

# 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

[Empty box for mailing label]

White Mountain PAC

ADDRESS (number and street)

P.O. Box 1772

Check if different than previously reported. (ACC)

Concord

NH

03302

1772

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00370932

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12G)

Election on

[Empty box]

[Empty box]

[Empty box]

in the State of

[Empty box]

(d) 30-Day Post -Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

[Empty box]

[Empty box]

[Empty box]

in the State of

[Empty box]

5. Covering Period

01

01

2007

through

06

30

2007

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

Type or Print Name of Treasurer

H. Scott Flegal

Signature of Treasurer

Electronically Filed by H. Scott Flegal

Date

12

18

2007

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

Office Use Only														
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FEC FORM 3X  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
White Mountain PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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		110105.66
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	110105.66									
(c) Total Receipts (from Line 19) .....	173607.11	173607.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	283712.77	283712.77								
7. Total Disbursements (from Line 31) .....	174419.78	174419.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	109292.99	109292.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
White Mountain PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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	42098.03	42098.03
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	42098.03	42098.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	131000.00	131000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	173098.03	173098.03
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) .....	9.08	9.08
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	500.00	500.00
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)) .....	173607.11	173607.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	173607.11	173607.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8912.91	8912.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8912.91	8912.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	91000.00	91000.00
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.....	74506.87	74506.87
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))..	174419.78	174419.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	174419.78	174419.78

**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) .....	173098.03	173098.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	173098.03	173098.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8912.91	8912.91
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	9.08	9.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8903.83	8903.83

# 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 / 53
	<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)  
White Mountain PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrew Athy, Jr.  
Mailing Address 1310 Nineteenth St., NW

City	State	Zip Code
Washington	DC	20036

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

Name of Employer O'Neill, Athy & Casey	Occupation Consultant
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.6104

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Teresa W Ayers  
Mailing Address 425 North Cedar Brook Road

City	State	Zip Code
Boulder	CO	80304

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

Name of Employer Navigant Biotechnologies	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	7

Transaction ID: SA11A1.6137

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Lea Berman  
Mailing Address 3055 Whitehaven Street, NW

City	State	Zip Code
Washington	DC	20008

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	7

Transaction ID: SA11A1.6167

Amount of Each Receipt this Period  
1000.00

In-kind - 4/25 event

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<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 / 53  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

**A.** Full Name (Last, First, Middle Initial)  
Wayne L Berman

Mailing Address 3055 Whitehaven St, NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 20 / 2007

**Transaction ID:** SA11A1.6082

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Wayne L Berman

Mailing Address 3055 Whitehaven St, NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
04 / 16 / 2007

**Transaction ID:** SA11A1.6133

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Wayne L Berman

Mailing Address 3055 Whitehaven St, NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2348.03

Date of Receipt  
04 / 25 / 2007

**Transaction ID:** SA11A1.6165

Amount of Each Receipt this Period  
848.03

In-kind - 4/25 event

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2348.03

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Steven K Berry</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 3604 Annandale Rd		<b>Transaction ID: SA11A1.6113</b>	
City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Direct Marketing Association	Occupation VP for Government and Consumer Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Wayne C Beyer</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 2501 Porter St NW No 527		<b>Transaction ID: SA11A1.6108</b>	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Washington, D.C. Office of Cor	Occupation Senior Litigation Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Chad Bradley</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2007	
Mailing Address 406 Virginia Avenue		<b>Transaction ID: SA11A1.6152</b>	
City State Zip Code Alexandria VI 22302	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Chad Bradley & Associates, L.L	Occupation Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Cambon		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 908 Croton Dr		<b>Transaction ID:</b> SA11A1.6114	
City Alexandria	State VA	Zip Code 22308	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Livingston Group	Occupation Director of Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Martin Cancienne		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address P.O. Box 36 7075 Hwy 1 South		<b>Transaction ID:</b> SA11A1.6111	
City Belle Rose	State LA	Zip Code 70341	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer The Livingston Group	Occupation Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Johnson < Green		Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2007	
Mailing Address 4450 Dexter St NW		<b>Transaction ID:</b> SA11A1.6154	
City Washington	State DC	Zip Code 20007	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Ogilvy Government Relations	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Stacey Hughes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 314 N Garfield St		<b>Transaction ID: SA11A1.6105</b>	
City State Zip Code Arlington VA 22201-1231	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer The Nickles Grup	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Kathleen Clark Kies</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 6109 Franklin Park Road		<b>Transaction ID: SA11A1.6118</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 2500.00		
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 ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey J Kimbell</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2007	
Mailing Address 3504 Whitehaven Parkway NW		<b>Transaction ID: SA11A1.6139</b>	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Kimbell & Associates	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A.</b> J Paul Looney		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 640 W Timber Branch Parkway		Transaction ID: SA11A1.6107	
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation WASHCAP Group Principal	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Gordon MacDougall		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2007	
Mailing Address 3913 N Dunbarton St		Transaction ID: SA11A1.6136	
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Beacon Consulting Group President	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mark J Magliocchetti		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007	
Mailing Address 10203 Woodvale Pond Dr		Transaction ID: SA11A1.6156	
City State Zip Code Fairfax Station VA 22039-1658	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation The PMA Group Associate	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Andrew E. Manatos		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 1100 New Hampshire Ave, NW		Transaction ID: SA11A1.6134
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer National Coordinated Effort of	Occupation President	Contribution
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.</b> J Allen Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 10095 Lawyers Road		Transaction ID: SA11A1.6117
City Vienna	State VA	Zip Code 22181
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The Livingston Group, L.L.C.	Occupation Founding Partner	Contribution
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.</b> Richard B Murphy		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 6041 Woodmont Road		Transaction ID: SA11A1.6151
City Alexandria	State VA	Zip Code 22307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer R B Murphy & Associates	Occupation President	Contribution
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) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Marjorie Strayer		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 45 Carriage House Circle Road		Transaction ID: SA11A1.6116	
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Capitol Impact	Occupation President		
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.</b> Linda E Tarplin		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2007	
Mailing Address 1350 Eye Street NW Suite 690		Transaction ID: SA11A1.6075	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer The OB-C Group Inc.	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David F. Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 708 W. Braddock Road		Transaction ID: SA11A1.6103	
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Capitol Solutions	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffery M. Walter</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 508 Summers Court		Transaction ID: SA11A1.6110	
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer The Walter Group	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. William H Zelif, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 499 S Capitol Street, SW Suite 600		Transaction ID: SA11A1.6115	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer The Livingston Group, L.L.C.	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. George S. Zorich</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 22 / 2007	
Mailing Address 602 Academy Woods Drive		Transaction ID: SA11A1.6157	
City State Zip Code Lake Forest IL 60045-5118	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer BioNiche Pharma	Occupation President, North American Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	42098.03

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 53
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. AMERICAN HOSPITAL ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 325 Seventh Street NW Suite 700		<b>Transaction ID:</b> SA11C.6089
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b> C00106146		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 2 West Dixie Highway		<b>Transaction ID:</b> SA11C.6098
City Dania Beach	State FL	Zip Code 33004
FEC ID number of contributing federal political committee. <b>C</b> C00027532		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Contribution
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>C. AT&amp;T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&amp;T FEDERAL PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 175 E. Houston Street Room 7-A-50		<b>Transaction ID:</b> SA11C.6120
City San Antonio	State TX	Zip Code 78205
FEC ID number of contributing federal political committee. <b>C</b> C00109017		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
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: PAGE 16 / 53  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

**A.** Full Name (Last, First, Middle Initial)  
BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)

Mailing Address 1300 North 17th Street  
Suite 1400

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	7

**Transaction ID:** SA11C.6130

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
BANK OF AMERICA CORPORATION STATE AND FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1100 N. King St. DE5-001-02-07  
DE5-001-02-07

City State Zip Code  
Wilmington DE 19884

FEC ID number of contributing federal political committee. **C** C00043489

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	7

**Transaction ID:** SA11C.6086

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address PO BOX 34676

City State Zip Code  
WASHINGTON DC 20043

FEC ID number of contributing federal political committee. **C** C00368480

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

**Transaction ID:** SA11C.6145

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 53		
	<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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. CHUBB CORPORATION POLITICAL ACTION COMMITTEE-CHUBBPAC, THE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 15 Mountain View Road PO BOX 1651		Transaction ID: SA11C.6128
City Warren State NJ Zip Code 07059	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00229203		Contribution
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>B. COMCAST CORP. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 1500 Market Street 35th Floor		Transaction ID: SA11C.6123
City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00248716		Contribution
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. CREDIT SUISSE SECURITIES (USA) GOVERNMENT ACTION FUND</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 1155 21st Street NW Suite 300		Transaction ID: SA11C.6147
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00111559		Contribution
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) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 53
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. DELTA DENTAL PLANS ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 1515 W. 22ND STREET, SUITE 450		<b>Transaction ID: SA11C.6078</b>
City State Zip Code Oak Brook IL 60523	FEC ID number of contributing federal political committee. <b>C</b> C00213819	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DIRECT VOICE THE POLITICAL ACTION COMMITTEE OF THE DIRECT MARKETING ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1111 19TH STREET NW SUITE 1100		<b>Transaction ID: SA11C.6088</b>
City State Zip Code WASHINGTON DC 20036	FEC ID number of contributing federal political committee. <b>C</b> C00235309	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address LILLY CORPORATE CENTER		<b>Transaction ID: SA11C.6142</b>
City State Zip Code INDIANAPOLIS IN 46285	FEC ID number of contributing federal political committee. <b>C</b> C00082792	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 19 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A.</b> FMR Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 82 Devonshire Street		Transaction ID: SA11C.6080	
City State Zip Code Boston MA 02109	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00215046		Contribution	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> FPL PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 700 Universe Blvd. P.O. Box 14000		Transaction ID: SA11C.6125	
City State Zip Code Juno Beach FL 33408	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00064774		Contribution	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 1299 Pennsylvania Ave NW STE 1100		Transaction ID: SA11C.6097	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00024869		Contribution	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 101 Constitution Avenue NW Suite 500 West		Transaction ID: SA11C.6093
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00096156	Contribution	
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>B. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2007
Mailing Address 1750 NEW YORK NW		Transaction ID: SA11C.6067
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C70003108	Contribution	
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. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2007
Mailing Address 1401 H STREET NW SUITE 1200		Transaction ID: SA11C.6077
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00105981	Contribution	
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) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. JACOBS GOOD GOVERNMENT FUND OF JACOBS ENGINEERING GROUP INC.</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2007
Mailing Address 1111 South Arroyo Parkway		<b>Transaction ID:</b> SA11C.6069
City Pasadena State CA Zip Code 91105	FEC ID number of contributing federal political committee. <b>C</b> C00142299	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. LIBERTY MUTUAL INSURANCE COMPANY-PAC</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2007
Mailing Address 175 Berkeley Steet		<b>Transaction ID:</b> SA11C.6094
City Boston State MA Zip Code 02117	FEC ID number of contributing federal political committee. <b>C</b> C00171843	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
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. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2007
Mailing Address 1550 Crystal Drive Suite 300		<b>Transaction ID:</b> SA11C.6126
City Arlington State VA Zip Code 22202	FEC ID number of contributing federal political committee. <b>C</b> C00303024	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 53		
	<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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. MERCK &amp; CO. INC. EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave. NW North Building Suite 1200		<b>Transaction ID: SA11C.6131</b>	
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00097485		Contribution	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MGI PHARMA INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 5775 WEST OLD SHAKOPEE RD STE 100		<b>Transaction ID: SA11C.6143</b>	
City BLOOMINGTON State MN Zip Code 55437	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00429886		Contribution	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. NACS POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 1600 Duke Street		<b>Transaction ID: SA11C.6091</b>	
City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00126763		Contribution	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Oracle Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 500 Oracle Parkway MS 50P6		Transaction ID: SA11C.6090
City State Zip Code Redwood Shores CA 94065	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00323048	Contribution	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Oracle Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2007
Mailing Address 500 Oracle Parkway MS 50P6		Transaction ID: SA11C.6141
City State Zip Code Redwood Shores CA 94065	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00323048	Contribution	
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> RAYTHEON COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 870 Winter Street		Transaction ID: SA11C.6099
City State Zip Code Waltham MA 02451	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00097568	Contribution	
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) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. SALLIE MAE INC POLITICAL ACTION COMMITTEE (SALLIE MAE PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 11600 SALLIE MAE DRIVE		<b>Transaction ID: SA11C.6100</b>
City State Zip Code RESTON VA 20193	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00331835</b>	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SONNENSCHN NATH &amp; ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007
Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER		<b>Transaction ID: SA11C.6162</b>
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00216127</b>	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The BC/BS Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 16 / 2007
Mailing Address 1310 G Street, N.W.		<b>Transaction ID: SA11C.6127</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00194746</b>	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<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 25 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. THERMO FISHER SCIENTIFIC INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7		
Mailing Address 81 Wyman Street PO Box 9046		<b>Transaction ID: SA11C.6148</b>		
City Waltham      State MA      Zip Code 02454	Amount of Each Receipt this Period 1000.00		Contribution	
FEC ID number of contributing federal political committee. <b>C</b> C00292318				
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7		
Mailing Address 430 First St. SE		<b>Transaction ID: SA11C.6160</b>		
City Washington      State DC      Zip Code 20003	Amount of Each Receipt this Period 1000.00		Contribution	
FEC ID number of contributing federal political committee. <b>C</b> C00002881				
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7		
Mailing Address 600 13th St. NW Suite 340		<b>Transaction ID: SA11C.6084</b>		
City Washington      State DC      Zip Code 20005	Amount of Each Receipt this Period 5000.00		Contribution	
FEC ID number of contributing federal political committee. <b>C</b> C00010470				
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<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 26 / 53
	<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS/VERIZON COMM INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 'VERIZON WIRELESS PAC' 180 WASHINGTON VALLEY ROAD		<b>Transaction ID: SA11C.6124</b>
City State Zip Code BEDMINSTER NJ 07921	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00363127		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. VSS&amp;P FEDPAC</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2007
Mailing Address 52 E. Gay Street P.O. Box 1008		<b>Transaction ID: SA11C.6070</b>
City State Zip Code Columbus OH 43216	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00220764		Contribution
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. WARNER MUSIC GROUP CORP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 75 ROCKEFELLER PLAZA		<b>Transaction ID: SA11C.6095</b>
City State Zip Code NEW YORK NY 10019	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00411074		Contribution
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 53
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

**A.** Full Name (Last, First, Middle Initial)  
WELLPOINT INC. WELLPAC

Mailing Address 120 Monument Circle

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: SA11C.6122

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	131000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 53
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

**A.** Full Name (Last, First, Middle Initial)  
TEAM SUNUNU

Mailing Address PO BOX 500

City RYE State NH Zip Code 03870

FEC ID number of contributing federal political committee. **C** C00370031

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA16.6119

Amount of Each Receipt this Period  
500.00

Contribution Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 53

<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> SB21B.6048 <b>Date of Disbursement</b> MM / DD / YYYY 01 / 30 / 2007
Mailing Address P.O. Box 1758		Amount of Each Disbursement this Period 1.50
City Newark State NE Zip Code 07101-1758	Purpose of Disbursement Finance Charge 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>[MEMO ITEM]</b>
Category/Type: 001		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> SB21B.6049 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 23 / 2007
Mailing Address P.O. Box 1758		Amount of Each Disbursement this Period 5673.90
City Newark State NE Zip Code 07101-1758	Purpose of Disbursement Credit Card Payment (see Memo) 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>[MEMO ITEM]</b>
Category/Type: 001		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID:</b> SB21B.6055 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 23 / 2007
Mailing Address P.O. Box 1758		Amount of Each Disbursement this Period 199.69
City Newark State NE Zip Code 07101-1758	Purpose of Disbursement Credit Card Payment (see Memo) 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>[MEMO ITEM]</b>
Category/Type: 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5873.59</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 30 / 53

<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Transaction ID: SB21B.6058 Date of Disbursement																					
Mailing Address P.O. Box 1758		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	2		2	0	0	7														
City Newark	State NE	Zip Code 07101-1758	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment (see Memo)		<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type	<table border="1"> <tr> <td>361.60</td> </tr> </table>	361.60																	
001																							
Category/ Type																							
361.60																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: SB21B.6061 Date of Disbursement																					
Mailing Address P.O. Box 1758		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	0	7														
City Newark	State NE	Zip Code 07101-1758	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment (see Memo)		<table border="1"> <tr> <td>003</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	003	Category/ Type	<table border="1"> <tr> <td>712.49</td> </tr> </table>	712.49																	
003																							
Category/ Type																							
712.49																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. Lea Berman</b>		Transaction ID: SB21B.6169 Date of Disbursement																					
Mailing Address 3055 Whitehaven Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	5		2	0	0	7														
City Washington	State DC	Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement In-kind - 4/25 event		<table border="1"> <tr> <td></td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		Category/ Type	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																	
Category/ Type																							
1000.00																							
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) .....	▶	2074.09
<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Wayne L Berman</b>		<b>Transaction ID:</b> SB21B.6166 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 25 / 2007
Mailing Address 3055 Whitehaven St, NW		Amount of Each Disbursement this Period 848.03
City Washington State DC Zip Code 20008	Purpose of Disbursement In-kind - 4/25 event	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dell Catalog Sales, L.P.</b>		<b>Transaction ID:</b> SB21B.6057 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 21 / 2007
Mailing Address One Dell Way		Amount of Each Disbursement this Period 39.79
City Round Rock State TX Zip Code 78682	Purpose of Disbursement Administrative 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>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Irving Bluecanoe</b>		<b>Transaction ID:</b> SB21B.6054 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 16 / 2007
Mailing Address 73 Lafayette Rd		Amount of Each Disbursement this Period 26.89
City North Hampton State NH Zip Code 03862	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) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	848.03
<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Network Solutions</b>		Transaction ID: SB21B.6059 Date of Disbursement MM / DD / YYYY 04 / 21 / 2007
Mailing Address Elm Street		Amount of Each Disbursement this Period 361.60
City Manchester State NH Zip Code 03101	[MEMO ITEM]	
Purpose of Disbursement Administration 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) ▼

Full Name (Last, First, Middle Initial) <b>B. NH Liquor Store #68</b>		Transaction ID: SB21B.6064 Date of Disbursement MM / DD / YYYY 05 / 14 / 2007
Mailing Address 69 Lafayette Road		Amount of Each Disbursement this Period 319.99
City North Hampton State NH Zip Code 03862	[MEMO ITEM]	
Purpose of Disbursement Political Event 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. Staples</b>		Transaction ID: SB21B.6056 Date of Disbursement MM / DD / YYYY 03 / 20 / 2007
Mailing Address 76 Ft Eddy Plaza		Amount of Each Disbursement this Period 159.90
City Concord State NH Zip Code 03301	[MEMO ITEM]	
Purpose of Disbursement Office Supplies 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) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. The Caucus Room</b>		Transaction ID: SB21B.6051 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address Market Square North 401 9th St, NW		Amount of Each Disbursement this Period 5647.01
City Washington State DC Zip Code 20001	[MEMO ITEM]	
Purpose of Disbursement Political Fundraising Event Candidate Name		003 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. The Caucus Room</b>		Transaction ID: SB21B.6046 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 7
Mailing Address Market Square North 401 9th St, NW		Amount of Each Disbursement this Period 115.70
City Washington State DC Zip Code 20001	[MEMO ITEM]	
Purpose of Disbursement Political Luncheon Candidate Name		003 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. The Cranberry Bog</b>		Transaction ID: SB21B.6062 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 29 Lafayette Road		Amount of Each Disbursement this Period 392.50
City North Hampton State NH Zip Code 03862	[MEMO ITEM]	
Purpose of Disbursement Office Supplies 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) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	8795.71

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. BOB SCHAFFER FOR US SENATE</b>		<b>Transaction ID: SB23.6038</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2007
Mailing Address 1777 HARRISON ST SUITE 100		Amount of Each Disbursement this Period 5000.00
City DENVER State CO Zip Code 80210	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

Full Name (Last, First, Middle Initial) <b>B. CHAMBLISS FOR SENATE</b>		<b>Transaction ID: SB23.6041</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2007
Mailing Address POST OFFICE BOX 12469		Amount of Each Disbursement this Period 5000.00
City ATLANTA State GA Zip Code 30355	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. COLEMAN FOR SENATE 08</b>		<b>Transaction ID: SB23.6030</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2007
Mailing Address 7300 HUDSON BLVD SUITE 270A		Amount of Each Disbursement this Period 5000.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. COLEMAN FOR SENATE 08</b>		Transaction ID: SB23.6032 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 7300 HUDSON BLVD SUITE 270A		Amount of Each Disbursement this Period 5000.00
City ST PAUL State MN Zip Code 55128	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. COLLINS FOR SENATOR</b>		Transaction ID: SB23.6017 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address PO BOX 1096		Amount of Each Disbursement this Period 5000.00
City BANGOR State ME Zip Code 04402	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COLLINS FOR SENATOR</b>		Transaction ID: SB23.6019 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address PO BOX 1096		Amount of Each Disbursement this Period 5000.00
City BANGOR State ME Zip Code 04402	Category/Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH DOLE COMMITTEE INC</b>		<b>Transaction ID: SB23.6021</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address PO BOX 2918		Amount of Each Disbursement this Period 5000.00
City RALEIGH State NC Zip Code 27602	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH DOLE COMMITTEE INC</b>		<b>Transaction ID: SB23.6023</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address PO BOX 2918		Amount of Each Disbursement this Period 5000.00
City RALEIGH State NC Zip Code 27602	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF GORDON SMITH</b>		<b>Transaction ID: SB23.6027</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 228 S WASHINGTON STE 115		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF GORDON SMITH</b>		Transaction ID: SB23.6029 Date of Disbursement
Mailing Address 228 S WASHINGTON STE 115		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 00	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. GRAHAM FOR SENATE</b>		Transaction ID: SB23.6036 Date of Disbursement
Mailing Address 199 WEALTHA AVE		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City WATERTOWN	State NY	Zip Code 13601
Purpose of Disbursement Contribution	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 00	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. JEB BRADLEY FOR CONGRESS</b>		Transaction ID: SB23.6040 Date of Disbursement
Mailing Address 645 South Main Street		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Wolfeboro	State NH	Zip Code 03894
Purpose of Disbursement Contribution	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 01	

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE</b>		Transaction ID: SB23.6015 Date of Disbursement																				
Mailing Address 425 SECOND STREET NE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	2		2	0	0	7													
City WASHINGTON	State DC	Zip Code 20002																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>15000.00</td></tr></table>	15000.00																			
15000.00																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																						

Full Name (Last, First, Middle Initial) <b>B. Roberts for Senate</b>		Transaction ID: SB23.6033 Date of Disbursement																				
Mailing Address P.O. Box 433		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
City Great Bend	State IN	Zip Code 67530																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type																				
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																						

Full Name (Last, First, Middle Initial) <b>C. Roberts for Senate</b>		Transaction ID: SB23.6035 Date of Disbursement																				
Mailing Address P.O. Box 433		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
City Great Bend	State IN	Zip Code 67530																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type																				
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>25000.00</td></tr></table>	25000.00
25000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. TEAM SUNUNU</b>		<b>Transaction ID: SB23.6024</b>	
Mailing Address PO BOX 500		Date of Disbursement MM / DD / YYYY 03 / 06 / 2007	
City RYE	State NH	Zip Code 03870	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH	District: 00		

Full Name (Last, First, Middle Initial) <b>B. TEAM SUNUNU</b>		<b>Transaction ID: SB23.6026</b>	
Mailing Address PO BOX 500		Date of Disbursement MM / DD / YYYY 03 / 06 / 2007	
City RYE	State NH	Zip Code 03870	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH	District: 00		

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

10000.00

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

91000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Belknap County Republican Committee</b>		<b>Transaction ID: SB29.5998</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 1496 Old N Main St		Amount of Each Disbursement this Period 200.00
City Laconia State NH Zip Code 03246	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. Boutin for State Representative</b>		<b>Transaction ID: SB29.5996</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 1465 Hooksett Road #80		Amount of Each Disbursement this Period 250.00
City Hooksett State NH Zip Code 03106	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) <b>C. Carroll County Republican Committee</b>		<b>Transaction ID: SB29.6008</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 237		Amount of Each Disbursement this Period 390.00
City Jackson State NH Zip Code 03846	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	840.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Cheshire County Republican Committee</b>		<b>Transaction ID: SB29.5999</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address Attn: Chip Fairbanks P.O. Box 1331		Amount of Each Disbursement this Period 200.00
City Keene State NH Zip Code 03431	Purpose of Disbursement Contribution Candidate Name <input type="checkbox"/> 011 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. Coos County Republican Committee</b>		<b>Transaction ID: SB29.6010</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 806 Route 3		Amount of Each Disbursement this Period 250.00
City North Stratford State NH Zip Code 03540	Purpose of Disbursement Contribution Candidate Name <input type="checkbox"/> 011 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. Laena Fallon</b>		<b>Transaction ID: SB29.5978</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 501 Barn Door Gap		Amount of Each Disbursement this Period 1540.00
City Strafford State NH Zip Code 03884	Purpose of Disbursement Consulting Fee Candidate Name <input type="checkbox"/> 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) ..... ►	1990.00
<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)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Flegal Law Office, PA</b>		<b>Transaction ID: SB29.5988</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 159 Main Street		Amount of Each Disbursement this Period 148.41
City Nashua State NH Zip Code 03060	Purpose of Disbursement Administrative 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>B. Tim Lyons</b>		<b>Transaction ID: SB29.5964</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 12 Main St		Amount of Each Disbursement this Period 114.50
City Salem State NH Zip Code 03079	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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Tim Lyons</b>		<b>Transaction ID: SB29.5965</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1685.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Lyons</b>		<b>Transaction ID: SB29.5969</b> Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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. Tim Lyons</b>		<b>Transaction ID: SB29.5971</b> Date of Disbursement MM / DD / YYYY 03 / 23 / 2007
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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. Tim Lyons</b>		<b>Transaction ID: SB29.5973</b> Date of Disbursement MM / DD / YYYY 04 / 06 / 2007
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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) ..... ▶	4269.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Lyons</b>		<b>Transaction ID: SB29.5974</b> Date of Disbursement 04 / 19 / 2007
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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. Tim Lyons</b>		<b>Transaction ID: SB29.5975</b> Date of Disbursement 04 / 19 / 2007
Mailing Address 12 Main St		Amount of Each Disbursement this Period 644.12
City Salem State NH Zip Code 03079	Purpose of Disbursement Administrative 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. Tim Lyons</b>		<b>Transaction ID: SB29.5977</b> Date of Disbursement 05 / 11 / 2007
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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) ..... ▶	3490.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Lyons</b>		<b>Transaction ID: SB29.5979</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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. Tim Lyons</b>		<b>Transaction ID: SB29.5982</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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. Tim Lyons</b>		<b>Transaction ID: SB29.5986</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 12 Main St		Amount of Each Disbursement this Period 1423.08
City Salem State NH Zip Code 03079	Purpose of Disbursement Consulting Fee 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) ..... ▶	4269.24
<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 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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Merrimack County Republican Committee</b>		<b>Transaction ID: SB29.6005</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 1 Capitol St		Amount of Each Disbursement this Period 200.00
City Concord State NH Zip Code 03302	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input 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. New Hampshire Republican State Committee</b>		<b>Transaction ID: SB29.5994</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 134 North Main Street		Amount of Each Disbursement this Period 2000.00
City Concord State NH Zip Code 03301	Purpose of Disbursement Political Event Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input 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. Pearson &amp; Associates</b>		<b>Transaction ID: SB29.5961</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 900 19th Street, NW 8th Floor		Amount of Each Disbursement this Period 8690.00
City Washington State DC Zip Code 20006	Purpose of Disbursement Fundraising Expenses 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10890.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Pearson &amp; Associates</b>		Transaction ID: SB29.5962 Date of Disbursement
Mailing Address 900 19th Street, NW 8th Floor		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Consulting Fee	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Pearson &amp; Associates</b>		Transaction ID: SB29.5963 Date of Disbursement
Mailing Address 900 19th Street, NW 8th Floor		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Administrative Expense	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Pearson &amp; Associates</b>		Transaction ID: SB29.5966 Date of Disbursement
Mailing Address 900 19th Street, NW 8th Floor		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Administrative Expense	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="31.76"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5831.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Pearson &amp; Associates</b>		Transaction ID: SB29.5967 Date of Disbursement																				
Mailing Address 900 19th Street, NW 8th Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	7													
City Washington	State DC	Zip Code 20006																				
Purpose of Disbursement Consulting Fee		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

Full Name (Last, First, Middle Initial) <b>B. Pearson &amp; Associates</b>		Transaction ID: SB29.5970 Date of Disbursement																				
Mailing Address 900 19th Street, NW 8th Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	7													
City Washington	State DC	Zip Code 20006																				
Purpose of Disbursement Fundraising Expense		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>6564.36</td></tr></table>	6564.36																			
6564.36																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <table border="1"><tr><td>003</td></tr></table>	003																			
003																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

Full Name (Last, First, Middle Initial) <b>C. Pearson &amp; Associates</b>		Transaction ID: SB29.5972 Date of Disbursement																				
Mailing Address 900 19th Street, NW 8th Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	7													
City Washington	State DC	Zip Code 20006																				
Purpose of Disbursement Consulting Fee		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
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) .....	<table border="1"><tr><td>16564.36</td></tr></table>	16564.36
16564.36		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Pearson &amp; Associates</b>		<b>Transaction ID:</b> SB29.5976 Date of Disbursement
Mailing Address 900 19th Street, NW 8th Floor		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Consulting Fee	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Pearson &amp; Associates</b>		<b>Transaction ID:</b> SB29.5980 Date of Disbursement
Mailing Address 900 19th Street, NW 8th Floor		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Fundraising Expense	<input type="text" value="003"/> 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:		
		Amount of Each Disbursement this Period <input type="text" value="4400.00"/>

Full Name (Last, First, Middle Initial) <b>C. Pearson &amp; Associates</b>		<b>Transaction ID:</b> SB29.5983 Date of Disbursement
Mailing Address 900 19th Street, NW 8th Floor		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Consulting Fee	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Pearson &amp; Associates</b>		<b>Transaction ID: SB29.5984</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 900 19th Street, NW 8th Floor		Amount of Each Disbursement this Period 980.00
City Washington State DC Zip Code 20006	Purpose of Disbursement Administrative 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. Pearson &amp; Associates</b>		

Full Name (Last, First, Middle Initial) <b>B. Pearson &amp; Associates</b>		<b>Transaction ID: SB29.5985</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 900 19th Street, NW 8th Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20006	Purpose of Disbursement Fundraising Expense 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) ▼
Full Name (Last, First, Middle Initial) <b>C. Pearson &amp; Associates</b>		

Full Name (Last, First, Middle Initial) <b>C. Pearson &amp; Associates</b>		<b>Transaction ID: SB29.5987</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 900 19th Street, NW 8th Floor		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	Purpose of Disbursement Consulting Fee 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) ..... ▶	6480.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Rachel Pearson</b>		<b>Transaction ID: SB29.5968</b>	
Mailing Address Pearson & Associates 900 19th Street, NW		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 140.00
Purpose of Disbursement Administrative Expense		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>B. Postmaster</b>		<b>Transaction ID: SB29.5981</b>	
Mailing Address 12 Louden Rd		Date of Disbursement MM / DD / YYYY 05 / 22 / 2007	
City Concord	State NH	Zip Code 03302	Amount of Each Disbursement this Period 56.00
Purpose of Disbursement Post Office Box Rental Fee		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>C. Rockingham County Republican Committee</b>		<b>Transaction ID: SB29.6000</b>	
Mailing Address c/o Mrs. Jeannie Sangeanrio 39 Hampton Meadows		Date of Disbursement MM / DD / YYYY 04 / 23 / 2007	
City Hampton	State NH	Zip Code 03842	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Contribution		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>296.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. Senate Republican Victory PAC</b>		<b>Transaction ID:</b> SB29.5995 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 582 Chestnut St		Amount of Each Disbursement this Period 2500.00
City Manchester State NH Zip Code 03104	Purpose of Disbursement Political Event Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input 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. Strafford County Republican Committee</b>		<b>Transaction ID:</b> SB29.6007 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address HC 74 Box 42		Amount of Each Disbursement this Period 200.00
City Strafford State NH Zip Code 03815	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input 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. Sullivan County Republican Committee</b>		<b>Transaction ID:</b> SB29.6003 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 66 Stage Coach Road		Amount of Each Disbursement this Period 200.00
City Sunapee State NH Zip Code 03782	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 53

<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)  
White Mountain PAC

Full Name (Last, First, Middle Initial) <b>A. The Mount Sunapee Community Scholarship Fund</b>		Transaction ID: SB29.6012																					
Mailing Address 1398 Route 103		Date of Disbursement																					
City Sunapee State NH Zip Code 03782		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	9	/	2	0	0	7														
Purpose of Disbursement Donation		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>600.00</td> </tr> </table>		600.00																			
600.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		012																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	74506.87