

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
STRAIGHT TALK AMERICA

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		33386.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	15310.76									
(c) Total Receipts (from Line 19)	10367.00	109255.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25677.76	142641.97								
7. Total Disbursements (from Line 31)	23970.08	140934.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1707.68	1707.68								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	10525.86									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	185955.20									

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
STRAIGHT TALK AMERICA

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	10000.00	64000.00
(i) Itemized (use Schedule A)	0.00	2687.38
(ii) Unitemized	10000.00	66687.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	25000.00
(c) Other Political Committees (such as PACs)	0.00	91687.38
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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)	367.00	376.60
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	17191.41
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))	10367.00	109255.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10367.00	109255.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	35970.08	170584.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	35970.08	170584.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-5000.00	-12500.00
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	100.00
(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	100.00
29. Other Disbursements.....	-7000.00	-17250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23970.08	140934.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23970.08	140934.29

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)	10000.00	91687.38
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	91587.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35970.08	170584.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	367.00	376.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35603.08	170207.69

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 32
	(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

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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Mr. Michael L. Ashner		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2007	
Mailing Address 101 Cove Neck Road		Transaction ID: SA11A1.97566	
City State Zip Code Cove Neck NY 11771	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Winthrop Realty Trust	Occupation President		
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. Mrs. Susan M. Ashner		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2007	
Mailing Address 101 Cove Neck Road		Transaction ID: SA11A1.97567	
City State Zip Code Cove Neck NY 11771	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	10000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 32	
	(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

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)
STRAIGHT TALK AMERICA

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

Mailing Address PO Box 96359

City State Zip Code
Chicago IL 60693-6359

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
367.00

Date of Receipt

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

Transaction ID: SA15.97545

Amount of Each Receipt this Period
367.00

Insurance Policy Refund

SUBTOTAL of Receipts This Page (optional)	▶	367.00
TOTAL This Period (last page this line number only)	▶	367.00

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

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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.97538 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 94.26
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment(See Attached Memos)	
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. Efax Plus		Transaction ID: SB21B.97538.0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 6922 Hollywood Blvd 5th Floor		Amount of Each Disbursement this Period 16.95
City Los Angeles State CA Zip Code 90028	Purpose of Disbursement Faxing Service	
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) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: SB21B.97538.1 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 77.31
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Postage	
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) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	94.26
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Campaign Solutions		Transaction ID: SB21B.97520 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 118 North Saint Asaph St.		Amount of Each Disbursement this Period 62.18
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Website Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Caplin & Drysdale		Transaction ID: SB21B.97521 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 2451.35
City Washington State DC Zip Code 20005	Purpose of Disbursement Consulting-Legal Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Care First Blue Cross Blue Shield		Transaction ID: SB21B.97531 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 460.00
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2973.53
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Earthlink, Inc.		Transaction ID: SB21B.97542 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address PO Box 6452		Amount of Each Disbursement this Period 8.95
City Carol Stream State IL Zip Code 60197-6452	Purpose of Disbursement Subscription/Publication Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Huckaby Davis Lisker		Transaction ID: SB21B.97522 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 228 S. Washington St., Suite 115		Amount of Each Disbursement this Period 2014.67
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Consulting-Compliance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. IDMI		Transaction ID: SB21B.97525 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 490 White Pond Drive		Amount of Each Disbursement this Period 2972.77
City Akron State OH Zip Code 44320	Purpose of Disbursement Database File Maintenance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	4996.39
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. IDMI		Transaction ID: SB21B.97526	
Mailing Address 490 White Pond Drive		Date of Disbursement 07 / 31 / 2007	
City Akron	State OH	Zip Code 44320	Amount of Each Disbursement this Period 140.00
Purpose of Disbursement Database File Maintenance		001 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. IDMI		Transaction ID: SB21B.97527	
Mailing Address 490 White Pond Drive		Date of Disbursement 07 / 31 / 2007	
City Akron	State OH	Zip Code 44320	Amount of Each Disbursement this Period 4070.77
Purpose of Disbursement Database File Maintenance		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Michael Jaconi		Transaction ID: SB21B.97550	
Mailing Address 1615 33rd Street, NW		Date of Disbursement 07 / 31 / 2007	
City Washington	State DC	Zip Code 20007	Amount of Each Disbursement this Period -180.22
Purpose of Disbursement Voided Check Originally Issued 7/12/06		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4030.55
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Mini U Storage		Transaction ID: SB21B.97530	
Mailing Address 500 S. Pickett Street		Date of Disbursement MM / DD / YYYY 07 / 03 / 2007	
City Alexandria	State VA	Zip Code 22304	Amount of Each Disbursement this Period 119.00
Purpose of Disbursement Storage	001 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. Courtney Nahigian		Transaction ID: SB21B.97532	
Mailing Address 331 Cameron Station Blvd.		Date of Disbursement MM / DD / YYYY 07 / 24 / 2007	
City Alexandria	State VA	Zip Code 22304	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Rent	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. National City Bank		Transaction ID: SB21B.97537	
Mailing Address PO Box 5756		Date of Disbursement MM / DD / YYYY 07 / 20 / 2007	
City Akron	State OH	Zip Code 44101	Amount of Each Disbursement this Period 24.32
Purpose of Disbursement Bank Charges	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

293.32

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Paula Y. Edwards, CPA		Transaction ID: SB21B.97523 Date of Disbursement 07 / 24 / 2007
Mailing Address 1200 G Street, N.W. Suite 800		Amount of Each Disbursement this Period 1225.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Consulting-Compliance 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. Paychex		Transaction ID: SB21B.97536 Date of Disbursement 07 / 10 / 2007
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 35.00
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Payroll Service Charge 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) C. Southwest Publishing and Mailing Corp.		Transaction ID: SB21B.97528 Date of Disbursement 07 / 31 / 2007
Mailing Address 2600 NW Topeka Blvd.		Amount of Each Disbursement this Period 8000.00
City Topeka State KS Zip Code 66617	Purpose of Disbursement Direct Mail-Postage/Production Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9260.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Southwest Publishing and Mailing Corp.		Transaction ID: SB21B.97529
Mailing Address 2600 NW Topeka Blvd.		Date of Disbursement MM / DD / YYYY 07 / 31 / 2007
City Topeka	State KS	Zip Code 66617
Purpose of Disbursement Direct Mail-Postage/Production		Amount of Each Disbursement this Period 13026.28
Candidate Name		003 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. Sprint PCS		Transaction ID: SB21B.97534
Mailing Address PO Box 1769		Date of Disbursement MM / DD / YYYY 07 / 24 / 2007
City Newark	State NJ	Zip Code 07101-1769
Purpose of Disbursement Telephone-Cellular		Amount of Each Disbursement this Period 70.75
Candidate Name		001 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. T&M Protection Resources		Transaction ID: SB21B.97524
Mailing Address 42 Broadway, Ste. 1630		Date of Disbursement MM / DD / YYYY 07 / 24 / 2007
City New York	State NY	Zip Code 10004
Purpose of Disbursement Security		Amount of Each Disbursement this Period 1200.00
Candidate Name		001 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)	14297.03
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Treasurer of Virginia

Mailing Address PO Box 7607

City Merrifield State VA Zip Code 22116

Purpose of Disbursement
Registration Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.97535

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

25.00

TOTAL This Period (last page this line number only)

35970.08

**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 / 32

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

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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Kansas Republican State Committee		Transaction ID: SB23.97553 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 2025 Southwest Gage		Amount of Each Disbursement this Period -5000.00
City Topeka	State KS Zip Code 66604	
Purpose of Disbursement Check Voided Originally Issued 7/17/07		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

-5000.00

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

-5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Brooke County Republican Party		Transaction ID: SB29.97554 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address 32 2nd Street, PO Box 1		Amount of Each Disbursement this Period -500.00
City Beech Bottom State WV Zip Code 26030	011 Category/ Type	
Purpose of Disbursement Voided Check Originally Issued 7/26/06		
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. Cheshire County GOP		Transaction ID: SB29.97568 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address 87 Maple Road		Amount of Each Disbursement this Period -2000.00
City Spofford State NH Zip Code 03462	011 Category/ Type	
Purpose of Disbursement Voided Check Originally Issued 5/23/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gilmer County Republican Party		Transaction ID: SB29.97555 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address Rt. 1, Box 31B		Amount of Each Disbursement this Period -500.00
City Glenville State WV Zip Code 26351	011 Category/ Type	
Purpose of Disbursement Voided Check Originally Issued 7/26/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Grant County Republican Party		Transaction ID: SB29.97556 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 122 South Main Street		Amount of Each Disbursement this Period -500.00
City Petersburg State WV Zip Code 26847		
Purpose of Disbursement Voided Check Originally Issued 7/26/06	011 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. McDowell County Republican Party		Transaction ID: SB29.97557 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 163 Summers Street		Amount of Each Disbursement this Period -500.00
City Welch State WV Zip Code 24801		
Purpose of Disbursement Voided Check Originally Issued 7/26/06	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mingo County Republican Party		Transaction ID: SB29.97558 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address Rt. 2, Box 180		Amount of Each Disbursement this Period -500.00
City Williamson State WV Zip Code 25661		
Purpose of Disbursement Voided Check Originally Issued 7/26/06	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Ohio County Republican Party		Transaction ID: SB29.97559 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 126 Oakmont Road		Amount of Each Disbursement this Period -1000.00
City Wheeling State WV Zip Code 26003	Purpose of Disbursement Voided Check Originally Issued 7/26/06 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Roane County Republican Party		Transaction ID: SB29.97560 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address Box 15		Amount of Each Disbursement this Period -500.00
City Gandeeville State WV Zip Code 25243	Purpose of Disbursement Voided Check Originally Issued 7/26/06 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Summers County Republican Party		Transaction ID: SB29.97562 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address HC 65, Box 112		Amount of Each Disbursement this Period -500.00
City Wayside State WV Zip Code 24985	Purpose of Disbursement Voided Check Originally Issued 7/26/06 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) ▼	011 Category/Type

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 32

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Webster County Republican Party

Mailing Address PO Box 644

City Cowen State WV Zip Code 26206

Purpose of Disbursement
Voided Check Originally Issued 7/26/06

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.97563

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

-7000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 / 32
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HEATHER WILSON FOR CONGRESS	Nature of Debt (Purpose): Travel - Airfare and Lodging
Mailing Address PO Box 14070	
City State ZIP Code Albuquerque NM 87191	

Outstanding Balance Beginning This Period 454.80	Transaction ID: SD9.96368	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 454.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Karen Floyd 2006 Campaign	Nature of Debt (Purpose): Travel-Airfare
Mailing Address 113 West Main Street	
City State ZIP Code Spartanburg SC 29306	

Outstanding Balance Beginning This Period 791.23	Transaction ID: SD9.96364	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 791.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MIKE DEWINE FOR US SENATE	Nature of Debt (Purpose): Travel-Airfare
Mailing Address PO Box 340188	
City State ZIP Code Columbus OH 43234	

Outstanding Balance Beginning This Period 9279.83	Transaction ID: SD9.96363	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9279.83

1) SUBTOTALS This Period This Page (optional).....	10525.86
2) TOTALS This Period (last page this line number only).....	10525.86
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions	Nature of Debt (Purpose): Website Expense
Mailing Address 118 North Saint Asaph St.	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 62.18	Transaction ID: SD10.97432	
Amount Incurred This Period 0.00	Payment This Period 62.18	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caplin & Drysdale	Nature of Debt (Purpose): Consultant-Legal
Mailing Address One Thomas Circle, NW Ste. 1100	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 3006.40	Transaction ID: SD10.97158	
Amount Incurred This Period 0.00	Payment This Period 2451.35	Outstanding Balance at Close of This Period 555.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caplin & Drysdale	Nature of Debt (Purpose): Consulting-Legal
Mailing Address One Thomas Circle, NW Ste. 1100	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 1017.91	Transaction ID: SD10.97383	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1017.91

1) SUBTOTALS This Period This Page (optional).....	▶	1572.96
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caplin & Drysdale	Nature of Debt (Purpose): Consultant-Legal
Mailing Address One Thomas Circle, NW Ste. 1100	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="37.00"/>	Transaction ID: SD10.97376	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="37.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caplin & Drysdale	Nature of Debt (Purpose): Consultant-Legal
Mailing Address One Thomas Circle, NW Ste. 1100	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="630.00"/>	Transaction ID: SD10.97441	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="630.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connell Donatelli, Inc.	Nature of Debt (Purpose): Email List Purchase
Mailing Address PO Box 1877	
City State ZIP Code Alexandria VA 22313	

Outstanding Balance Beginning This Period <input type="text" value="6725.00"/>	Transaction ID: SD10.97377	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6725.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7392.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Consulting-Compliance
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="2014.67"/>	Transaction ID: SD10.97380	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2014.67"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: SD10.97435	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: SD10.97424	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2000.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97547	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 2972.77	Transaction ID: SD10.97381	
Amount Incurred This Period 0.00	Payment This Period 2972.77	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 140.00	Transaction ID: SD10.97427	
Amount Incurred This Period 0.00	Payment This Period 140.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	1000.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 50052.14	Transaction ID: SD10.97426	
Amount Incurred This Period 0.00	Payment This Period 4070.77	Outstanding Balance at Close of This Period 45981.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 140.00	Transaction ID: SD10.97479	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 720.34	Transaction ID: SD10.97484	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 720.34

1) SUBTOTALS This Period This Page (optional).....	▶	46841.71
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97548	
Amount Incurred This Period 140.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 3201.90	Transaction ID: SD10.97423	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3201.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 3201.90	Transaction ID: SD10.97485	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3201.90

1) SUBTOTALS This Period This Page (optional).....	▶	6543.80
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97546	
Amount Incurred This Period 3201.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 3201.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paula Y. Edwards, CPA	Nature of Debt (Purpose): Consulting-Compliance
Mailing Address 1200 G Street, N.W. Suite 800	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 1225.00	Transaction ID: SD10.97480	
Amount Incurred This Period 0.00	Payment This Period 1225.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 1642.35	Transaction ID: SD10.97428	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1642.35

1) SUBTOTALS This Period This Page (optional).....	4844.25
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 1642.35	Transaction ID: SD10.97481	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1642.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97549	
Amount Incurred This Period 1642.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 1642.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Quinn & Associates	Nature of Debt (Purpose): Consultant-Polling
Mailing Address 1600 Gervais Street	
City State ZIP Code Columbia SC 29201	

Outstanding Balance Beginning This Period 26725.00	Transaction ID: SD10.97204	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 26725.00

1) SUBTOTALS This Period This Page (optional).....	▶	30009.70
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing and Mailing Corp.			Nature of Debt (Purpose): Direct Mail-Postage/Production
Mailing Address 2600 NW Topeka Blvd.			
City Topeka	State KS	ZIP Code 66617	

Outstanding Balance Beginning This Period 57302.51		Transaction ID: SD10.86868	
Amount Incurred This Period 0.00	Payment This Period 21026.28	Outstanding Balance at Close of This Period 36276.23	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing and Mailing Corp.			Nature of Debt (Purpose): Direct Mail-Postage/Production
Mailing Address 2600 NW Topeka Blvd.			
City Topeka	State KS	ZIP Code 66617	

Outstanding Balance Beginning This Period 16648.18		Transaction ID: SD10.96351	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16648.18	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing and Mailing Corp.			Nature of Debt (Purpose): Direct Mail-Postage/Production
Mailing Address 2600 NW Topeka Blvd.			
City Topeka	State KS	ZIP Code 66617	

Outstanding Balance Beginning This Period 9770.77		Transaction ID: SD10.97482	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9770.77	

1) SUBTOTALS This Period This Page (optional).....	62695.18
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Telecommunications	Nature of Debt (Purpose): Telemarketing
Mailing Address 7591 9th Street North	
City State ZIP Code Oakdale MN 55128	

Outstanding Balance Beginning This Period <input type="text" value="20822.60"/>	Transaction ID: SD10.96353	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20822.60"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Telecommunications	Nature of Debt (Purpose): Telemarketing
Mailing Address 7591 9th Street North	
City State ZIP Code Oakdale MN 55128	

Outstanding Balance Beginning This Period <input type="text" value="2233.00"/>	Transaction ID: SD10.97483	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2233.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor T&M Protection Resources	Nature of Debt (Purpose): Security
Mailing Address 42 Broadway, Ste. 1630	
City State ZIP Code New York NY 10004	

Outstanding Balance Beginning This Period <input type="text" value="1200.00"/>	Transaction ID: SD10.97161	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1200.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="23055.60"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="185955.20"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Form/Schedule: **F3XN**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures disclosed on Schedule B, Line 21b were made on behalf of any specifically identified federal candidate. All expenditures made on behalf of a specifically identified federal candidate have been disclosed on Schedule B, Line 23. 11 CFR 104.3 (b) and 106.1 2) No expenditures disclosed on Schedule B, Line 21b were made for public communications (as defined by 11 CFR 100.26) or voter drive activity (under 11 CFR 106.6(b)(2)(i)) containing express advocacy as defined under 11 CFR 100.22 and thus did not constitute in-kind contributions or independent expenditures. 3) The committee has reviewed all travel and subsistence expenditures, and reviewed the reporting requirements outlined at 11 CFR 104.9 and in the instructions for Schedule B. There is no further itemization required under any Commission regulation for these expenditures.