

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Dream PAC

ADDRESS (number and street) P. O. Box 171022 Check if different than previously reported. (ACC) San Antonio TX 78217

2. FEC IDENTIFICATION NUMBER C00331744 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 01 01 2001 through 06 30 2001

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 Cindy Barberio Payne Signature of Treasurer Electronically Filed by Cindy Barberio Payne Date 06 29 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Dream PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	0	1	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">11827.44</td></tr></table>	11827.44
Y	Y	Y	Y									
2	0	0	1									
11827.44												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">11827.44</td></tr></table>	11827.44										
11827.44												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">26005.00</td></tr></table>	26005.00	<table border="1" style="width: 100%;"><tr><td align="right">26005.00</td></tr></table>	26005.00								
26005.00												
26005.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">37832.44</td></tr></table>	37832.44	<table border="1" style="width: 100%;"><tr><td align="right">37832.44</td></tr></table>	37832.44								
37832.44												
37832.44												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">23173.81</td></tr></table>	23173.81	<table border="1" style="width: 100%;"><tr><td align="right">23173.81</td></tr></table>	23173.81								
23173.81												
23173.81												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">14658.63</td></tr></table>	14658.63	<table border="1" style="width: 100%;"><tr><td align="right">14658.63</td></tr></table>	14658.63								
14658.63												
14658.63												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Dream PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3700.00	3700.00
(i) Itemized (use Schedule A) .....	1605.00	1605.00
(ii) Unitemized .....	5305.00	5305.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	18500.00	18500.00
(c) Other Political Committees (such as PACs) .....	23805.00	23805.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	2200.00	2200.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26005.00	26005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26005.00	26005.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18949.02	18949.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18949.02	18949.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	4224.79	4224.79
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23173.81	23173.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23173.81	23173.81

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23805.00	23805.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23805.00	23805.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18949.02	18949.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2200.00	2200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16749.02	16749.02

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Dream PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Frankel

Mailing Address 5095 Casa Drive

City Tarzana State CA Zip Code 91356

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

Name of Employer Builders Fence Co., Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2001

Transaction ID: SA11A1.4633

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carey Hobbs

Mailing Address P. O. Box 2521

City Waco State TX Zip Code 76702

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

Name of Employer Hobbs Bonded Fiber Occupation Manufacturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2001

Transaction ID: SA11A1.4634

Amount of Each Receipt this Period  
 700.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ricardo Inunza

Mailing Address 420 7th Street, NW Suite 1120

City Washington State DC Zip Code 20004

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

Name of Employer RIA International Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2001

Transaction ID: SA11A1.4636

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Frank Sandel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 1
Mailing Address P. O. Box 923		Transaction ID: SA11A1.4638
City State Zip Code Big Lake TX 78932	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Globe Well Services	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janet Schmidly		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 1
Mailing Address 4607 9th Street		Transaction ID: SA11A1.4639
City State Zip Code Lubbock TX 79146	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3700.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Akin, Gump, Strauss, Hauer & Feld, LLP Civic Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 1
Mailing Address 1333 New Hampshire Avenue, NW Suite 400		Transaction ID: SA11C.4641
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00104901		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> American Meat Institute Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 1
Mailing Address 1700 North Moore Street Suite 1600		Transaction ID: SA11C.4643
City Arlington State VA Zip Code 22209	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00024281		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Federal Express Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 1
Mailing Address 942 South Shady Grove Road		Transaction ID: SA11C.4644
City Memphis State TN Zip Code 38120	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00068692		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Reliant Energy, Inc. Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 1
Mailing Address P. O. Box 148		<b>Transaction ID: SA11C.4646</b>
City State Zip Code Houston TX 77001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00081455</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ryder Employee Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 1
Mailing Address 3600 N. W. 82nd Avenue		<b>Transaction ID: SA11C.4647</b>
City State Zip Code Miami FL 33166	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00088435</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Texans For Henry Bonilla</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 1
Mailing Address P.O. Box 17292		<b>Transaction ID: SA11C.5326</b>
City State Zip Code San Antonio TX 78217	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C C00257402</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	18500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 22
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Dream PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lydia Meuret

Mailing Address 9726 Silver Moon

City State Zip Code  
San Antonio TX 78254

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

Name of Employer Self-Employed Occupation  
Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

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

Transaction ID: SA15.5324

Amount of Each Receipt this Period  
2200.00

Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Direct Mail Marketing Group</b>		<b>Transaction ID:</b> SB21B.4628 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 1
Mailing Address 4451 Brookfield Corporate Drive, Suite		Amount of Each Disbursement this Period 311.00
City Chantilly State VA Zip Code 20151		
Purpose of Disbursement Consultant Expense/Fundraising	003 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> SB21B.4608 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 1
Mailing Address P. O. Box 1140		Amount of Each Disbursement this Period 287.24
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Delivery Expense	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> SB21B.4615 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 1
Mailing Address P. O. Box 1140		Amount of Each Disbursement this Period 37.89
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Delivery Expense	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	636.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> SB21B.4619 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 1
Mailing Address P. O. Box 1140		Amount of Each Disbursement this Period 82.10
City Memphis State TN Zip Code 38101	Purpose of Disbursement Delivery Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> SB21B.4626 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 1
Mailing Address P. O. Box 1140		Amount of Each Disbursement this Period 96.27
City Memphis State TN Zip Code 38101	Purpose of Disbursement Delivery Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ms. Lydia Meuret</b>		<b>Transaction ID:</b> SB21B.5180 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 1
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1428.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Lydia Meuret</b>		<b>Transaction ID: SB21B.4603</b> Date of Disbursement 01 / 30 / 2001	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Lydia Meuret</b>		<b>Transaction ID: SB21B.4611</b> Date of Disbursement 03 / 16 / 2001	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Lydia Meuret</b>		<b>Transaction ID: SB21B.4612</b> Date of Disbursement 03 / 30 / 2001	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Lydia Meuret</b>		Transaction ID: SB21B.4616 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 1	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Lydia Meuret</b>		Transaction ID: SB21B.4631 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 1	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Lydia Meuret</b>		Transaction ID: SB21B.5014 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 1	
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00	
City San Antonio State TX Zip Code 78254	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Sandra L. Pack, CPA, LLC</b>		<b>Transaction ID: SB21B.4653</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 1	
Mailing Address 538 Moorings Circle		Amount of Each Disbursement this Period 841.25	
City Arnold State MD Zip Code 21012	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sandra L. Pack, CPA, LLC</b>		<b>Transaction ID: SB21B.4600</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 1	
Mailing Address 538 Moorings Circle		Amount of Each Disbursement this Period 162.25	
City Arnold State MD Zip Code 21012	Purpose of Disbursement Consultant Expense/Accounting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Southwestern Bell</b>		<b>Transaction ID: SB21B.4602</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 1	
Mailing Address P.O. Box 4845		Amount of Each Disbursement this Period 252.80	
City Houston State TX Zip Code 77097	Purpose of Disbursement Telephone Expense Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1256.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Southwestern Bell</b>		<b>Transaction ID:</b> SB21B.4606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 1
Mailing Address P.O. Box 4845		Amount of Each Disbursement this Period 365.00
City Houston State TX Zip Code 77097	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Southwestern Bell</b>		<b>Transaction ID:</b> SB21B.4624 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 1
Mailing Address P.O. Box 4845		Amount of Each Disbursement this Period 615.31
City Houston State TX Zip Code 77097	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Southwestern Bell</b>		<b>Transaction ID:</b> SB21B.4627 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 1
Mailing Address P.O. Box 4845		Amount of Each Disbursement this Period 79.85
City Houston State TX Zip Code 77097	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1060.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Visa Card Service Center</b>		<b>Transaction ID:</b> SB21B.4613 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 1
Mailing Address P. O. Box 45793		Amount of Each Disbursement this Period 1523.64
City Dallas State TX Zip Code 75245	Purpose of Disbursement Travel & Office Supplies Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> SB21B.4993 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 1
Mailing Address 2720 East Oakland Park Blvd.		Amount of Each Disbursement this Period 241.50
City Ft. Lauderdale State FL Zip Code 33306	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>C. Staples</b>		

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID:</b> SB21B.4988 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 1
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 306.93
City Framingham State MA Zip Code 01701	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) [MEMO ITEM]		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1523.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

<b>A. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01701 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.4989 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 1 Amount of Each Disbursement this Period 196.44 [MEMO ITEM]
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<b>B. Visa Card Service Center</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 45793 City Dallas State TX Zip Code 75245 Purpose of Disbursement Event Expense/Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.4629 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 1 Amount of Each Disbursement this Period 644.86 [MEMO ITEM]
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<b>C. Capital Grille</b> Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Avenue City Washington State DC Zip Code 20004 Purpose of Disbursement Event Expense/Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.4990 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 1 Amount of Each Disbursement this Period 644.86 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	644.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Wiley, Rein &amp; Fielding</b>		Transaction ID: SB21B.4655 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 1	
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 390.90	
City Washington State DC Zip Code 20006	Purpose of Disbursement Consultant Expense/Legal Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wiley, Rein &amp; Fielding</b>		Transaction ID: SB21B.4604 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 1	
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 752.35	
City Washington State DC Zip Code 20006	Purpose of Disbursement Consultant Expense/Legal Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Wiley, Rein &amp; Fielding</b>		Transaction ID: SB21B.4614 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 1	
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 377.00	
City Washington State DC Zip Code 20006	Purpose of Disbursement Consultant Expense/Legal Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1520.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Wiley, Rein &amp; Fielding</b>		Transaction ID: SB21B.4620 Date of Disbursement 03 / 31 / 2001	
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 2030.90	
City Washington State DC Zip Code 20006	Purpose of Disbursement Consultant Expense/Legal Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wiley, Rein &amp; Fielding</b>		Transaction ID: SB21B.4632 Date of Disbursement 05 / 02 / 2001	
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 501.18	
City Washington State DC Zip Code 20006	Purpose of Disbursement Consultant Expense/Legal Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2532.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>18101.79</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Lydia Meuret</b>		<b>Transaction ID: SB29.5010</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 1
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 2000.00
City San Antonio State TX Zip Code 78254	Category/ Type	
Purpose of Disbursement Misappropriated Funds		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ms. Lydia Meuret</b>		<b>Transaction ID: SB29.5008</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 1
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 1250.00
City San Antonio State TX Zip Code 78254	Category/ Type	
Purpose of Disbursement Misappropriated Funds		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ms. Lydia Meuret</b>		<b>Transaction ID: SB29.5011</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 1
Mailing Address 9726 Silver Moon		Amount of Each Disbursement this Period 903.69
City San Antonio State TX Zip Code 78254	Category/ Type	
Purpose of Disbursement Misappropriated Funds		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4153.69</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

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

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NAME OF COMMITTEE (In Full)  
American Dream PAC

Full Name (Last, First, Middle Initial) <b>A. Visa Card Service Center</b>		Transaction ID: SB29.5080	
Mailing Address P. O. Box 45793		Date of Disbursement 01 / 03 / 2001	
City Dallas	State TX	Zip Code 75245	Amount of Each Disbursement this Period 71.10
Purpose of Disbursement Misappropriated Funds-L. Meuret		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) .....	71.10
<b>TOTAL</b> This Period (last page this line number only) .....	4224.79