



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
2	6

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		30110.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	215021.30									
(c) Total Receipts (from Line 19) .....	196505.00	456105.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	411526.30	486215.41								
7. Total Disbursements (from Line 31) .....	148460.99	223150.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	263065.31	263065.31								
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  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
2	6

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	196400.00	455900.00
(i) Itemized (use Schedule A) .....	105.00	205.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	196505.00	456105.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	196505.00	456105.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	196505.00	456105.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	196505.00	456105.00

**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.....	137960.99	204050.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	137960.99	204050.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	19100.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	148460.99	223150.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	148460.99	223150.10

**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) .....	196505.00	456105.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	196505.00	456105.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	137960.99	204050.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	137960.99	204050.10

**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 / 63
	<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)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Allen

Mailing Address 3539 Jasmine Crst

City Encinitas State CA Zip Code 92024-7048

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

Name of Employer Plum Healthcare Group, LLC Occupation Author

Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2006

Transaction ID: 60526.C185

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 2121 Castle Bay

City Fallbrook State CA Zip Code 92028

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

Name of Employer Plum Healthcare Group, LLC Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

Transaction ID: 60526.C249

Amount of Each Receipt this Period  
2000.00

Receipt

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

Mailing Address 7237 Woodchuck Hill Road

City Fayetteville State NY Zip Code 13066

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

Name of Employer Pyramid Management Group Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2006

Transaction ID: 60526.C211

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Scott Congel

Mailing Address 4795 S. Lafayette St

City State Zip Code  
Cherry Hill Villag CO 80113

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

Name of Employer Occupation  
Pyramid Management Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: 60526.C204

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 2625 Annandale

City State Zip Code  
Tustin CA 92782-1261

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

Name of Employer Occupation  
Crews, MacQuarrie and Assoc. Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60526.C240

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Nathaniel De Rothschild

Mailing Address 152 W 57th St Fl 37  
37th Floor

City State Zip Code  
New York NY 10019-3310

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

Name of Employer Occupation  
Self Employed Private Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 6

Transaction ID: 60526.C177

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12000.00**

**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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
James L Easton

Mailing Address 15141 Mulholland Dr

City State Zip Code  
Los Angeles CA 90077-1618

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

Name of Employer Occupation  
Jas D. Easton Inc. Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

Transaction ID: 100000153

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 15141 Mulholland Dr

City State Zip Code  
Los Angeles CA 90077-1618

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

Name of Employer Occupation  
Self Employed Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

Transaction ID: 100000154

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 1 Collins Island

City State Zip Code  
Newport Beach CA 92662

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

Name of Employer Occupation  
Ellison Ed. Equ Inc. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

Transaction ID: 60526.C246

Amount of Each Receipt this Period  
2200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12200.00
<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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Robert Eichenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 1 Collins Blvd		<b>Transaction ID: 60526.C245</b>	
City State Zip Code Newport Beach CA 92662-1003		Amount of Each Receipt this Period 2200.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Ellison Ed. Equ Inc. Owner		Aggregate Year-to-Date ▼ 2200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Steven Elterich</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 40 Strawberry Ln		<b>Transaction ID: 60526.C178</b>	
City State Zip Code Canton MA 02021-2463		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation FMR Corp Executive		Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Andrew Entwistle</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address 35 Mianus River Road		<b>Transaction ID: 60526.C206</b>	
City State Zip Code Bedford NY 10506		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Entwistle and Cappucci, LLC Lawyer		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10200.00
<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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Mark Falcone

Mailing Address 1430 Wynkoop St Ste 100  
Suite 100

City State Zip Code  
Denver CO 80202-6172

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

Name of Employer Continuum Partners, LLC  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 6

Transaction ID: 60526.C198

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Falcone

Mailing Address PO Box 531

City State Zip Code  
Skaneateles NY 13152-0531

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

Name of Employer Pioneer Companies  
Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: 100000129

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 1795 Maplelawn Drive

City State Zip Code  
Troy MI 48084

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

Name of Employer Suburban Automotive  
Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60526.C208

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrew B Gardner

Mailing Address 2245 Garfield Ave

City State Zip Code  
Salt Lake City UT 84108-3015

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

Name of Employer The Garder Company Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: 100000148

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 1875 Kensington Ave

City State Zip Code  
Salt Lake City UT 84108-2623

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

Name of Employer The Garder Company Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: 100000133

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 1096 Crestview Cir

City State Zip Code  
Salt Lake City UT 84108-2007

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

Name of Employer The Garder Company Occupation Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: 100000138

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Matthew Gardner</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 4218 Foothill Dr		<b>Transaction ID: 100000143</b>	
City Bountiful	State UT	Amount of Each Receipt this Period 5000.00	
Zip Code 84010-6041		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00	
Name of Employer Picture Perfect Homes	Occupation Owner	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Receipt	

Full Name (Last, First, Middle Initial) <b>B. Frank Gaughan</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 16204 Orchard Bend Rd		<b>Transaction ID: 60526.C169</b>	
City Poway	State CA	Amount of Each Receipt this Period 5000.00	
Zip Code 92064-1706		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00	
Name of Employer Unitive Advanced Semicond- uctor	Occupation Sales	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Receipt	

Full Name (Last, First, Middle Initial) <b>C. Sheree Gaughan</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 16204 Orchard Bend Rd		<b>Transaction ID: 60526.C172</b>	
City Poway	State CA	Amount of Each Receipt this Period 5000.00	
Zip Code 92064-1706		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00	
Name of Employer None	Occupation Homemaker	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Receipt	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 / 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Edward Griffith

Mailing Address 41 Lakefront

City State Zip Code  
Irvine CA 92604

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

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 6

Transaction ID: 60526.C250

Amount of Each Receipt this Period  
2000.00

Receipt

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

Mailing Address 45 Palatine #408

City State Zip Code  
Irvine CA 92612

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: 60526.C241

Amount of Each Receipt this Period  
2000.00

Receipt

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

Mailing Address 1102 S. Bayfront

City State Zip Code  
Newport Beach CA 92662

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

Name of Employer Occupation  
SY Kimball Construction

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 6

Transaction ID: 60526.C251

Amount of Each Receipt this Period  
2000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Donald Laws</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 34 N. Portola Road		Transaction ID: 60526.C238
City Laguna Beach	State CA	Zip Code 92651
Amount of Each Receipt this Period 2000.00		Receipt
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Assisted Living Centers	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. B.G. Lindahl</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 19485 Jasper Hill Rd		Transaction ID: 60526.C248
City Trabuco Canyon	State CA	Zip Code 92679
Amount of Each Receipt this Period 2000.00		Receipt
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer B.G. Lindahl	Occupation Buyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Livingston</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 2328 Arbutus St		Transaction ID: 60526.C243
City Newport Beach	State CA	Zip Code 92660
Amount of Each Receipt this Period 2000.00		Receipt
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Payne and Fears	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Travis Metz

Mailing Address 5 Wynnewood Road

City Wellesley Hills State MA Zip Code 02481

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

Name of Employer Monitor Partners, LLC Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2006

Transaction ID: 60526.C259

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 3008 Woodwillow Cir

City Salt Lake City State UT Zip Code 84109-2520

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

Name of Employer Ledges Partners Occupation Real Estate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2006

Transaction ID: 60526.C237

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Layne D. Nisenbaum

Mailing Address 50 Coconut Row

City Palm Beach State FL Zip Code 33480-4038

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

Name of Employer Dermatologist Occupation Island Dermatology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

Transaction ID: 100000155

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**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 16 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Brandon Ogden

Mailing Address 1615 Port Barmouth Pl

City State Zip Code  
Newport Beach CA 92660-5312

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

Transaction ID: 60526.C242

Amount of Each Receipt this Period  
4000.00

Receipt

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

Mailing Address 5045 Mertola Dr

City State Zip Code  
El Dorado Hills CA 95762-7552

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2006

Transaction ID: 60526.C182

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 5149 Prior Rdg

City State Zip Code  
Granite Bay CA 95746-7187

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2006

Transaction ID: 60526.C179

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	14000.00
<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 17 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Jon Peterson

Mailing Address 5894 Wedgewood Dr

City State Zip Code  
Granite Bay CA 95746-6704

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

Name of Employer Occupation  
Folsom Lake Toyota Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60526.C181

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 5149 Prior Rdg

City State Zip Code  
Granite Bay CA 95746-7187

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60526.C180

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 1876 Rathmor Rd

City State Zip Code  
Bloomfield Hills MI 48304-2147

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

Name of Employer Occupation  
Chairman and CEO Walbridge Aldinger

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: 100000163

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Terry Rakolta

Mailing Address 1876 Rathmor Rd

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: 60526.C268

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address PO Box 5005

City State Zip Code  
Rancho Santa Fe CA 92067-5005

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

Name of Employer Retired Occupation Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60526.C184

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 17140 Bernardo Center Dr. 300

City State Zip Code  
San Diego CA 92128-2002

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

Name of Employer Kausay Holdings Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60526.C229

Amount of Each Receipt this Period  
5000.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephen Samuelian

Mailing Address 11 S. Vista de Catalina

City State Zip Code  
Laguna Beach CA 92651

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

Name of Employer Generations Healthcare Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 6

Transaction ID: 60526.C244

Amount of Each Receipt this Period  
2000.00

Receipt

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

Mailing Address PO Box 62

City State Zip Code  
Junction UT 84740

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60526.C396

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 24 Commonwealth Avenue Unit 2

City State Zip Code  
Boston MA 02116

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

Name of Employer Fidelity Investments Occupation Portfolio Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: 100000132

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Thomas Stemberg

Mailing Address 6 Alwington Rd

City State Zip Code  
Chestnut Hill MA 02467-1853

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

Name of Employer Occupation  
Highland Capital Partners Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2006

Transaction ID: 100000158

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 30141 Saddleridge Dr

City State Zip Code  
San Juan Capistran CA 92675

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

Name of Employer Occupation  
Standard Pacific Corp. Real Estate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2006

Transaction ID: 60526.C247

Amount of Each Receipt this Period  
2000.00

Receipt

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

Mailing Address 269 Prospect St

City State Zip Code  
Belmont MA 02478-2231

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

Name of Employer Occupation  
Monitor Partners, LLC Private Equity Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 12 / 2006

Transaction ID: 60526.C260

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Don Udall

Mailing Address 1000 White Sales Way

City State Zip Code  
Corona Del Mar CA 92625

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

Name of Employer Don Udall, M.D., Inc. Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 6

Transaction ID: 60526.C252

Amount of Each Receipt this Period  
2000.00

Receipt

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

Mailing Address 2041 Conejo Lane

City State Zip Code  
Fullerton CA 92633

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

Name of Employer Vanetik International, LLC Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 6

Transaction ID: 60526.C239

Amount of Each Receipt this Period  
2000.00

Receipt

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

Mailing Address 5125 Westbury Cir

City State Zip Code  
Granite Bay CA 95746-7191

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

Name of Employer Retired Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60526.C183

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9000.00
<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 22 / 63	
	(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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
William Young

Mailing Address 10 Eliot Road

City State Zip Code  
Lexington MA 02421

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

Name of Employer Occupation  
Monitor Partners, LLC Private Equity Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2006

Transaction ID: 60526.C261

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	196400.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 63

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Nstar</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 4508 City Woburn State MA Zip Code 01888-4508 Purpose of Disbursement OFFICE UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200000197 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 235.13 OFFICE UTILITIES
---	--	---

<b>B. Sentient</b> Full Name (Last, First, Middle Initial) Mailing Address 97 Libbey Industrial Pkwy City East Weymouth State MA Zip Code 02189-3110 Purpose of Disbursement STAFF TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200000247 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 15195.30 STAFF TRAVEL
---	--	---

<b>C. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1 City Worcester State MA Zip Code 01654-0001 Purpose of Disbursement OFFICE PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200000196 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 918.39 OFFICE PHONES
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16348.82
<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)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> 200000222 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 17 / 2006
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 392.98
City Woburn State MA Zip Code 01888-4701	HEALTHCARE	
Purpose of Disbursement HEALTHCARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Patton Boggs</b>		<b>Transaction ID:</b> 200000191 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 03 / 2006
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 1331.89
City Washington State DC Zip Code 20037-1301	LEGAL FEES	
Purpose of Disbursement LEGAL FEES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Sally Canfield</b>		<b>Transaction ID:</b> 60707.E1542 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 07 / 2006
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 4378.85
City Boston State MA Zip Code 02127-1039	PAYROLL	
Purpose of Disbursement PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6103.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Sally Canfield</b> Full Name (Last, First, Middle Initial) Mailing Address 9 W Broadway City Boston State MA Zip Code 02127-1039 Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200000217</b> Date of Disbursement 04 / 12 / 2006 Amount of Each Disbursement this Period 325.98 REIMBURSEMENT: SEE BELOW
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<b>B. PI Alley</b> Full Name (Last, First, Middle Initial) Mailing Address 275 Washington St City Boston State MA Zip Code 02108-4304 Purpose of Disbursement STAFF PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200000219</b> Date of Disbursement 03 / 27 / 2006 Amount of Each Disbursement this Period 300.00 [MEMO ITEM] MEMO: STAFF PARKING
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<b>C. Sally Canfield</b> Full Name (Last, First, Middle Initial) Mailing Address 9 W Broadway City Boston State MA Zip Code 02127-1039 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60707.E1550</b> Date of Disbursement 04 / 21 / 2006 Amount of Each Disbursement this Period 3708.30 PAYROLL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4034.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Peartrees Caterers</b>		<b>Transaction ID:</b> 200000224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 2243 Verus St		Amount of Each Disbursement this Period 1325.49
City San Diego State CA Zip Code 92154-4704	FUNDRAISING EXPENSE	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Boston Coach</b>		<b>Transaction ID:</b> 200000184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 221.25
City Everett State MA Zip Code 02149-1951	CAR SERVICE	
Purpose of Disbursement CAR SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. OBrien Communications</b>		<b>Transaction ID:</b> 200000189 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 3158.87
City Wrentham State MA Zip Code 02093-0659	PHONE INSTALLATION	
Purpose of Disbursement PHONE INSTALLATION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4705.61</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. James Conlee</b>		Transaction ID: 200000200 Date of Disbursement MM / DD / YYYY 04 / 12 / 2006	
Mailing Address 337 E 1730 S		Amount of Each Disbursement this Period 500.00	
City Orem State UT Zip Code 84058-7912	Purpose of Disbursement FUNDRAISING EXPENSE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Staples Credit Plan</b>		Transaction ID: 200000172 Date of Disbursement MM / DD / YYYY 04 / 17 / 2006	
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 1499.42	
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. CDW Direct, LLC</b>		Transaction ID: 60526.E299 Date of Disbursement MM / DD / YYYY 04 / 26 / 2006	
Mailing Address PO Box 75723		Amount of Each Disbursement this Period 1358.70	
City Chicago State IL Zip Code 60675-5723	Purpose of Disbursement SOFTWARE LICENSES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOFTWARE LICENSES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3358.12</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: 60623.E685 Date of Disbursement MM / DD / YYYY 04 / 03 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 7268.37
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 60623.E708 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FEE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 60623.E693 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 610.60
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7268.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 60623.E692 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 574.30
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Transaction ID: 60623.E688 Date of Disbursement MM / DD / YYYY 03 / 05 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 413.10
City Salt Lake City State UT Zip Code 84117-7435	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 60623.E686 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 435.60
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blue City Cafe</b>		Transaction ID: 60623.E697 Date of Disbursement MM / DD / YYYY 03 / 10 / 2006	
Mailing Address 138 Beale Street		Amount of Each Disbursement this Period 190.03	
City Memphis State TN Zip Code 38103-	Purpose of Disbursement MEETING EXPENSE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Blue City Cafe</b>		Transaction ID: 60623.E696 Date of Disbursement MM / DD / YYYY 03 / 10 / 2006	
Mailing Address 138 Beale Street		Amount of Each Disbursement this Period 55.02	
City Memphis State TN Zip Code 38103-	Purpose of Disbursement MEETING EXPENSE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Industrial Container and Supply</b>		Transaction ID: 60623.E702 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006	
Mailing Address 1865 South 4490 West		Amount of Each Disbursement this Period 207.87	
City Salt Lake City State UT Zip Code 84104-	Purpose of Disbursement EVENT SUPPLIES Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: EVENT SUPPLIES

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Log Haven</b> Full Name (Last, First, Middle Initial) Mailing Address 3800 South Street City Salt Lake City State UT Zip Code 84124- Purpose of Disbursement CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60623.E713 Date of Disbursement 03 / 07 / 2006 Amount of Each Disbursement this Period 2475.59 <b>[MEMO ITEM]</b> MEMO: CATERING
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<b>B. Little America Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 500 South Main Street City Salt Lake City State UT Zip Code 84101- Purpose of Disbursement STAFF LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60623.E711 Date of Disbursement 03 / 07 / 2006 Amount of Each Disbursement this Period 396.08 <b>[MEMO ITEM]</b> MEMO: STAFF LODGING
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<b>C. Marriott Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 250 Main Street City Memphis State TN Zip Code 38103- Purpose of Disbursement STAFF LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60623.E698 Date of Disbursement 03 / 11 / 2006 Amount of Each Disbursement this Period 433.10 <b>[MEMO ITEM]</b> MEMO: STAFF LODGING
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotel</b>		Transaction ID: 60623.E699 Date of Disbursement MM / DD / YYYY 03 / 11 / 2006	
Mailing Address 250 Main Street		Amount of Each Disbursement this Period 207.55	
City Memphis State TN Zip Code 38103-	Purpose of Disbursement STAFF LODGING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: STAFF LODGING	

Full Name (Last, First, Middle Initial) <b>B. Peabody Memphis Hotel</b>		Transaction ID: 60623.E695 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006	
Mailing Address 149 Union Avenue		Amount of Each Disbursement this Period 57.84	
City Memphis State TN Zip Code 38103-	Purpose of Disbursement MEETING EXPENSE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. The Grand American Hotel</b>		Transaction ID: 60623.E687 Date of Disbursement MM / DD / YYYY 03 / 04 / 2006	
Mailing Address 555 South Main Street		Amount of Each Disbursement this Period 28.14	
City Salt Lake City State UT Zip Code 84111-	Purpose of Disbursement MEETING EXPENSE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		<b>Transaction ID:</b> 60623.E710 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 6191 South State Street		Amount of Each Disbursement this Period 339.58
City Salt Lake City      State UT      Zip Code 84107-		
Purpose of Disbursement CAR RENTAL		[MEMO ITEM] MEMO: CAR RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Budget Rent A Car</b>		<b>Transaction ID:</b> 60623.E691 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 776 North Terminal Drive		Amount of Each Disbursement this Period 304.91
City Salt Lake City      State UT      Zip Code 84112-		
Purpose of Disbursement CAR RENTAL		[MEMO ITEM] MEMO: CAR RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 60712.E2252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 21624.90
City Fort Lauderdale      State FL      Zip Code 33336-0001		
Purpose of Disbursement CREDIT CARD: SEE BELOW		CREDIT CARD: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21624.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60710.E1860 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 163 Highland Avenue		Amount of Each Disbursement this Period 403.62
City Needham State MA Zip Code 02494-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 60710.E1827 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 100.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FEE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 60710.E1821 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 1018.61
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: STAFF AIRFARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 60710.E1833 Date of Disbursement MM / DD / YYYY 03 / 04 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 50.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FEE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 60710.E1850 Date of Disbursement MM / DD / YYYY 03 / 14 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 123.80
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 60710.E1828 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 349.99
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STAFF AIRFARE

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 60710.E1858 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 509.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 60710.E1862 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 50.00
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 60710.E1819 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 609.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 60710.E1861 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 150.00
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 60710.E1859 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 10.00
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 60710.E1803 Date of Disbursement MM / DD / YYYY 03 / 30 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 574.30
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 60710.E1863 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 615.10
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 60710.E1830 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 279.30
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 60710.E1832 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 277.80
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: STAFF AIRFARE

<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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 60710.E1844 Date of Disbursement MM / DD / YYYY 03 / 11 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 221.50
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 60710.E1829 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 279.30
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 60710.E1825 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 519.19
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 60710.E1831 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 277.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Symbol Arts</b>		Transaction ID: 60710.E1857 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address 6083 South 1550 East		Amount of Each Disbursement this Period 373.00
City Ogden State UT Zip Code 84405-	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Blue City Cafe</b>		Transaction ID: 60710.E1807 Date of Disbursement MM / DD / YYYY 03 / 07 / 2006
Mailing Address 138 Beale Street		Amount of Each Disbursement this Period 26.73
City Memphis State TN Zip Code 38103-	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Log Haven</p> <p>Mailing Address 3800 South Street</p> <p>City Salt Lake City State UT Zip Code 84124-</p> <p>Purpose of Disbursement FUNDRAISING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60710.E1866</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4017.00"/></p> <p><b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Log Haven</p> <p>Mailing Address 3800 South Street</p> <p>City Salt Lake City State UT Zip Code 84124-</p> <p>Purpose of Disbursement MEETING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60710.E1817</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="103.00"/></p> <p><b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Hilton Hotel</p> <p>Mailing Address 3 East 54</p> <p>City New York State NY Zip Code 10022-</p> <p>Purpose of Disbursement STAFF LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60710.E1810</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="301.48"/></p> <p><b>[MEMO ITEM]</b> MEMO: STAFF LODGING</p>
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<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"/></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)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotel</b>		Transaction ID: 60710.E1809 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
Mailing Address    3 East 54		Amount of Each Disbursement this Period 306.90
City New York	State    Zip Code NY    10022-	
Purpose of Disbursement STAFF LODGING		[MEMO ITEM] MEMO: STAFF LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:            District:		

Full Name (Last, First, Middle Initial) <b>B. Little America Hotel</b>		Transaction ID: 60710.E1865 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006
Mailing Address    500 South Main Street		Amount of Each Disbursement this Period 199.44
City Salt Lake City	State    Zip Code UT    84101-	
Purpose of Disbursement STAFF LODGING		[MEMO ITEM] MEMO: STAFF LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:            District:		

Full Name (Last, First, Middle Initial) <b>C. Little America Hotel</b>		Transaction ID: 60710.E1864 Date of Disbursement MM / DD / YYYY 03 / 05 / 2006
Mailing Address    500 South Main Street		Amount of Each Disbursement this Period 95.60
City Salt Lake City	State    Zip Code UT    84101-	
Purpose of Disbursement STAFF LODGING		[MEMO ITEM] MEMO: STAFF LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:            District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Peabody Memphis Hotel</b>		<b>Transaction ID:</b> 60710.E1816 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6
Mailing Address 149 Union Avenue		Amount of Each Disbursement this Period 797.35
City Memphis State TN Zip Code 38103-	[MEMO ITEM] MEMO: STAFF LODGING	
Purpose of Disbursement STAFF LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peabody Memphis Hotel</b>		<b>Transaction ID:</b> 60710.E1845 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6
Mailing Address 149 Union Avenue		Amount of Each Disbursement this Period 60.59
City Memphis State TN Zip Code 38103-	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Peabody Memphis Hotel</b>		<b>Transaction ID:</b> 60710.E1815 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 149 Union Avenue		Amount of Each Disbursement this Period 670.68
City Memphis State TN Zip Code 38103-	[MEMO ITEM] MEMO: STAFF LODGING	
Purpose of Disbursement STAFF LODGING		Category/ Type
Candidate Name		
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)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Swiss Hotel</b>		Transaction ID: 60710.E1856 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 440 Park Avenue		Amount of Each Disbursement this Period 2500.00
City New York      State NY      Zip Code 10022-	[MEMO ITEM] MEMO: STAFF LODGING	
Purpose of Disbursement STAFF LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Avis Rent A Car</b>		Transaction ID: 60710.E1814 Date of Disbursement MM / DD / YYYY 03 / 10 / 2006
Mailing Address 2520 Rental Road		Amount of Each Disbursement this Period 382.43
City Memphis      State TN      Zip Code 38118-	[MEMO ITEM] MEMO: CAR RENTAL	
Purpose of Disbursement CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Avis Rent A Car</b>		Transaction ID: 60710.E1822 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 141 Industrial Park Rd		Amount of Each Disbursement this Period 687.48
City Greer      State SC      Zip Code 29651-	[MEMO ITEM] MEMO: CAR RENTAL	
Purpose of Disbursement CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. All Resort Express Shuttle Service</b>		Transaction ID: 60710.E1839 Date of Disbursement MM / DD / YYYY 03 / 05 / 2006
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 420.00
City Park City      State UT      Zip Code 84060-	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>B. All Resort Express Shuttle Service</b>		Transaction ID: 60710.E1824 Date of Disbursement MM / DD / YYYY 02 / 27 / 2006
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 550.00
City Park City      State UT      Zip Code 84060-	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>C. All Resort Express Shuttle Service</b>		Transaction ID: 60710.E1838 Date of Disbursement MM / DD / YYYY 03 / 04 / 2006
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 420.00
City Park City      State UT      Zip Code 84060-	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. All Resort Express Shuttle Service</b>		Transaction ID: 60710.E1842 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 245.00
City Park City      State UT      Zip Code 84060-	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>B. All Resort Express Shuttle Service</b>		Transaction ID: 60710.E1848 Date of Disbursement MM / DD / YYYY 03 / 13 / 2006
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 160.00
City Park City      State UT      Zip Code 84060-	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>C. All Resort Express Shuttle Service</b>		Transaction ID: 60710.E1835 Date of Disbursement MM / DD / YYYY 03 / 04 / 2006
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 420.00
City Park City      State UT      Zip Code 84060-	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE		Category/ Type
Candidate Name		
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)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. All Resort Express Shuttle Service</b>		<b>Transaction ID:</b> 60710.E1840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 6
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 420.00
City Park City      State UT      Zip Code 84060-		
Purpose of Disbursement CAR SERVICE		<b>[MEMO ITEM]</b> MEMO: CAR SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. All Resort Express Shuttle Service</b>		<b>Transaction ID:</b> 60710.E1834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 6
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 420.00
City Park City      State UT      Zip Code 84060-		
Purpose of Disbursement CAR SERVICE		<b>[MEMO ITEM]</b> MEMO: CAR SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. All Resort Express Shuttle Service</b>		<b>Transaction ID:</b> 60710.E1841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 124.30
City Park City      State UT      Zip Code 84060-		
Purpose of Disbursement CAR SERVICE		<b>[MEMO ITEM]</b> MEMO: CAR SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. All Resort Express Shuttle Service</b>		<b>Transaction ID:</b> 60710.E1837 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 6
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 269.91
City Park City      State UT      Zip Code 84060-		
Purpose of Disbursement CAR SERVICE		<b>[MEMO ITEM]</b> MEMO: CAR SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. All Resort Express Shuttle Service</b>		<b>Transaction ID:</b> 60710.E1836 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 6
Mailing Address 1821 Sidewinder Dr		Amount of Each Disbursement this Period 420.00
City Park City      State UT      Zip Code 84060-		
Purpose of Disbursement CAR SERVICE		<b>[MEMO ITEM]</b> MEMO: CAR SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 60710.E1797 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2605.75
City Fort Lauderdale      State FL      Zip Code 33336-0001		
Purpose of Disbursement CREDIT CARD - SEE BELOW		CREDIT CARD - SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2605.75
<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)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Gateway Grille</b>		<b>Transaction ID:</b> 60710.E1798 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 215 South Main Street		Amount of Each Disbursement this Period 2605.75
City Kamas State UT Zip Code 84036-	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> 200000187 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 137.54
City Pittsburgh State PA Zip Code 15250-7461	SHIPPING	
Purpose of Disbursement SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> 200000195 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 80.12
City Pittsburgh State PA Zip Code 15250-7461	SHIPPING	
Purpose of Disbursement SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	217.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Transaction ID: 200000194 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 367.00
City Pittsburgh State PA Zip Code 15250-7461	SHIPPING	
Purpose of Disbursement SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Transaction ID: 60526.E301 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 557.46
City Pittsburgh State PA Zip Code 15250-7461	SHIPPING	
Purpose of Disbursement SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Max Farbman</b>		Transaction ID: 200000198 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 2755 E Cottonwood Pkwy Ste 520 Suite 520		Amount of Each Disbursement this Period 2500.00
City Salt Lake City State UT Zip Code 84121-6963	CONSULTING	
Purpose of Disbursement CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3424.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. The Amaral Group Inc</b>		<b>Transaction ID:</b> 200000181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 201 Great Rd Ste 2 Suite 2		Amount of Each Disbursement this Period 810.00
City Acton State MA Zip Code 01720-5700		
Purpose of Disbursement IT CONSULTING Candidate Name		IT CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Amaral Group Inc</b>		<b>Transaction ID:</b> 60526.E307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 201 Great Rd Ste 2 Suite 2		Amount of Each Disbursement this Period 1008.62
City Acton State MA Zip Code 01720-5700		
Purpose of Disbursement IT CONSULTING Candidate Name		IT CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. JDK Inc</b>		<b>Transaction ID:</b> 200000220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 8230 Hickman Rd Ste 100 Suite 100		Amount of Each Disbursement this Period 376.32
City Clive State IA Zip Code 50325-4303		
Purpose of Disbursement PRINTING Candidate Name		PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2194.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Paychex Inc.</b>		Transaction ID: 60707.E1548	
Mailing Address 120 Presidential Way		Date of Disbursement 04 / 07 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 5374.39
Purpose of Disbursement PAYROLL TAXES		Category/ Type	PAYROLL TAXES
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paychex Inc.</b>		Transaction ID: 60707.E1547	
Mailing Address 120 Presidential Way		Date of Disbursement 04 / 10 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 55.55
Purpose of Disbursement PAYROLL FEES		Category/ Type	PAYROLL FEES
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Paychex Inc.</b>		Transaction ID: 60710.E1776	
Mailing Address 120 Presidential Way		Date of Disbursement 04 / 10 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 40.00
Purpose of Disbursement PAYROLL FEES		Category/ Type	PAYROLL FEES
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5469.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Paychex Inc.</b>		<b>Transaction ID:</b> 60707.E1554 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 5435.91
City Woburn State MA Zip Code 01801-1181	Category/ Type  PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Timothy Jost</b>		<b>Transaction ID:</b> 60707.E1549 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1415.58
City Boston State MA Zip Code 02109-	Category/ Type  PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Old City Landmark Corporation</b>		<b>Transaction ID:</b> 200000237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 45 School St		Amount of Each Disbursement this Period 810.00
City Boston State MA Zip Code 02108-3206	Category/ Type  RENT	
Purpose of Disbursement RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7661.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 60707.E1543 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 07 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 1007.12
City Boston State MA Zip Code 02133-0044	Category/ Type  PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 60707.E1551 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 21 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 1007.12
City Boston State MA Zip Code 02133-0044	Category/ Type  PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joshua Leffler</b>		<b>Transaction ID:</b> 60707.E1544 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 07 / 2006
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1589.43
City Lynnfield State MA Zip Code 01940-1625	Category/ Type  PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3603.67</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Joshua Leffler</b>		Transaction ID: 200000206 Date of Disbursement MM / DD / YYYY 04 / 12 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 70.00	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. Joshua Leffler</b>		Transaction ID: 60707.E1552 Date of Disbursement MM / DD / YYYY 04 / 21 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1589.43	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Joshua Leffler</b>		Transaction ID: 60526.E313 Date of Disbursement MM / DD / YYYY 04 / 26 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 2325.75	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3985.18
<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)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Fujitsu Pc</b> Full Name (Last, First, Middle Initial) Mailing Address 1250 E Arques Ave City Sunnyvale State CA Zip Code 94085-5401 Purpose of Disbursement OFFICE COMPUTER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60526.E314</b> Date of Disbursement MM / DD / YYYY 03 / 09 / 2006 Amount of Each Disbursement this Period 2325.75 <b>[MEMO ITEM]</b> MEMO: OFFICE COMPUTER
--	--	--

<b>B. ENilsson, LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 6 Depot St City Westford State MA Zip Code 01886-2608 Purpose of Disbursement WEBSITE DESIGN Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200000193</b> Date of Disbursement MM / DD / YYYY 04 / 06 / 2006 Amount of Each Disbursement this Period 7997.00 WEBSITE DESIGN
--	--	--

<b>C. SJZ, LLC</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 151 City Boston State MA Zip Code 02117-0151 Purpose of Disbursement CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60526.E311</b> Date of Disbursement MM / DD / YYYY 04 / 26 / 2006 Amount of Each Disbursement this Period 3500.00 CONSULTING
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11497.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Kasey Madsen</b>		Transaction ID: 200000202 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 1968 Lincoln Ln Apt 4B		Amount of Each Disbursement this Period 800.00	
City Salt Lake City State UT Zip Code 84124-2768	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FUNDRAISING EXPENSE		

Full Name (Last, First, Middle Initial) <b>B. New England Office Supply</b>		Transaction ID: 60526.E303 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 135 Lundquist Dr		Amount of Each Disbursement this Period 4781.20	
City Braintree State MA Zip Code 02184-5208	Purpose of Disbursement OFFICE FURNITURE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ OFFICE FURNITURE		

Full Name (Last, First, Middle Initial) <b>C. Central Parking Corporation</b>		Transaction ID: 200000185 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address PO Box 17505		Amount of Each Disbursement this Period 800.00	
City Baltimore State MD Zip Code 21297-1505	Purpose of Disbursement STAFF PARKING Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ STAFF PARKING		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6381.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. The Peninsula</b>		Transaction ID: 60526.E298 Date of Disbursement MM / DD / YYYY 04 / 20 / 2006
Mailing Address 700 5th Ave		Amount of Each Disbursement this Period 5898.92
City New York State NY Zip Code 10019-4100	FUNDRAISING EXPENSE	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Jessica Peterson</b>		Transaction ID: 60707.E1545 Date of Disbursement MM / DD / YYYY 04 / 07 / 2006
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1188.85
City Chelsea State MA Zip Code 02150-3300	PAYROLL	
Purpose of Disbursement PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jessica Peterson</b>		Transaction ID: 60710.E1775 Date of Disbursement MM / DD / YYYY 04 / 21 / 2006
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1188.85
City Chelsea State MA Zip Code 02150-3300	PAYROLL	
Purpose of Disbursement PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8276.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Kendall Press</b>		<b>Transaction ID: 60526.E312</b> Date of Disbursement 04 / 26 / 2006	
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 520.00	
City Cambridge State MA Zip Code 02141-	Purpose of Disbursement PRINTING	Category/ Type	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Lauren Rakolta</b>		<b>Transaction ID: 200000209</b> Date of Disbursement 04 / 12 / 2006	
Mailing Address 1 Central Park W Apt 37C Apartment 37C		Amount of Each Disbursement this Period 240.59	
City New York State NY Zip Code 10023-7703	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Category/ Type	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. Mr. Dan Roberts</b>		<b>Transaction ID: 200000223</b> Date of Disbursement 04 / 13 / 2006	
Mailing Address 6 Chagnon Ln		Amount of Each Disbursement this Period 200.00	
City Pelham State NH Zip Code 03076-3307	Purpose of Disbursement FURNITURE INSTALLATION	Category/ Type	FURNITURE INSTALLATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	960.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Dell Financial Services</b>		<b>Transaction ID:</b> 200000167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address PO Box 5292 Payment Processing Center		Amount of Each Disbursement this Period 2462.50
City Carol Stream State IL Zip Code 60197-5292	PRO-RATED COMPUTER SERVER PURCHASE	
Purpose of Disbursement PRO-RATED COMPUTER SERVER PURCHASE		Category/ Type
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Smart</b>		<b>Transaction ID:</b> 200000199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1509 Kristianna Cir		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84103-4224	FUNDRAISING EXPENSE	
Purpose of Disbursement FUNDRAISING EXPENSE		Category/ Type
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Julie Teer</b>		<b>Transaction ID:</b> 200000192 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807		Amount of Each Disbursement this Period 5769.24
City Boston State MA Zip Code 02109-3581	CONSULTING	
Purpose of Disbursement CONSULTING		Category/ Type
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8731.74</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Julie Teer</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Devonshire PI Apt 3807 Apt 3807 City Boston State MA Zip Code 02109-3581 Purpose of Disbursement CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200000226</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 6250.00 Category/Type CONSULTING
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<b>B. Logos To Go</b> Full Name (Last, First, Middle Initial) Mailing Address 145 High St City Hingham State MA Zip Code 02043-3338 Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200000188</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 635.00 Category/Type FUNDRAISING EXPENSE
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<b>C. Cingular Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 6414 City Carol Stream State IL Zip Code 60197-6414 Purpose of Disbursement STAFF CELL PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200000186</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 561.58 Category/Type STAFF CELL PHONES
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7446.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> 60526.E300 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 26 / 2006
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 966.10
City Carol Stream State IL Zip Code 60197-6414	Purpose of Disbursement STAFF CELL PHONES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STAFF CELL PHONES

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 200000190 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 03 / 2006
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 634.27
City Worcester State MA Zip Code 01615-0023	Purpose of Disbursement STAFF CELL PHONES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STAFF CELL PHONES

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 200000225 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 17 / 2006
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 126.65
City Worcester State MA Zip Code 01615-0023	Purpose of Disbursement STAFF CELL PHONES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STAFF CELL PHONES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1727.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	137627.66

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Santorum 2006</b>		Transaction ID: 60526.E316 Date of Disbursement 04 / 24 / 2006
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 5000.00
City West Conshohocken State PA Zip Code 09428-	Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD J SANTORUM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. Santorum 2006</b>		Transaction ID: 60526.E315 Date of Disbursement 04 / 24 / 2006
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 3000.00
City West Conshohocken State PA Zip Code 09428-	Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD J SANTORUM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. Michigan Republican Party</b>		Transaction ID: 200000241 Date of Disbursement 04 / 18 / 2006
Mailing Address 520 Seymour Ave		Amount of Each Disbursement this Period 2500.00
City Lansing State MI Zip Code 48933-1118	Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Federal State Party	
		CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	10500.00