENATE

07 APR 16 AM 9: 36

April 5, 2007

Secretary of the Senate  
United States Senate  
Office of Public Records  
232 Hart Senate Office Building  
Washington, DC 20510

RE: Jon Kyl for U.S. Senate C00279521

Dear Madam Secretary:

Enclosed is our April 15 Quarterly Report filed on behalf of Jon Kyl for U.S. Senate.

If you have any questions, please call me at (602) 840-0306.

Yours truly,



Ashley M. Ragan  
Treasurer

Enclosure

P.O. Box 10246 • Phoenix, Arizona 85064-0246 • (602) 840-0306 • Fax (602) 840-1970

Paid for by Jon Kyl for U.S. Senate

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Not printed at government expense.

27020124734

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

07 APR 16 AM 9:36

Office Use Only

1. NAME OF COMMITTEE (in full) Jon Kyl for U.S. Senate

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) P.O. Box 10246 Phoenix AZ 85064

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00279521 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2007 through 03 31 2007

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

Type or Print Name of Treasurer Ashley Ragan Signature of Treasurer Date 04 10 2007

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

Table with 10 columns and 1 row, labeled 'Office Use Only'.

FEC FORM 3 (Revised 02/2003)

27020124735

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Jon Kyl for U.S. Senate

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	7092.00	23425.42
(b) Total Contribution Refunds (from Line 20(d)).....	12350.00	18450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-5258.00	4975.42
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	89516.07	642436.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	67945.42	68929.86
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21570.65	573506.86
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>384483.08</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

27020124736

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Jon Kyl for U.S. Senate

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	500.00	4950.00
(i) Itemized (use Schedule A).....	592.00	1247.00
(ii) Unitemized.....	1092.00	6197.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	6000.00	17228.42
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	7092.00	23425.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>		
	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>		
	67945.42	68929.86
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	2318.52	3582.22
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>		
	77355.94	95937.50

27020124737

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	89516.07	642436.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	5350.00	7450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	11000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	12350.00	18450.00
21. OTHER DISBURSEMENTS.....	4000.00	29000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	105866.07	689886.72

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	412993.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	77355.94
25. SUBTOTAL (add Line 23 and Line 24).....	490349.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105866.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	384483.08

27020124738

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

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

FOR LINE NUMBER: PAGE 5 / 42

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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)

Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
American Academy of Sleep Medicine PAC

Mailing Address 6301 Bandel Road, Ste. 101

City Rochester State MN Zip Code 55901

FEC ID number of contributing federal political committee. **C** C00331462

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 70326.C74705

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
C.R. Bard, Inc. PAC

Mailing Address 730 Central Avenue

City New Providence State NJ Zip Code 07974

FEC ID number of contributing federal political committee. **C** C00359125

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2007

Transaction ID: 70227.C74696

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Drinker Biddle PAC

Mailing Address 1500 K Street NW, Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00370759

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2007

Transaction ID: 70227.C74694

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

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

27020124739

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

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

FOR LINE NUMBER: PAGE 6 / 42

(check only one)

11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)  
A. Natl Marine Manufacturers Assoc. PAC

Mailing Address 444 N. Capital St., NW, Ste. 645

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: 70326.C74706

Amount of Each Receipt this Period

1000.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....	1000.00
TOTAL This Period (last page this line number only) .....	6000.00

27020124740

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

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

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Renee Paul

Mailing Address 4227 E. Vernon Ave.

City State Zip Code  
Phoenix AZ 85008

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

Name of Employer  
Axberg, Hartberg, and Willis

Occupation  
Investment Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	6		2	0	0	7		

Transaction ID: 70326.C74718

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....	500.00
TOTAL This Period (last page this line number only) .....	500.00

27020124741



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

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

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) Camelback Community Bank		Date of Receipt MM / DD / YYYY 01 / 12 / 2007
Mailing Address 2777 E. Camelback Road		Transaction ID: 70227.C74693
City Phoenix	State AZ	Zip Code 85016-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 470.00
Name of Employer Bank Interest	Occupation N/A	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) FLS Connect, LLC		Date of Receipt MM / DD / YYYY 02 / 27 / 2007
Mailing Address 7300 Hudson Blvd #270		Transaction ID: 70326.C74712
City Saint Paul	State MN	Zip Code 55128-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55020.10
Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 55020.10	

Full Name (Last, First, Middle Initial) Qwest		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address P.O. Box 29039		Transaction ID: 70326.C74719
City Phoenix	State AZ	Zip Code 85038-9060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 665.70
Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 665.70	

SUBTOTAL of Receipts This Page (optional) .....	56155.80
TOTAL This Period (last page this line number only) .....	

27020124742

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

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

FOR LINE NUMBER: PAGE 9 / 42  
 (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full) Jon Kyl for U.S. Senate		Date of Receipt 03 / 26 / 2007	
Full Name (Last, First, Middle Initial) A. Republican National Committee		Transaction ID: 70326.C74721	
Mailing Address 310 First Street, S. E.		Amount of Each Receipt this Period 11746.22	
City Washington	State DC	Zip Code 20003-	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 11746.22		

SUBTOTAL of Receipts This Page (optional) .....	11746.22
TOTAL This Period (last page this line number only) .....	67902.02

27020124743

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

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

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064-

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼  
1383.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 70326.C74707

Amount of Each Receipt this Period  
579.84

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064-

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼  
1438.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 70326.C74708

Amount of Each Receipt this Period  
55.00

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064-

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼  
1576.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 70326.C74709

Amount of Each Receipt this Period  
138.00

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **772.84**

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

27020124744

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

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

FOR LINE NUMBER: PAGE 11 / 42

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund  
Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064-

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼  
2156.38

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: 70326.C74713

Amount of Each Receipt this Period  
579.84

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund  
Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064-

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼  
2294.38

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: 70326.C74714

Amount of Each Receipt this Period  
138.00

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund  
Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064-

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)▼

Election Cycle-to-Date ▼  
2349.38

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: 70326.C74715

Amount of Each Receipt this Period  
55.00

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **772.84**

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

27020124745

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

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

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Senate Majority Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

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

Name of Employer Occupation

Receipt For: 2012  
 Primary    General  
 Other (specify)▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 31 / 2007  
 Transaction ID: 70404.C74724  
 Amount of Each Receipt this Period: 579.84

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Election Cycle-to-Date: 2929.22

**B. Senate Majority Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

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

Name of Employer Occupation

Receipt For: 2012  
 Primary    General  
 Other (specify)▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 31 / 2007  
 Transaction ID: 70404.C74723  
 Amount of Each Receipt this Period: 138.00

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Election Cycle-to-Date: 3067.22

**C. Senate Majority Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

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

Name of Employer Occupation

Receipt For: 2012  
 Primary    General  
 Other (specify)▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 31 / 2007  
 Transaction ID: 70404.C74722  
 Amount of Each Receipt this Period: 55.00

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Election Cycle-to-Date: 3122.22

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **772.84**

**TOTAL** This Period (last page this line number only) ..... ▶ **2318.52**

27020124746

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 42

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Aristotle Publishing</b>		Transaction ID: 70326.E9395 Date of Disbursement MM / DD / YYYY 03 / 21 / 2007	
Mailing Address    205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1725.00	
City Washington	State DC	Zip Code 20003-1164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER SOFTWARE		Category/ Type	
Candidate Name		COMPUTER SOFTWARE	
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. Arizona Department of Revenue</b>		Transaction ID: 70120.E9316 Date of Disbursement MM / DD / YYYY 01 / 06 / 2007	
Mailing Address    P.O. Box 29079		Amount of Each Disbursement this Period 166.15	
City Phoenix	State AZ	Zip Code 85038-9079	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PAYROLL TAXES		Category/ Type	
Candidate Name		PAYROLL TAXES	
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. Arizona Department of Revenue</b>		Transaction ID: 70120.E9318 Date of Disbursement MM / DD / YYYY 01 / 06 / 2007	
Mailing Address    P.O. Box 29079		Amount of Each Disbursement this Period 1000.00	
City Phoenix	State AZ	Zip Code 85038-9079	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ESTIMATED TAXES		Category/ Type	
Candidate Name		ESTIMATED TAXES	
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) .....	2891.15
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124747

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Arizona Department of Revenue		Transaction ID: 70326.E9388 Date of Disbursement 03 / 10 / 2007
Mailing Address P.O. Box 29079		Amount of Each Disbursement this Period 2230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix	State AZ	
Zip Code 85038-9079	Purpose of Disbursement INCOME TAXES	INCOME TAXES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Auto-Owners Insurance		Transaction ID: 70227.E9361 Date of Disbursement 02 / 05 / 2007
Mailing Address P.O. Box 30315		Amount of Each Disbursement this Period 431.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lansing	State MI	
Zip Code 48909-7815	Purpose of Disbursement INSURANCE	INSURANCE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 70120.E9326 Date of Disbursement 01 / 16 / 2007
Mailing Address P.O. Box 37291		Amount of Each Disbursement this Period 579.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore	State MD	
Zip Code 21297-	Purpose of Disbursement SEE BELOW	SEE BELOW
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	3241.71
TOTAL This Period (last page this line number only) .....	

27020124748

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Starving Students</b>		Transaction ID: 70120.E9327 Date of Disbursement 01 / 16 / 2007
Mailing Address 2211 West 1st Street		Amount of Each Disbursement this Period 579.98
City Tempe	State AZ	Zip Code 85281-
Purpose of Disbursement MOVING EXPENSES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM] MEMO: MOVING EXPENSES	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: 70326.E9385 Date of Disbursement 03 / 05 / 2007
Mailing Address P.O. Box 37291		Amount of Each Disbursement this Period 90.00
City Baltimore	State MD	Zip Code 21297-
Purpose of Disbursement ANNUAL FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	ANNUAL FEES	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Transaction ID: 70326.E9392 Date of Disbursement 03 / 21 / 2007
Mailing Address P.O. Box 37291		Amount of Each Disbursement this Period 16.50
City Baltimore	State MD	Zip Code 21297-
Purpose of Disbursement CREDIT CARD FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	CREDIT CARD FEES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	106.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

27020124749



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 16 / 42
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Todd Baughman**  
Full Name (Last, First, Middle Initial)  
Todd Baughman

Mailing Address 7628 W. Julie Dr.

City Glendale State AZ Zip Code 85308-

Purpose of Disbursement WAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70105.E9307  
Date of Disbursement  
01 / 02 / 2007

Amount of Each Disbursement this Period  
417.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

WAGES

**B. Todd Baughman**  
Full Name (Last, First, Middle Initial)  
Todd Baughman

Mailing Address 7628 W. Julie Dr.

City Glendale State AZ Zip Code 85308-

Purpose of Disbursement SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70120.E9319  
Date of Disbursement  
01 / 06 / 2007

Amount of Each Disbursement this Period  
85.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

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

Mailing Address 1801 E. Camelback Road

City Phoenix State AZ Zip Code 85016-

Purpose of Disbursement TAX FORMS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70120.E9320  
Date of Disbursement  
01 / 06 / 2007

Amount of Each Disbursement this Period  
85.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TAX FORMS

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **503.87**

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

27020124750

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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Todd Baughman**

Full Name (Last, First, Middle Initial)  
Mailing Address 7628 W. Julie Dr.

City Glendale State AZ Zip Code 85308-

Purpose of Disbursement WAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70227.E9350  
Date of Disbursement 02 / 02 / 2007

Amount of Each Disbursement this Period 649.93

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

WAGES

**B. Todd Baughman**

Full Name (Last, First, Middle Initial)  
Mailing Address 7628 W. Julie Dr.

City Glendale State AZ Zip Code 85308-

Purpose of Disbursement WAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70326.E9375  
Date of Disbursement 02 / 28 / 2007

Amount of Each Disbursement this Period 247.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

WAGES

**C. Camelback At 22nd, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2200 East Camelback Road Suite 101

City Phoenix State AZ Zip Code 85016-

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70120.E9322  
Date of Disbursement 01 / 08 / 2007

Amount of Each Disbursement this Period 1159.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RENT

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 2056.75

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

27020124751

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 42
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Camelback At 22nd, LLC</b>		Transaction ID: 70326.E9391 Date of Disbursement 03 / 21 / 2007
Mailing Address 2200 East Camelback Road Suite 101		Amount of Each Disbursement this Period 2319.36
City Phoenix	State AZ Zip Code 85016-	
Purpose of Disbursement RENT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	RENT
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Camelback Community Bank</b>		Transaction ID: 70120.E9317 Date of Disbursement 01 / 06 / 2007
Mailing Address 2777 E. Camelback Road		Amount of Each Disbursement this Period 342.19
City Phoenix	State AZ Zip Code 85016-	
Purpose of Disbursement TAXES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TAXES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Camelback Community Bank</b>		Transaction ID: 70120.E9315 Date of Disbursement 01 / 06 / 2007
Mailing Address 2777 E. Camelback Road		Amount of Each Disbursement this Period 3182.12
City Phoenix	State AZ Zip Code 85016-	
Purpose of Disbursement PAYROLL TAXES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	PAYROLL TAXES
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	5843.67
TOTAL This Period (last page this line number only) .....	

27020124752

**SCHEDULE B (FEC Form 3 )  
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"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Camelback Community Bank</b>		Transaction ID: 70326.E9387 Date of Disbursement 03 / 10 / 2007
Mailing Address 2777 E. Camelback Road		Amount of Each Disbursement this Period 17049.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85016-	Category/ Type <input type="checkbox"/> INCOME TAX	
Purpose of Disbursement INCOME TAX		
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. Clarence DeLong</b>		Transaction ID: 70105.E9310 Date of Disbursement 01 / 02 / 2007
Mailing Address 3811 East Solano Drive		Amount of Each Disbursement this Period 304.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Paradise Valley State AZ Zip Code 85253-	Category/ Type <input type="checkbox"/> WAGES	
Purpose of Disbursement WAGES		
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. Clarence DeLong</b>		Transaction ID: 70227.E9352 Date of Disbursement 02 / 02 / 2007
Mailing Address 3811 East Solano Drive		Amount of Each Disbursement this Period 82.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Paradise Valley State AZ Zip Code 85253-	Category/ Type <input type="checkbox"/> WAGES	
Purpose of Disbursement WAGES		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	17436.49
TOTAL This Period (last page this line number only) .....	

27020124753

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 / 42
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
Clarence DeLong

Mailing Address 3811 East Solano Drive

City Paradise Valley State AZ Zip Code 85253-

Purpose of Disbursement  
WAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70404.E9403  
Date of Disbursement  
03 / 31 / 2007

Amount of Each Disbursement this Period  
33.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

WAGES

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

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70227.E9371  
Date of Disbursement  
01 / 03 / 2007

Amount of Each Disbursement this Period  
25.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD PROCESSING

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

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70326.E9400  
Date of Disbursement  
02 / 02 / 2007

Amount of Each Disbursement this Period  
25.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD PROCESSING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	83.90
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124754

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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Fed Ex**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 7221

City Pasadena State CA Zip Code 91109-7321

Purpose of Disbursement SHIPPING  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70105.E9313  
Date of Disbursement 01 / 04 / 2007

Amount of Each Disbursement this Period 43.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SHIPPING

**B. Fed Ex**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 7221

City Pasadena State CA Zip Code 91109-7321

Purpose of Disbursement SHIPPING  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70227.E9360  
Date of Disbursement 02 / 05 / 2007

Amount of Each Disbursement this Period 26.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SHIPPING

**C. Fed Ex**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 7221

City Pasadena State CA Zip Code 91109-7321

Purpose of Disbursement SHIPPING  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70326.E9380  
Date of Disbursement 02 / 28 / 2007

Amount of Each Disbursement this Period 41.91

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SHIPPING

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 112.00

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

27020124755

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Frontier</b>		Transaction ID: 70120.E9330	
Mailing Address P.O. Box 3609		Date of Disbursement 01 / 16 / 2007	
City Kingman	State AZ	Zip Code 86402-3609	Amount of Each Disbursement this Period 79.03
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Frontier</b>		Transaction ID: 70227.E9368	
Mailing Address P.O. Box 3609		Date of Disbursement 02 / 22 / 2007	
City Kingman	State AZ	Zip Code 86402-3609	Amount of Each Disbursement this Period 79.60
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Frontier</b>		Transaction ID: 70326.E9393	
Mailing Address P.O. Box 3609		Date of Disbursement 03 / 21 / 2007	
City Kingman	State AZ	Zip Code 86402-3609	Amount of Each Disbursement this Period 79.60
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		TELEPHONE
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	238.23
TOTAL This Period (last page this line number only) .....	

27020124756

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Mitzi Haggard</b>		Transaction ID: 70105.E9309	
Mailing Address 1248 East Victor Hugo Avenue		Date of Disbursement 01 / 02 / 2007	
City Phoenix	State AZ	Zip Code 85022-4950	Amount of Each Disbursement this Period 152.38
Purpose of Disbursement WAGES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		WAGES
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Mitzi Haggard</b>		Transaction ID: 70227.E9351	
Mailing Address 1248 East Victor Hugo Avenue		Date of Disbursement 02 / 02 / 2007	
City Phoenix	State AZ	Zip Code 85022-4950	Amount of Each Disbursement this Period 152.38
Purpose of Disbursement WAGES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		WAGES
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Mitzi Haggard</b>		Transaction ID: 70326.E9376	
Mailing Address 1248 East Victor Hugo Avenue		Date of Disbursement 02 / 28 / 2007	
City Phoenix	State AZ	Zip Code 85022-4950	Amount of Each Disbursement this Period 69.26
Purpose of Disbursement WAGES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		WAGES
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	374.02
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124757



**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Mitzi Haggard</b>		Transaction ID: 70404.E9401	
Mailing Address 1248 East Victor Hugo Avenue		Date of Disbursement 03 / 31 / 2007	
City Phoenix	State AZ	Zip Code 85022-4950	Amount of Each Disbursement this Period 83.12
Purpose of Disbursement WAGES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type WAGES	
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. Ikon Office Solutions, S.W Dist.</b>		Transaction ID: 70124.E9340	
Mailing Address P.O. Box 7420		Date of Disbursement 01 / 24 / 2007	
City Pasadena	State CA	Zip Code 91109-7420	Amount of Each Disbursement this Period 4580.20
Purpose of Disbursement COPIER MACHINE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type COPIER MACHINE	
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. Ikon Office Solutions, S.W Dist.</b>		Transaction ID: 70124.E9345	
Mailing Address P.O. Box 7420		Date of Disbursement 01 / 24 / 2007	
City Pasadena	State CA	Zip Code 91109-7420	Amount of Each Disbursement this Period 131.00
Purpose of Disbursement COPIER MAINTENANCE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type COPIER MAINTENANCE	
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) .....	<b>4794.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124758

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

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

FOR LINE NUMBER: (check only one)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
Ikon Office Solutions, S.W Dist.

Mailing Address P.O. Box 7420

City Pasadena State CA Zip Code 91109-7420

Purpose of Disbursement  
COPIER MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70227.E9358  
 Date of Disbursement: 02 / 05 / 2007

Amount of Each Disbursement this Period: 240.01

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COPIER MAINTENANCE

**B.** Full Name (Last, First, Middle Initial)  
Ikon Office Solutions, S.W Dist.

Mailing Address P.O. Box 7420

City Pasadena State CA Zip Code 91109-7420

Purpose of Disbursement  
COPIER MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70227.E9367  
 Date of Disbursement: 02 / 22 / 2007

Amount of Each Disbursement this Period: 64.86

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COPIER MAINTENANCE

**C.** Full Name (Last, First, Middle Initial)  
JL Church Tech Consulting Services, LLC

Mailing Address 533 W. Guadalupe, #1023

City Mesa State AZ Zip Code 85210-

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70124.E9346  
 Date of Disbursement: 01 / 24 / 2007

Amount of Each Disbursement this Period: 54.04

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPUTER SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 358.91

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

27020124759

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. JL Church Tech Consulting Services, LLC		Transaction ID: 70126.E9348
Mailing Address 533 W. Guadalupe, #1023		Date of Disbursement 01 / 26 / 2007
City Mesa	State AZ	Zip Code 85210-
Purpose of Disbursement COMPUTER SERVICES	Candidate Name	Amount of Each Disbursement this Period 475.00
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:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		COMPUTER SERVICES

Full Name (Last, First, Middle Initial) B. JL Church Tech Consulting Services, LLC		Transaction ID: 70326.E9389
Mailing Address 533 W. Guadalupe, #1023		Date of Disbursement 03 / 15 / 2007
City Mesa	State AZ	Zip Code 85210-
Purpose of Disbursement COMPUTER MAINTENANCE	Candidate Name	Amount of Each Disbursement this Period 332.50
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:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		COMPUTER MAINTENANCE

Full Name (Last, First, Middle Initial) C. Sarah Morgan		Transaction ID: 70120.E9314
Mailing Address 829-A East Cochise Drive		Date of Disbursement 01 / 06 / 2007
City Phoenix	State AZ	Zip Code 85020-
Purpose of Disbursement SALARY	Candidate Name	Amount of Each Disbursement this Period 761.84
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:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		SALARY

SUBTOTAL of Disbursements This Page (optional) .....	1569.34
TOTAL This Period (last page this line number only) .....	

27020124760

**SCHEDULE B (FEC Form 3 )  
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"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Sarah Morgan</b>		Transaction ID: 70227.E9354 Date of Disbursement 02 / 02 / 2007	
Mailing Address 829-A East Cochise Drive		Amount of Each Disbursement this Period 300.00	
City Phoenix	State AZ	Zip Code 85020-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PETTY CASH	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		PETTY CASH
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. Sarah Morgan</b>		Transaction ID: 70227.E9353 Date of Disbursement 02 / 02 / 2007	
Mailing Address 829-A East Cochise Drive		Amount of Each Disbursement this Period 761.84	
City Phoenix	State AZ	Zip Code 85020-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SALARY	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		SALARY
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. Sarah Morgan</b>		Transaction ID: 70326.E9377 Date of Disbursement 02 / 28 / 2007	
Mailing Address 829-A East Cochise Drive		Amount of Each Disbursement this Period 761.84	
City Phoenix	State AZ	Zip Code 85020-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SALARY	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		SALARY
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) .....	1823.68
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124761

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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Sarah Morgan**

Full Name (Last, First, Middle Initial)  
Sarah Morgan

Mailing Address 829-A East Cochise Drive

City Phoenix State AZ Zip Code 85020-

Purpose of Disbursement WAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70404.E9402  
Date of Disbursement 03 / 31 / 2007

Amount of Each Disbursement this Period 761.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

WAGES

**B. Qwest**

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address P.O. Box 29039

City Phoenix State AZ Zip Code 85038-9060

Purpose of Disbursement TELEPHONE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70105.E9311  
Date of Disbursement 01 / 04 / 2007

Amount of Each Disbursement this Period 70.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

**C. Qwest**

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address P.O. Box 29039

City Phoenix State AZ Zip Code 85038-9060

Purpose of Disbursement TELEPHONE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70227.E9370  
Date of Disbursement 02 / 27 / 2007

Amount of Each Disbursement this Period 137.57

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 969.43

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

27020124762

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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Qwest</b>		Transaction ID: 70326.E9396	
Mailing Address P.O. Box 29039		Date of Disbursement 03 / 26 / 2007	
City Phoenix	State AZ	Zip Code 85038-9060	Amount of Each Disbursement this Period 144.32
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		TELEPHONE
State:                  District:			

Full Name (Last, First, Middle Initial) <b>B. Qwest Business Services</b>		Transaction ID: 70227.E9355	
Mailing Address P.O. Box 856169		Date of Disbursement 02 / 05 / 2007	
City Louisville	State KY	Zip Code 40285-	Amount of Each Disbursement this Period 111.91
Purpose of Disbursement TELEPHONE SERVICES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		TELEPHONE SERVICES
State:                  District:			

Full Name (Last, First, Middle Initial) <b>C. Ashley Ragan</b>		Transaction ID: 70227.E9349	
Mailing Address 307 East Royal Palm		Date of Disbursement 02 / 02 / 2007	
City Phoenix	State AZ	Zip Code 85020-	Amount of Each Disbursement this Period 1916.42
Purpose of Disbursement WAGES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		WAGES
State:                  District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2172.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124763

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

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

FOR LINE NUMBER: (check only one)

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17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Ashley Ragan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 East Royal Palm  
 City Phoenix State AZ Zip Code 85020-  
 Purpose of Disbursement WAGES  
 Candidate Name  
 Office Sought:  House  Senate  President  
 State: District:  
 Disbursement For:  Primary  General  Other (specify) ▼  
 Transaction ID: 70326.E9378  
 Date of Disbursement 02 / 28 / 2007  
 Amount of Each Disbursement this Period 512.75  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
 WAGES

**B. Ashley Ragan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 East Royal Palm  
 City Phoenix State AZ Zip Code 85020-  
 Purpose of Disbursement WAGES  
 Candidate Name  
 Office Sought:  House  Senate  President  
 State: District:  
 Disbursement For:  Primary  General  Other (specify) ▼  
 Transaction ID: 70404.E9404  
 Date of Disbursement 03 / 31 / 2007  
 Amount of Each Disbursement this Period 1079.77  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
 WAGES

**C. Reflections Photography**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 631 Pennsylvania Ave., SE  
 City Washington State DC Zip Code 20003-  
 Purpose of Disbursement PHOTOGRAPHY  
 Candidate Name  
 Office Sought:  House  Senate  President  
 State: District:  
 Disbursement For:  Primary  General  Other (specify) ▼  
 Transaction ID: 70227.E9366  
 Date of Disbursement 02 / 22 / 2007  
 Amount of Each Disbursement this Period 14.50  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
 PHOTOGRAPHY

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1607.02  
**TOTAL** This Period (last page this line number only) ..... ►

27020124764

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. SCF of Arizona		Transaction ID: 70227.E9363	
Mailing Address P.O. Box 33049		Date of Disbursement 02 / 05 / 2007	
City Phoenix	State AZ	Zip Code 85067-3049	Amount of Each Disbursement this Period 452.00
Purpose of Disbursement INSURANCE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		INSURANCE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Steven H. Gordon & Associates		Transaction ID: 70120.E9329	
Mailing Address 507 Capitol Court, N.E., #100		Date of Disbursement 01 / 16 / 2007	
City Washington	State DC	Zip Code 20002-	Amount of Each Disbursement this Period 12316.75
Purpose of Disbursement FUNDRAISING COMMISSION	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		FUNDRAISING COMMISSION
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Steven H. Gordon & Associates		Transaction ID: 70227.E9357	
Mailing Address 507 Capitol Court, N.E., #100		Date of Disbursement 02 / 05 / 2007	
City Washington	State DC	Zip Code 20002-	Amount of Each Disbursement this Period 4001.79
Purpose of Disbursement MAILING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		MAILING
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional) .....	16770.54
TOTAL This Period (last page this line number only) .....	

27020124765



**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Steven H. Gordon &amp; Associates</b>		Transaction ID: 70326.E9398 Date of Disbursement 03 / 26 / 2007
Mailing Address 507 Capitol Court, N.E., #100		Amount of Each Disbursement this Period 314.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL		TRAVEL
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jessica Stiefler</b>		Transaction ID: 70326.E9399 Date of Disbursement 03 / 26 / 2007
Mailing Address 8704 Stone Hill Place		Amount of Each Disbursement this Period 320.00
City Springfield State VA Zip Code 22153-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEMENTOS		MEMENTOS
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. The Molera Alvarez Group</b>		Transaction ID: 70120.E9321 Date of Disbursement 01 / 06 / 2007
Mailing Address 300 West Clarendon, Suite 220		Amount of Each Disbursement this Period 10000.00
City Phoenix State AZ Zip Code 85013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MANAGEMENT FEES		CAMPAIGN MANAGEMENT FEES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	10634.00
TOTAL This Period (last page this line number only) .....	

27020124766

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. U.S. Senate Restaurants**  
Full Name (Last, First, Middle Initial)  
Mailing Address First and C Streets, N.E.  
City Washington State DC Zip Code 20515-  
Purpose of Disbursement LUNCHEON MEETINGS  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 70120.E9331  
Date of Disbursement  
01 / 17 / 2007  
Amount of Each Disbursement this Period  
650.00  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
LUNCHEON MEETINGS

**B. United States Postal Service**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5021 N. 20th Street  
City Phoenix State AZ Zip Code 85016-  
Purpose of Disbursement BRM ACCOUNTING FEE  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 70326.E9382  
Date of Disbursement  
03 / 05 / 2007  
Amount of Each Disbursement this Period  
500.00  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
BRM ACCOUNTING FEE

**C. United States Postal Service**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5021 N. 20th Street  
City Phoenix State AZ Zip Code 85016-  
Purpose of Disbursement BOX FEES  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 70326.E9394  
Date of Disbursement  
03 / 21 / 2007  
Amount of Each Disbursement this Period  
72.00  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
BOX FEES

SUBTOTAL of Disbursements This Page (optional) ..... 1222.00  
TOTAL This Period (last page this line number only) .....

27020124767

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 42

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Card Services</b>		Transaction ID: 70227.E9359	
Mailing Address P.O. Box 13337		Date of Disbursement 02 / 05 / 2007	
City Philadelphia	State PA	Zip Code 19101-	Amount of Each Disbursement this Period 4602.82
Purpose of Disbursement SEE BELOW	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		SEE BELOW
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Capital Grille</b>		Transaction ID: 70410.E9419	
Mailing Address 2502 E. Camelback		Date of Disbursement 02 / 05 / 2007	
City Phoenix	State AZ	Zip Code 85016-	Amount of Each Disbursement this Period 1123.42
Purpose of Disbursement LUNCHEON MEETING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		<b>[MEMO ITEM]</b> MEMO: LUNCHEON MEETING
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Senate Gift Shop</b>		Transaction ID: 70410.E9417	
Mailing Address Russell Senate Office Building First & C Street, NE		Date of Disbursement 02 / 05 / 2007	
City Washington	State DC	Zip Code 20510-	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement MEMENTOS	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		<b>[MEMO ITEM]</b> MEMO: MEMENTOS
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4602.82
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124768

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. U.S. Airways</b>		Transaction ID: 70410.E9418 Date of Disbursement MM / DD / YYYY 02 / 05 / 2007	
Mailing Address 51 W. 3rd Street		Amount of Each Disbursement this Period 698.00	
City Tempe	State AZ	Zip Code 85281-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIR TRAVEL
Purpose of Disbursement AIR TRAVEL		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. U.S. Senate Restaurants</b>		Transaction ID: 70410.E9420 Date of Disbursement MM / DD / YYYY 02 / 05 / 2007	
Mailing Address First and C Streets, N.E.		Amount of Each Disbursement this Period 39.96	
City Washington	State DC	Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LUNCHEON MEETINGS
Purpose of Disbursement LUNCHEON MEETINGS		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. Westin La Paloma Hotel</b>		Transaction ID: 70410.E9421 Date of Disbursement MM / DD / YYYY 02 / 05 / 2007	
Mailing Address 3800 East Sunrise Drive		Amount of Each Disbursement this Period 2313.54	
City Tucson	State AZ	Zip Code 85718-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: DINNER MEETING/RECE- PTION
Purpose of Disbursement DINNER MEETING/RECEPTION		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) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

27020124769

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 42
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Card Services**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 13337

City Philadelphia State PA Zip Code 19101-

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70227.E9373  
Date of Disbursement  
02 / 27 / 2007

Amount of Each Disbursement this Period  
7653.01

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

**B. Charlie Palmer Steak House**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave. NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement  
DINNER MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70410.E9422  
Date of Disbursement  
02 / 27 / 2007

Amount of Each Disbursement this Period  
2123.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: DINNER MEETING

**C. U.S. Airways**

Full Name (Last, First, Middle Initial)  
Mailing Address 51 W. 3rd Street

City Tempe State AZ Zip Code 85281-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70410.E9423  
Date of Disbursement  
02 / 27 / 2007

Amount of Each Disbursement this Period  
586.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....	7653.01
TOTAL This Period (last page this line number only) .....	

27020124770

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70120.E9332																					
Mailing Address P.O. Box 9622		Date of Disbursement																					
City Mission Hills State CA Zip Code 91346-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	1	7	/	2	0	0	7														
Purpose of Disbursement TELEPHONE		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>188.86</td> </tr> </table>		188.86																			
188.86																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: District:		TELEPHONE																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70124.E9344																					
Mailing Address P.O. Box 9622		Date of Disbursement																					
City Mission Hills State CA Zip Code 91346-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	4	/	2	0	0	7														
Purpose of Disbursement TELEPHONE		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>234.11</td> </tr> </table>		234.11																			
234.11																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: District:		TELEPHONE																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70227.E9369																					
Mailing Address P.O. Box 9622		Date of Disbursement																					
City Mission Hills State CA Zip Code 91346-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	2	7	/	2	0	0	7														
Purpose of Disbursement TELEPHONE		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>211.82</td> </tr> </table>		211.82																			
211.82																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: District:		TELEPHONE																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Disbursements This Page (optional) .....	▶	634.79
TOTAL This Period (last page this line number only) .....	▶	

27020124771

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 42
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)  
A. Wendell Design Group Florists, LLC

Transaction ID: 70120.E9323  
Date of Disbursement  
01 / 08 / 2007

Mailing Address 2120 East Sixth Street, Suite 14

City Tempe State AZ Zip Code 85282-

Amount of Each Disbursement this Period  
1297.20

Purpose of Disbursement  
FLOWERS  
Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

FLOWERS

SUBTOTAL of Disbursements This Page (optional) .....	▶	1297.20
TOTAL This Period (last page this line number only) .....	▶	88998.00

27020124772

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 42

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. The Elizabeth Dole Committee, Inc.

Mailing Address P.O. Box 2918

City Raleigh State NC Zip Code 27602-

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary     General  
 Other (specify) ▼

State: District:

Transaction ID: 70326.E9390

Date of Disbursement  
03 / 21 / 2007

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

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

4000.00

27020124773



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 42
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Amer Soc of Plastic &amp; Reconst Surgns PAC</b>		Transaction ID: 70105.E9312 Date of Disbursement 01 / 04 / 2007
Mailing Address 444 East Algonquin Road		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington Heights	State IL	
Purpose of Disbursement Refund of Contribution		010 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mesa Air Group PAC</b>		Transaction ID: 70120.E9325 Date of Disbursement 01 / 10 / 2007
Mailing Address 410 North 44th Street Suite 700		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix	State AZ	
Purpose of Disbursement Refund of Contribution Refund		010 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Us Airways Group Inc. PAC</b>		Transaction ID: 70125.E9347 Date of Disbursement 01 / 25 / 2007
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix	State AZ	
Purpose of Disbursement Refund of Contribution Partial Refund of		010 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2702012477A

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41 / 42
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Verizon Communications Inc Gd Gov Club		Transaction ID: 70120.E9333 Date of Disbursement																					
Mailing Address 1717 Arch Street 47-S		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	7		2	0	0	7														
City Philadelphia	State PA	Zip Code 19103-	Amount of Each Disbursement this Period <b>1000.00</b>																				
Purpose of Disbursement Refund of Contribution Refund		010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State:	District:																						

SUBTOTAL of Disbursements This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	<b>7000.00</b>

27020124775

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 42

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Douglas Durst**

Full Name (Last, First, Middle Initial)  
Mailing Address 1155 Ave. of the Americas

City New York State NY Zip Code 10036-

Purpose of Disbursement Refund of Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 70120.E9336  
Date of Disbursement 01 / 17 / 2007

Amount of Each Disbursement this Period 2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B. Thomas Graham**

Full Name (Last, First, Middle Initial)  
Mailing Address 20 The Trillium

City Pittsburgh State PA Zip Code 15238-

Purpose of Disbursement Refund of Contribution Refund of contrib  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 70120.E9334  
Date of Disbursement 01 / 17 / 2007

Amount of Each Disbursement this Period 2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C. Thomas Kempner**

Full Name (Last, First, Middle Initial)  
Mailing Address c/o Loeb Partners Corp  
61 Broadway, 24th Floor

City New York State NY Zip Code 10006-

Purpose of Disbursement Refund of Contribution Refund  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 70120.E9335  
Date of Disbursement 01 / 17 / 2007

Amount of Each Disbursement this Period 1250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 5350.00

**TOTAL** This Period (last page this line number only) ..... ▶ 5350.00

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# United States Senate

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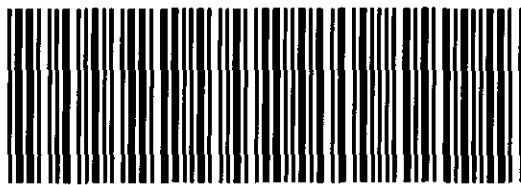
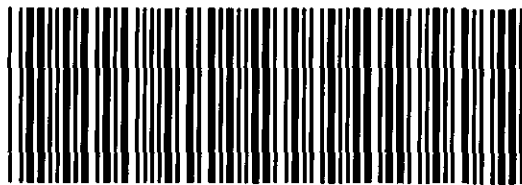
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