

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
Unite Our States

ADDRESS (number and street) 513 Capitol Court NE Suite 100
Check if different than previously reported. (ACC) Washington DC 20002

2. FEC IDENTIFICATION NUMBER C00412643
3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special
Election on 11 07 2006 in the State of DC
(d) 30-Day Post -Election Report for the: General, Runoff, Special
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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 Helen Milby
Signature of Treasurer Electronically Filed by Helen Milby Date 10 26 2006

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

Table with 8 columns and 1 row. The first column is labeled 'Office Use Only'. The last two columns contain 'FEC FORM 3X (Rev. 02/2003)'.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Unite Our States

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		240667.63
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	326413.11									
(c) Total Receipts (from Line 19) .....	45076.00	835576.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	371489.11	1076244.57								
7. Total Disbursements (from Line 31) .....	133922.69	838678.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	237566.42	237566.42								
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  
Unite Our States

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	40700.00	692309.89
(i) Itemized (use Schedule A) .....	2376.00	39502.06
(ii) Unitemized .....	43076.00	731811.95
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2000.00	103250.00
(c) Other Political Committees (such as PACs) .....	45076.00	835061.95
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	514.99
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	45076.00	835576.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	45076.00	835576.94

**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.....	23322.69	515628.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	23322.69	515628.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	22050.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	52000.00	165900.00
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	4000.00
(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	4000.00
29. Other Disbursements.....	58600.00	131100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	133922.69	838678.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	133922.69	838678.15

**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) .....	45076.00	835061.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45076.00	831061.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23322.69	515628.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	514.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23322.69	515113.16

**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)  
Unite Our States

**A.** Full Name (Last, First, Middle Initial)  
Robert J. F. Brobyn

Mailing Address 57151 Morton St

City State Zip Code  
Marathon FL 33050-5607

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

Name of Employer Occupation  
Omtae Financial, Inc. Chairman & CEO - Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID: C852813**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher G. Caine

Mailing Address 5007 Worthington Drive

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
IBM Corp Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID: C849883**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Derek Gorgon Dahl

Mailing Address 1983 N Devon Ave

City State Zip Code  
East Wenatchee WA 98802

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID: C864014**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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)  
Unite Our States

**A.** Full Name (Last, First, Middle Initial)  
Nils Ekman

Mailing Address 10601 NW 52 Terrace

City State Zip Code  
Miami FL 33178

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID: C849880**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jamie S. Gorelick

Mailing Address 3713 Williams Ln

City State Zip Code  
Chevy Chase MD 20815-4951

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

Name of Employer Information Requested Occupation Information Requested  
Wilmer Hale Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID: C852820**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3611 S High Drive

City State Zip Code  
Spokane WA 99203

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID: C875374**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 8 / 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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A.</b> Barry L. Halperin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 1018 Bucida Rd		<b>Transaction ID:</b> C853525	
City State Zip Code Delray Beach FL 33483-6648	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jacole Reality	Occupation Realtor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Linda Hecht		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 329 W. Cypress Ave.		<b>Transaction ID:</b> C875368	
City State Zip Code Redlands CA 92373	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Holbrooke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 211 Central Park W Apt 8-G		<b>Transaction ID:</b> C862597	
City State Zip Code New York NY 10024-6020	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Perseus LLC	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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)  
Unite Our States

**A.** Full Name (Last, First, Middle Initial)  
Matthew F. Jacobson

Mailing Address 1000 Park Avenue  
Apt. 6A

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Yale University Professor of History

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** C869279

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Robert J. Laskowski, MD

Mailing Address 9 Meadows Ln

City State Zip Code  
Wilmington DE 19807-1243

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

Name of Employer Occupation  
Christiana Health Care Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** C875361

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 414 Old Lancaster Road  
Unit #302

City State Zip Code  
Haverford PA 19041

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** C875371

Amount of Each Receipt this Period  
500.00

<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: (check only one)	PAGE 10 / 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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A.</b> Charlotte Lundergan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 1385 Pridemore Ct		<b>Transaction ID:</b> C860324	
City Lexington	State KY	Amount of Each Receipt this Period 5000.00	
Zip Code 40505-4118			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Business Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jerry Lundergan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 1385 Pridemore Ct		<b>Transaction ID:</b> C860319	
City Lexington	State KY	Amount of Each Receipt this Period 5000.00	
Zip Code 40505-4118			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Businessman		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Erin R Medicott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 3091 Edwin Ave Apt 4H		<b>Transaction ID:</b> C864013	
City Fort Lee	State NJ	Amount of Each Receipt this Period 100.00	
Zip Code 07024			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Newspaper National Network, LP	Occupation market research		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10100.00
<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	

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)  
Unite Our States

**A.** Full Name (Last, First, Middle Initial)  
Choctaw Nation of Oklahoma

Mailing Address Accounts Payable Department  
P.O. Drawer 1210

City State Zip Code  
Durant OK 74702

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

Name of Employer n/a Occupation Native American Tribe

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: C853522

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 104 W Hawthorne Ct

City State Zip Code  
Hockessin DE 19707

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: C875363

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1000 Park Ave  
Apt 6A

City State Zip Code  
New York NY 10028-0934

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: C869259

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10250.00
<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 12 / 53	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Unite Our States

**A.** Full Name (Last, First, Middle Initial)  
Charles Wilkins

Mailing Address 1444 Laredo Drive SE

City Olympia State WA Zip Code 98513-7799

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

Name of Employer Southwest Surveillance Systems Occupation Security Services

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: C864012

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40700.00

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Citizens Financial Group Inc. Political Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 1 Citizens Plz Fl 12		<b>Transaction ID: C867968</b>	
City Providence	State RI	Amount of Each Receipt this Period 1000.00	
Zip Code 02903-1344		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00307249		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. DAY &amp; ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 1818 MARKET STREET 22ND FLOOR		<b>Transaction ID: C852827</b>	
City PHILADELPHIA	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 19103		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00341271		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	2000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Basil Doyle</b>		<b>Transaction ID: D70113</b> Date of Disbursement 10 / 11 / 2006	
Mailing Address 1145 West Farwell Ave #2		Amount of Each Disbursement this Period 443.96	
City Chicago State IL Zip Code 60626	Purpose of Disbursement Reimbursement - Telephone Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cary B. Young</b>		<b>Transaction ID: D69485</b> Date of Disbursement 10 / 11 / 2006	
Mailing Address 2 Lord Fairfax Drive		Amount of Each Disbursement this Period 160.00	
City Fredericksbrg State VA Zip Code 22405	Purpose of Disbursement Office Cleaning Services Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Danielle Borrin</b>		<b>Transaction ID: D69551</b> Date of Disbursement 10 / 11 / 2006	
Mailing Address 513 Capitol Court NE Suite 100		Amount of Each Disbursement this Period 200.29	
City Washington State DC Zip Code 20002	Purpose of Disbursement Reimbursement - Shipping Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	804.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Evan Ryan</b>		<b>Transaction ID: D69553</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 1638 R Street, NW Apt. 401		Amount of Each Disbursement this Period 195.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Reimbursement - Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Helen Milby &amp; Co.</b>		<b>Transaction ID: D69554</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 12502 Brooke Lane		Amount of Each Disbursement this Period 177.00
City Upper Marlboro State MD Zip Code 20772	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Helen Milby &amp; Co.</b>		<b>Transaction ID: D69555</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 12502 Brooke Lane		Amount of Each Disbursement this Period 535.37
City Upper Marlboro State MD Zip Code 20772	Purpose of Disbursement Reimbursement - Conference Call Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	907.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Helen Milby &amp; Co.</b>		<b>Transaction ID: D69556</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 12502 Brooke Lane		Amount of Each Disbursement this Period 4530.12
City Upper Marlboro State MD Zip Code 20772	Purpose of Disbursement Reimbursement - Subscription Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Jillian Jackl Semaan</b>		<b>Transaction ID: D69552</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 4850 Connecticut Ave., NW Apt 614		Amount of Each Disbursement this Period 99.84
City Washington State DC Zip Code 20008	Purpose of Disbursement Reimbursement - Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Citi Cards</b>		<b>Transaction ID: D69486</b> Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 8001		Amount of Each Disbursement this Period 16606.11
City South Hackensack State NJ Zip Code 07606	Purpose of Disbursement Credit Card Payment - Various Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

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

21236.07

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



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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Transaction ID: D69497 Date of Disbursement 10 / 11 / 2006	
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 60.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Transaction ID: D69498 Date of Disbursement 10 / 11 / 2006	
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 109.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Transaction ID: D69499 Date of Disbursement 10 / 11 / 2006	
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 74.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Unite Our States

<p><b>A.</b> Full Name (Last, First, Middle Initial) Centro Restaurant</p>		<p><b>Transaction ID:</b> D69540 <b>Date of Disbursement</b></p>	
<p>Mailing Address 1011 Locust St</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>City Des Moines</p>	<p>State IA</p>	<p>Zip Code 50309-2811</p>	
<p>Purpose of Disbursement Catering</p>		<p><input type="text" value="001"/> Category/Type</p>	
<p>Candidate Name</p>		<p>Amount of Each Disbursement this Period <input type="text" value="834.79"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Centro Restaurant</p>		<p><b>Transaction ID:</b> D69541 <b>Date of Disbursement</b></p>	
<p>Mailing Address 1011 Locust St</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>City Des Moines</p>	<p>State IA</p>	<p>Zip Code 50309-2811</p>	
<p>Purpose of Disbursement Catering</p>		<p><input type="text" value="001"/> Category/Type</p>	
<p>Candidate Name</p>		<p>Amount of Each Disbursement this Period <input type="text" value="157.05"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Courtyard Wilmington</p>		<p><b>Transaction ID:</b> D69492 <b>Date of Disbursement</b></p>	
<p>Mailing Address 1102 West Street</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>City Wilmington</p>	<p>State DE</p>	<p>Zip Code 19801</p>	
<p>Purpose of Disbursement Lodging</p>		<p><input type="text" value="002"/> Category/Type</p>	
<p>Candidate Name</p>		<p>Amount of Each Disbursement this Period <input type="text" value="99.00"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 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

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)  
Unite Our States

<p><b>A.</b> Full Name (Last, First, Middle Initial) Courtyard Wilmington</p>		<p><b>Transaction ID:</b> D69493 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	6													
<p>Mailing Address 1102 West Street</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>99.00</td> </tr> </table> </p>	99.00																			
99.00																						
<p>City Wilmington State DE Zip Code 19801</p>	<p>Purpose of Disbursement Lodging Candidate Name</p> <p>Category/Type: 002</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b></p>																				

<p><b>B.</b> Full Name (Last, First, Middle Initial) Courtyard Wilmington</p>		<p><b>Transaction ID:</b> D69494 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	6													
<p>Mailing Address 1102 West Street</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>101.00</td> </tr> </table> </p>	101.00																			
101.00																						
<p>City Wilmington State DE Zip Code 19801</p>	<p>Purpose of Disbursement Lodging Candidate Name</p> <p>Category/Type: 002</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b></p>																				

<p><b>C.</b> Full Name (Last, First, Middle Initial) Courtyard Wilmington</p>		<p><b>Transaction ID:</b> D69495 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	6													
<p>Mailing Address 1102 West Street</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>218.90</td> </tr> </table> </p>	218.90																			
218.90																						
<p>City Wilmington State DE Zip Code 19801</p>	<p>Purpose of Disbursement Lodging Candidate Name</p> <p>Category/Type: 002</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b></p>																				

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<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)

PAGE 20 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Dell Inc.</b>		Transaction ID: D69521 Date of Disbursement 10 / 11 / 2006	
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 1326.12	
City Round Rock State TX Zip Code 78682-7000	Purpose of Disbursement Computer Purchase Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Dell Inc.</b>		Transaction ID: D69522 Date of Disbursement 10 / 11 / 2006	
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 2375.17	
City Round Rock State TX Zip Code 78682-7000	Purpose of Disbursement Computer Purchase Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: D69549 Date of Disbursement 10 / 11 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 1198.20	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement Travel Candidate Name Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: D69550 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 1198.20
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Embassy Suites Hotel Charleston</b>		Transaction ID: D69529 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 337 Meeting Street		Amount of Each Disbursement this Period 156.38
City Charleston State SC Zip Code 29403	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Embassy Suites Hotel Charleston</b>		Transaction ID: D69530 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 337 Meeting Street		Amount of Each Disbursement this Period 156.38
City Charleston State SC Zip Code 29403	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Embassy Suites Hotel Charleston</b>		<b>Transaction ID: D69531</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 337 Meeting Street		Amount of Each Disbursement this Period 178.66
City Charleston State SC Zip Code 29403	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Embassy Suites Hotel Charleston</b>		<b>Transaction ID: D69532</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 337 Meeting Street		Amount of Each Disbursement this Period 185.38
City Charleston State SC Zip Code 29403	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rentacar</b>		<b>Transaction ID: D69543</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 4915 South US Highway 1		Amount of Each Disbursement this Period 236.65
City Lantana State FL Zip Code 33462	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

PAGE 23 / 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

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)  
Unite Our States

<b>A. Enterprise Rentacar</b> Full Name (Last, First, Middle Initial) Mailing Address 4915 South US Highway 1 City Lantana State FL Zip Code 33462 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D69545</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 235.91 <b>[MEMO ITEM]</b>
---	--	--

<b>B. Grand Harbor Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 350 Bell Street City Dubuque State IA Zip Code 52001 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D69528</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 15.43 <b>[MEMO ITEM]</b>
---	--	---

<b>C. Hotel Fort Des Moines</b> Full Name (Last, First, Middle Initial) Mailing Address 1000 Walnut St City Des Moines State IA Zip Code 50309-3424 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D69544</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 1647.07 <b>[MEMO ITEM]</b>
---	--	---

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Marriott Columbia</b>		<b>Transaction ID: D69533</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 1200 Hampton Street		Amount of Each Disbursement this Period 60.50
City Columbia State SC Zip Code 29201	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marriott Columbia</b>		<b>Transaction ID: D69534</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 1200 Hampton Street		Amount of Each Disbursement this Period 120.99
City Columbia State SC Zip Code 29201	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marriott Columbia</b>		<b>Transaction ID: D69535</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 1200 Hampton Street		Amount of Each Disbursement this Period 94.42
City Columbia State SC Zip Code 29201	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

0.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 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

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)  
Unite Our States

<b>A. Marriott Columbia</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 Hampton Street City Columbia State SC Zip Code 29201 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D69537</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 120.99 <b>[MEMO ITEM]</b>
---	--	--

<b>B. Marriott Columbia</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 Hampton Street City Columbia State SC Zip Code 29201 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D69538</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 182.20 <b>[MEMO ITEM]</b>
---	--	--

<b>C. Marriott Columbia</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 Hampton Street City Columbia State SC Zip Code 29201 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D69539</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 259.30 <b>[MEMO ITEM]</b>
---	--	--

<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)

PAGE 26 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Radisson Quad City Plaza</b>		Transaction ID: D69527 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 111 East 2nd Street		Amount of Each Disbursement this Period 691.57
City Davenport State IA Zip Code 52801	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Ramada Inn, Mt. Pleasant</b>		Transaction ID: D69523 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 2502 West Ferguson Road		Amount of Each Disbursement this Period 80.59
City Mount Pleasant State TX Zip Code 75455	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Ramada Inn, Mt. Pleasant</b>		Transaction ID: D69524 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 2502 West Ferguson Road		Amount of Each Disbursement this Period 89.55
City Mount Pleasant State TX Zip Code 75455	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<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)

PAGE 27 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Ramada Inn, Mt. Pleasant</b>		Transaction ID: D69525 Date of Disbursement																					
Mailing Address 2502 West Ferguson Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	6														
City Mount Pleasant	State TX	Zip Code 75455	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging		002 Category/ Type	95.15																				
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: District:																							

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Transaction ID: D69546 Date of Disbursement																					
Mailing Address PO Box 36611		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	6														
City Dallas	State TX	Zip Code 75235-1611	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel		002 Category/ Type	116.30																				
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: District:																							

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Spencer Hotel</b>		Transaction ID: D69511 Date of Disbursement																					
Mailing Address 700 N King St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	6														
City Wilmington	State DE	Zip Code 19801-3504	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging		002 Category/ Type	503.37																				
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: District:																							

[MEMO ITEM]

<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)

PAGE 28 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: D69506 Date of Disbursement 10 / 11 / 2006	
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 15.85	
City Framingham State MA Zip Code 01702	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: D69507 Date of Disbursement 10 / 11 / 2006	
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 425.29	
City Framingham State MA Zip Code 01702	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: D69508 Date of Disbursement 10 / 11 / 2006	
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 285.89	
City Framingham State MA Zip Code 01702	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

<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)

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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: D69502 Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 15.00  <b>[MEMO ITEM]</b>
City Amf Ohare	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: D69503 Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 15.00  <b>[MEMO ITEM]</b>
City Amf Ohare	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: D69504 Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 556.90  <b>[MEMO ITEM]</b>
City Amf Ohare	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: D69505 Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 997.80  <b>[MEMO ITEM]</b>
City Amf Ohare	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: D69547 Date of Disbursement 10 / 11 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 593.10  <b>[MEMO ITEM]</b>
City Tempe	State AZ Zip Code 85281	
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS Postal Store</b>		Transaction ID: D69548 Date of Disbursement 10 / 11 / 2006
Mailing Address 475 L'Enfant Plaza SW		Amount of Each Disbursement this Period 196.00  <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20260	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	22947.69

# 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Betty Sutton for Congress</b>		<b>Transaction ID: D69861</b> Date of Disbursement 10 / 18 / 2006
Mailing Address 1700 W. Market Street #155		Amount of Each Disbursement this Period 2500.00
City Akron State OH Zip Code 44313	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Betty S. Sutton	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter for Congress</b>		<b>Transaction ID: D69855</b> Date of Disbursement 10 / 12 / 2006
Mailing Address P.O. Box 453		Amount of Each Disbursement this Period 5000.00
City Rochester State NH Zip Code 03866	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Carol Shea-Porter	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Chris Murphy</b>		<b>Transaction ID: D70114</b> Date of Disbursement 10 / 18 / 2006
Mailing Address 1 Lewis St. 3rd Floor		Amount of Each Disbursement this Period 2500.00
City Hartford State CT Zip Code 06103	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Christopher S. Murphy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Courtney for Congress</b>		<b>Transaction ID:</b> D69859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1372		Amount of Each Disbursement this Period 2500.00
City State Zip Code Vernon Rockville CT 06066	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joseph Courtney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Farrell for Congress</b>		<b>Transaction ID:</b> D69860 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 53 Riverside Ave.		Amount of Each Disbursement this Period 2500.00
City State Zip Code Westport CT 06880	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Diane G. Farrell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Phil Hare</b>		<b>Transaction ID:</b> D69858 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 4183 313 17th Street		Amount of Each Disbursement this Period 5000.00
City State Zip Code Rock Island IL 61204	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Phillip G. Hare		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SHERROD BROWN</b>		<b>Transaction ID: D69863</b> Date of Disbursement 10 / 18 / 2006
Mailing Address 2280 KRESGE DRIVE Suite 800		Amount of Each Disbursement this Period 2500.00
City AMHERST State OH Zip Code 44001	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. John Spratt for Congress</b>		<b>Transaction ID: D69561</b> Date of Disbursement 10 / 13 / 2006
Mailing Address P.O. Box 10986		Amount of Each Disbursement this Period 5000.00
City Rock Hill State SC Zip Code 29731	Purpose of Disbursement Contribution Candidate Name John M. Spratt Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Judy Feder for Congress</b>		<b>Transaction ID: D69856</b> Date of Disbursement 10 / 18 / 2006
Mailing Address 46950 Jennings Farm Dr. Suite 100		Amount of Each Disbursement this Period 2000.00
City Sterling State VA Zip Code 20164	Purpose of Disbursement Contribution Candidate Name Judith Feder Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9500.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Menendez for Senate</b>		<b>Transaction ID: D69857</b> Date of Disbursement 10 / 18 / 2006
Mailing Address 1001 G Street, NW Suite 400 E		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Robert Menendez		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nevada State Democratic Party</b>		<b>Transaction ID: D69864</b> Date of Disbursement 10 / 13 / 2006
Mailing Address 1325 E. Valley Drive Suite C		Amount of Each Disbursement this Period 5000.00
City Las Vegas State NV Zip Code 89169	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paul Hodes for Congress</b>		<b>Transaction ID: D69563</b> Date of Disbursement 10 / 13 / 2006
Mailing Address 26 South Main Street #253		Amount of Each Disbursement this Period 5000.00
City Concord State NH Zip Code 03301	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Paul W. Hodes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

PAGE 35 / 53

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Spivack for Congress</b>		<b>Transaction ID:</b> D69562 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 7957		Amount of Each Disbursement this Period 5000.00
City Wilmington State DE Zip Code 19803	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Dennis Spivack		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON SENATE VICTORY</b>		<b>Transaction ID:</b> D69559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON SENATE VICTORY</b>		<b>Transaction ID:</b> D69560 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period -4000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement Voided Check		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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 36 / 53

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Weaver for Congress</b>		Transaction ID: D69862	
Mailing Address 131 Mayer Lane		Date of Disbursement 10 / 18 / 2006	
City Elizabethtown	State KY	Zip Code 42701	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name John M. Weaver			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY	District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	52000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Bob Backus for NH Senate</b>		<b>Transaction ID: D69883</b> Date of Disbursement 10 / 12 / 2006
Mailing Address P.O. Box 946		Amount of Each Disbursement this Period 750.00
City Manchester State NH Zip Code 03105	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Bob Backus		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bowers for House</b>		<b>Transaction ID: D69983</b> Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 686		Amount of Each Disbursement this Period 500.00
City Hampton State SC Zip Code 29924	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Bill Bowers		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brown for House</b>		<b>Transaction ID: D70102</b> Date of Disbursement 10 / 03 / 2006
Mailing Address 5925 Hwy. 162		Amount of Each Disbursement this Period 500.00
City Hollywood State SC Zip Code 29449	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Robert Brown		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Cheshire County Democrats</b>		<b>Transaction ID: D69878</b> Date of Disbursement 10 / 13 / 2006	
Mailing Address 2 Eagle Ct.		Amount of Each Disbursement this Period 1000.00	
City Keene State NH Zip Code 03431	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Citizens United for South Carolina</b>		<b>Transaction ID: D70110</b> Date of Disbursement 10 / 03 / 2006	
Mailing Address P.O. Box 10416		Amount of Each Disbursement this Period 1000.00	
City Greenville State SC Zip Code 29603	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cobb-Hunter for House</b>		<b>Transaction ID: D70108</b> Date of Disbursement 10 / 03 / 2006	
Mailing Address 112 Estate Ct.		Amount of Each Disbursement this Period 500.00	
City Orangeburg State SC Zip Code 29115	Purpose of Disbursement Contribution Candidate Name Gilda Cobb-Hunter	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Elizabeth A. Roth</b>		<b>Transaction ID: D69884</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 246		Amount of Each Disbursement this Period 500.00
City North Salem State NH Zip Code 30373	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Elizabeth A. Roth		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Peter Burling</b>		<b>Transaction ID: D69886</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2 Whipple Place		Amount of Each Disbursement this Period 250.00
City Lebanon State NH Zip Code 03766	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Peter Burling		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee to Re-Elect Vida Miller</b>		<b>Transaction ID: D69969</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 3157		Amount of Each Disbursement this Period 500.00
City Pawleys Island State SC Zip Code 29585	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Vida Miller		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Community to Elect Anton Gunn</b>		<b>Transaction ID:</b> D69980 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 290820		Amount of Each Disbursement this Period 500.00
City Columbia State SC Zip Code 29229	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Anton Gunn		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Deb Reynolds for NH Senate</b>		<b>Transaction ID:</b> D69881 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 581		Amount of Each Disbursement this Period 500.00
City Ashland State NH Zip Code 03217	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Deborah Reynolds		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DeVenny for House</b>		<b>Transaction ID:</b> D69988 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 1657		Amount of Each Disbursement this Period 500.00
City Lancaster State SC Zip Code 29721	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Alston DeVenny		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Dorris Kelly for Iowa House</b>		<b>Transaction ID: D69875</b> Date of Disbursement 10 / 18 / 2006	
Mailing Address P.O. Box 501		Amount of Each Disbursement this Period 500.00	
City Waterloo	State IA Zip Code 50704		
Purpose of Disbursement Contribution Candidate Name Dorris Kelly			011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Drew Theodore for SC Comptroller General</b>		<b>Transaction ID: D69968</b> Date of Disbursement 10 / 12 / 2006	
Mailing Address P.O. Box 6727		Amount of Each Disbursement this Period 500.00	
City Columbia	State SC Zip Code 29260		
Purpose of Disbursement Contribution Candidate Name Drew Theodore			011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Eppes for Senate</b>		<b>Transaction ID: D70103</b> Date of Disbursement 10 / 03 / 2006	
Mailing Address P.O. Box 552		Amount of Each Disbursement this Period 500.00	
City Travelers Rest	State SC Zip Code 29690		
Purpose of Disbursement Contribution Candidate Name Frank Eppes			011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Franklin City Dems</b>		<b>Transaction ID: D69891</b> Date of Disbursement 10 / 12 / 2006
Mailing Address 350 Central St.		Amount of Each Disbursement this Period 500.00
City Franklin State NH Zip Code 03235	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends for Dina Titus</b>		<b>Transaction ID: D69868</b> Date of Disbursement 10 / 18 / 2006
Mailing Address P.O. Box 72306		Amount of Each Disbursement this Period 5000.00
City Las Vegas State NV Zip Code 89170	Purpose of Disbursement Contribution Candidate Name Dina Titus Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Dan Eaton</b>		<b>Transaction ID: D69889</b> Date of Disbursement 10 / 12 / 2006
Mailing Address 1 Shedd Hill Road		Amount of Each Disbursement this Period 500.00
City Stoddard State NH Zip Code 03464	Purpose of Disbursement Contribution Candidate Name Dan Eaton Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Gilreath for House</b>		<b>Transaction ID: D69976</b> Date of Disbursement 10 / 03 / 2006
Mailing Address 2708 Hwy 413		Amount of Each Disbursement this Period 500.00
City Anderson	State SC	
Zip Code 29621		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name Ron Gilreath		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:		

Full Name (Last, First, Middle Initial) <b>B. Grady Patterson for State Treasurer</b>		<b>Transaction ID: D69991</b> Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 11611		Amount of Each Disbursement this Period 1000.00
City Columbia	State SC	
Zip Code 29211		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name Grady Patterson		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:		

Full Name (Last, First, Middle Initial) <b>C. Howard for House</b>		<b>Transaction ID: D69984</b> Date of Disbursement 10 / 03 / 2006
Mailing Address 2425 Barhamville Rd.		Amount of Each Disbursement this Period 500.00
City Columbia	State SC	
Zip Code 29204		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name Leon Howard		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Iowa Democratic Party</b>		<b>Transaction ID: D69876</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 35053		Amount of Each Disbursement this Period 3000.00
City Des Moines	State IA Zip Code 50315	
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jacalyn Cilley for State Senate</b>		<b>Transaction ID: D69888</b> Date of Disbursement 10 / 12 / 2006
Mailing Address P.O. Box 262 2 Oak Hill Road		Amount of Each Disbursement this Period 1000.00
City Barrington	State NH Zip Code 03825	
Purpose of Disbursement Contribution Candidate Name Jacalyn Cilley	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Janeway for NH Senate</b>		<b>Transaction ID: D69885</b> Date of Disbursement 10 / 12 / 2006
Mailing Address 225 Tyler Road		Amount of Each Disbursement this Period 1000.00
City Webster	State NH Zip Code 03303	
Purpose of Disbursement Contribution Candidate Name Harrold Janeway	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Jim Rex for Our Schools</b>		<b>Transaction ID:</b> D69990 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 12081		Amount of Each Disbursement this Period 3500.00
City Columbia State SC Zip Code 29211	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Jim Rex		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joe Foster for State Senate</b>		<b>Transaction ID:</b> D69887 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 9 Keats Street		Amount of Each Disbursement this Period 500.00
City Nashua State NH Zip Code 03062	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joe Foster		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John Whitaker for House</b>		<b>Transaction ID:</b> D69874 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 32500 145th Street		Amount of Each Disbursement this Period 500.00
City Hillsboro State IA Zip Code 52630	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Whitaker		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Kirby for House</b>		<b>Transaction ID:</b> D69989 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1526 Windmill Lane		Amount of Each Disbursement this Period 500.00
City Scranton State SC Zip Code 29591	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name LaRue Kirby		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Knight for House</b>		<b>Transaction ID:</b> D69986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 338		Amount of Each Disbursement this Period 500.00
City Saint George State SC Zip Code 29477	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Patsy Knight		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Leon for House</b>		<b>Transaction ID:</b> D69982 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 215 East Bay Lane Suite 201A		Amount of Each Disbursement this Period 500.00
City Charleston State SC Zip Code 29401	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Leon Stavrinakis		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Mack for House</b>		<b>Transaction ID: D70107</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 70337		Amount of Each Disbursement this Period 500.00
City North Charleston State SC Zip Code 29415	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name David Mack		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Malloy for Senate</b>		<b>Transaction ID: D70104</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1216 Salem Road		Amount of Each Disbursement this Period 500.00
City Hartsville State SC Zip Code 29550	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Gerald Malloy		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Martha Fuller Clark for State Senate</b>		<b>Transaction ID: D69890</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 1252		Amount of Each Disbursement this Period 1000.00
City Portsmouth State NH Zip Code 03801	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Martha Fuller Clark		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Molly Kelly for State Senate</b>		<b>Transaction ID: D69892</b> Date of Disbursement 10 / 12 / 2006
Mailing Address P.O. Box 1475		Amount of Each Disbursement this Period 1000.00
City Keene State NH Zip Code 03431	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Molly Kelly		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Moore for Governor</b>		<b>Transaction ID: D69993</b> Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 308		Amount of Each Disbursement this Period 3500.00
City Clearwater State SC Zip Code 29822	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tommy Moore		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Moss for House</b>		<b>Transaction ID: D69987</b> Date of Disbursement 10 / 03 / 2006
Mailing Address 306 Silver Circle		Amount of Each Disbursement this Period 500.00
City Gaffney State SC Zip Code 29340	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Dennis Moss		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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 49 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Nathan Reichert for House</b>		<b>Transaction ID: D69873</b> Date of Disbursement
Mailing Address 1155 Iowa Ave.		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Muscatine	State IA	Zip Code 52761
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Nathan Reichert		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Neal for House</b>		<b>Transaction ID: D70105</b> Date of Disbursement
Mailing Address 5148 Sandy Lane		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Kershaw	State SC	Zip Code 29067
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Joe Neal		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Nevada State Democratic Assembly Caucus</b>		<b>Transaction ID: D69866</b> Date of Disbursement
Mailing Address 1325 E. Vegas Valley Drive Suite C		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Las Vegas	State NV	Zip Code 89169
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<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)

PAGE 50 / 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

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)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. Nevada State Democratic Senate Caucus</b>		Transaction ID: D70115 Date of Disbursement																				
Mailing Address 1325 E. Vegas Valley Drive Suite C		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	8		2	0	0	6													
City Las Vegas	State NV	Zip Code 89169																				
Purpose of Disbursement Contribution		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		011 Category/ Type																				
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																						

Full Name (Last, First, Middle Initial) <b>B. Ott for House</b>		Transaction ID: D70106 Date of Disbursement																				
Mailing Address 461 Bull Swamp Road		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	3		2	0	0	6													
City Saint Matthews	State SC	Zip Code 29135																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name Harry Ott		<table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type																				
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SC District:																						

Full Name (Last, First, Middle Initial) <b>C. Robert Barber for Lt. Governor</b>		Transaction ID: D69992 Date of Disbursement																				
Mailing Address P.O. Box 12566		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	3		2	0	0	6													
City Columbia	State SC	Zip Code 29211																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name Robert Barber		<table border="1"><tr><td>3500.00</td></tr></table>	3500.00																			
3500.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type																				
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SC District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>9000.00</td></tr></table>	9000.00
9000.00		
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Unite Our States

**A. Ross Miller for Secretary of State**

Full Name (Last, First, Middle Initial)  
Ross Miller

Mailing Address 2240 S. Jones Blvd  
Suite 100

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement Contribution  
011  
Category/Type

Candidate Name  
Ross Miller

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NV District:

Transaction ID: D69865  
Date of Disbursement  
10 / 18 / 2006

Amount of Each Disbursement this Period  
2500.00

**B. Sgambati 4 NH Senate**

Full Name (Last, First, Middle Initial)  
Sgambati

Mailing Address 25 Pine St.

City Tilton State NH Zip Code 03276

Purpose of Disbursement Contribution  
011  
Category/Type

Candidate Name  
Kathleen Sgambati

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NH District:

Transaction ID: D69879  
Date of Disbursement  
10 / 12 / 2006

Amount of Each Disbursement this Period  
500.00

**C. Smith for House**

Full Name (Last, First, Middle Initial)  
Smith

Mailing Address P.O. Box 50333

City Columbia State SC Zip Code 29250

Purpose of Disbursement Contribution  
011  
Category/Type

Candidate Name  
James Smith

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: SC District:

Transaction ID: D70101  
Date of Disbursement  
10 / 03 / 2006

Amount of Each Disbursement this Period  
500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Unite Our States

Full Name (Last, First, Middle Initial) <b>A. South Carolina House Democratic Caucus</b>		<b>Transaction ID:</b> D70109 Date of Disbursement
Mailing Address P.O. Box 12049		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement Contribution		<input type="text" value="011"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="3500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Summers for House</b>		<b>Transaction ID:</b> D69981 Date of Disbursement
Mailing Address 301 Dean Hall Lane		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Columbia	State SC	Zip Code 29209
Purpose of Disbursement Contribution		<input type="text" value="011"/>
Candidate Name Boyd Summers		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Sylvia Larsen for NH Senate</b>		<b>Transaction ID:</b> D69877 Date of Disbursement
Mailing Address 23 Kensington Road		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Contribution		<input type="text" value="011"/>
Candidate Name Sylvia Larsen		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<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)

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

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)  
Unite Our States

Full Name (Last, First, Middle Initial)

**A.** Wannamaker for House

Mailing Address 2328 Hwy 178

City Swanseae State SC Zip Code 29160

Purpose of Disbursement  
Contribution

Candidate Name  
Sadie K. Wannamaker

Office Sought:  House  
 Senate  
 President

State: SC District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: D69985

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

500.00

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

500.00

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

58500.00