

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1 Thomas Circle NW, Suite 1100
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00403022
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 27 2006 through 06 30 2006

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

Type or Print Name of Treasurer Elizabeth Anderson

Signature of Treasurer Electronically Filed by Elizabeth Anderson Date 11 21 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

M	M
0	4

D	D
2	7

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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	263065.31									
(c) Total Receipts (from Line 19)	1079019.45	1535124.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1342084.76	1565234.86								
7. Total Disbursements (from Line 31)	438571.03	661721.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	903513.73	903513.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
2	7

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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	1054462.50	1510362.50
(i) Itemized (use Schedule A)	2611.00	2816.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1057073.50	1513178.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	21500.00	21500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1078573.50	1534678.50
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)	445.95	445.95
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))	1079019.45	1535124.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1079019.45	1535124.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	346821.03	550871.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	346821.03	550871.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75750.00	94850.00
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.....	16000.00	16000.00
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))..	438571.03	661721.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	438571.03	661721.13

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)	1078573.50	1534678.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1078573.50	1534678.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	346821.03	550871.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	445.95	445.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	346375.08	550425.18

**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 / 314
	<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

Full Name (Last, First, Middle Initial) A. Alan Ackerman		Date of Receipt MM / DD / YYYY 06 / 29 / 2006
Mailing Address 365 Pine Ridge Dr		Transaction ID: 100000988
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ackerman and Ackerman	Occupation Attorney	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Paul Ahlstrom		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 7911 South Davinci Dr		Transaction ID: 100000719
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer vSpring Capital	Occupation Venture Capital	Receipt
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) C. Larry Ainsworth		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 29 Northampton Court		Transaction ID: 100000748
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer St. Joseph Hospital	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
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 7 / 314
	<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)
Donna Alder

Mailing Address 3080 N. 1400 E.

City Logan State UT Zip Code 84341

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 ▼
500.00

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

Transaction ID: 100000651

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Alexander

Mailing Address 9334 Genesee Ave.

City San Diego State CA Zip Code 92121

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

Name of Employer John Alexander Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 100000606

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Alexander, II

Mailing Address 9339 Denessee Ave. Plaza Level

City San Diego State CA Zip Code 92121

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

Name of Employer John Alexander, II Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100000567

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 / 314
	<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)
Jay Alix

Mailing Address 3065 Interlaken Street

City State Zip Code
West Bloomfield MI 48323-1822

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

Name of Employer Occupation
Alix Partners Business Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000779

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Daryl Allen

Mailing Address 3539 Jasmine Crest

City State Zip Code
Encinitas CA 92024

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

Name of Employer Occupation
None Homemaker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000981

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Alan Allred

Mailing Address 1427 S. 750 E

City State Zip Code
Kaysville UT 84037

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

Name of Employer Occupation
Questar Gas Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000984

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	7000.00
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 9 / 314
	<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)
Gary Anderson

Mailing Address 1629 E. 1400 N.

City Logan State UT Zip Code 84341

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

Name of Employer Hillyard, Anderson & Olson Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 13 / 2006

Transaction ID: 10000672

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Justin Anderson

Mailing Address PO Box 26

City Mendon State UT Zip Code 84325

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

Name of Employer Justin Anderson Occupation Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 13 / 2006

Transaction ID: 10000707

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
R. Curtis Anderson

Mailing Address 1282 Orchard Heights Dr

City Logan State UT Zip Code 84321

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

Name of Employer Wasatch Property Management Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 13 / 2006

Transaction ID: 10000663

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 10 / 314
	<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)
Stacy Anderson

Mailing Address 1517 Olive Ln

City State Zip Code
La Canada Flintrid CA 91011

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: 100000876

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Philip Andreas

Mailing Address 1163 5th Ave.

City State Zip Code
East Northport NY 11731

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000865

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ellen Angley

Mailing Address 347 Prince Rogers Way

City State Zip Code
Marshfield MA 02050

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

Name of Employer NSTAR Occupation Energy Supply and Transmissio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000868

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 11 / 314
	<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 Appleby

Mailing Address 4778 Lasher

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Occupation
General Sports CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 10000756

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
William Baer

Mailing Address 2111 Walter P. Reuther Dr

City State Zip Code
Warren MI 48091

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

Name of Employer Occupation
The Crown Group, Inc. CEO

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 6 / 1 4 / 2 0 0 6

Transaction ID: 10000778

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Katherine Ballard

Mailing Address 4048 Oak Bank Court

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation
Max Broock Realtors Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 10000758

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 12 / 314
	<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)
Barbara Banker

Mailing Address 230 Geddington

City State Zip Code
San Antonio TX 78249

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000627

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Barnes

Mailing Address 1 Old Colony Drive

City State Zip Code
Dover MA 02030

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

Name of Employer Occupation
Bain Capital, LLC Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100000231

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Daniel Bathon

Mailing Address 23 Slocum Rd

City State Zip Code
Lexington MA 02421-5407

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

Name of Employer Occupation
Windspeed Ventures General Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2006

Transaction ID: 100000423

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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:	PAGE 13 / 314
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 34 White Oak Rd

City Wellesley Hills State MA Zip Code 02481

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

Name of Employer Gibson and Behman Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2006

Transaction ID: 100000414

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Douglas Bennett

Mailing Address 2525 N. Nelson St.

City Arlington State VA Zip Code 22207

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

Name of Employer Liberty Mutual Occupation VP Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 100000907

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Albert Bertha

Mailing Address 3364 Calle Margarita

City Encinitas State CA Zip Code 92024

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

Name of Employer Johnston Real Estate Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 100000822

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 14 / 314
	<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)
Bradley Bloom

Mailing Address 11 Albion Road

City State Zip Code
Wellesley Hills MA 02481-1304

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

Name of Employer Occupation
Berkshire Partners Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2006

Transaction ID: 100000402

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Harold Blumenstein

Mailing Address 32400 Telegraph Road #202

City State Zip Code
Franklin MI 48025

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

Name of Employer Occupation
Paragon Corp President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000836

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 18221 Via Ascenso

City State Zip Code
Rancho Santa Fe CA 92067

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
06 / 05 / 2006

Transaction ID: 100000532

Amount of Each Receipt this Period
2000.00

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 15 / 314
	<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)
Edward Bond

Mailing Address 11 Villa Rd

City State Zip Code
South Hamilton MA 01982

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

Name of Employer Occupation
Bond Brothers Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000864

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jonathan Boos

Mailing Address 965 East Glengarry Cir

City State Zip Code
Bloomfield Hills MI 48301

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

Name of Employer Occupation
Masco Co. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000771

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Patrick Bourne

Mailing Address 25601 Paseo La Cresta

City State Zip Code
Laguna Niguel CA 92677

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

Name of Employer Occupation
Development Planning and Finan Financial Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000600

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
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 / 314
	<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) A. Troy Bourne		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 28841 Mika Vista		Transaction ID: 100000596	
City Laguna Niguel	State CA	Zip Code 92677	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Continuing Life Communities	Occupation Real Estate	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Bradford		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 11 San Sovino		Transaction ID: 100000713	
City Newport Coast	State CA	Zip Code 92657-1312	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Greenberg Traurig	Occupation Attorney	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) C. R. Allen Bradley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 6523 Norway Rd		Transaction ID: 100000985	
City Dallas	State TX	Zip Code 75230	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Engage Energy U.S.	Occupation Senior VP	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 314
	<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)
Lynn Brenchley

Mailing Address 524 Bringham Dr

City State Zip Code
Providence UT 84332

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

Name of Employer
Icon Health and Fitness

Occupation
V. Pres. and Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000673

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Breslow

Mailing Address 4525 S. Dean Martin Dr. #2407

City State Zip Code
Las Vegas NV 89103

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

Name of Employer
Linweld

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000637

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
K. Douglas Briggs

Mailing Address 16 Cole Rd

City State Zip Code
Hingham MA 02043

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

Name of Employer
Quincy Mutual Insurance

Occupation
Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2006

Transaction ID: 100000923

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 18 / 314
	<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)
Charles Brizius

Mailing Address 2 West Cedar Street

City State Zip Code
Boston MA 02108

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

Name of Employer TH Lee Putnam Ventures Occupation Financial Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2006

Transaction ID: 100000934

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Charles Brizius

Mailing Address 2 West Cedar Street

City State Zip Code
Boston MA 02108

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

Name of Employer TH Lee Putnam Ventures Occupation Financial Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2006

Transaction ID: 100000489

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Brock

Mailing Address 226 Provencal Road

City State Zip Code
Grosse Pointe MI 48236

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

Name of Employer Middletons Moldings Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2006

Transaction ID: 100000471

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
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 19 / 314
	<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)
David Brussard

Mailing Address 118 Huntington Ave. #1605

City State Zip Code
Boston MA 02116-5774

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

Name of Employer Safety Insurance Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 100000908

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kathleen Bryan

Mailing Address 393 N. 100 E

City State Zip Code
Providence UT 84332

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000833

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Charles Bullen

Mailing Address 1624 Sunset Dr

City State Zip Code
Logan UT 84321-4308

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000655

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 20 / 314
	<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) A. Nate Bullen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1427 Military Way		Transaction ID: 100000998	
City State Zip Code Salt Lake City UT 84103	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Woodbury Corp. Development Coordinator	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Reed Bullen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 172 E. 100 N.		Transaction ID: 100000664	
City State Zip Code Logan UT 84321	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation KVVV Radio Founder	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rhett Bullen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 4732 Deercreek Rd		Transaction ID: 100001002	
City State Zip Code Salt Lake City UT 84124-5608	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Wasatch Real Estate Property Owner	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
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 21 / 314
	<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) A. G.r. Bullick		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006	
Mailing Address 13021 Via Del Toro		Transaction ID: 100000920	
City State Zip Code Poway CA 92064	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Excel Legacy Corp	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Fraser Bullock		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2006	
Mailing Address 1683 Box Elder Drive		Transaction ID: 100000432	
City State Zip Code Alpine UT 84004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Sorenson Capital	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Jennifer Bullock		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2006	
Mailing Address 1683 Box Elder Drive		Transaction ID: 100000436	
City State Zip Code Alpine UT 84004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 314
	<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

Full Name (Last, First, Middle Initial) A. Kelly Burt		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 14385 Ciera Court		Transaction ID: 100000556	
City State Zip Code Poway CA 92064	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Price Self Storage Occupation Owner	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. George Bybee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 660 Westfield Rd		Transaction ID: 100000717	
City State Zip Code Alpine UT 84004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Basic Research Occupation Businessman	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tamra Bybee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 660 Westfield Rd		Transaction ID: 100000718	
City State Zip Code Alpine UT 84004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer WinterFox Occupation Manager	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
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 23 / 314
	<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)
Marty Cannon

Mailing Address 1174 Eastridge Dr

City Logan State UT Zip Code 84321

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

Name of Employer Martha Cannon Occupation Interior Design

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000674

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Cardall

Mailing Address 25206 Stageline Dr

City Laguna Hills State CA Zip Code 92653

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

Name of Employer Pool Chlor Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000562

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address 137 Newton Street

City Weston State MA Zip Code 02493

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
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: 100000256

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **7250.00**

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 24 / 314
	<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) A. Daniel Carroll		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 671 Orchard Ridge Rd		Transaction ID: 100000792	
City Bloomfield Hills	State MI	Zip Code 48304-2633	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Royal Oak Industries	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Kathryn Carter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1085 Althon Way		Transaction ID: 100001033	
City Salt Lake City	State UT	Zip Code 84108	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Roger Carter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1085 Alton Way		Transaction ID: 100001030	
City Salt Lake City	State UT	Zip Code 84108	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Morgan Stanley	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 314
	<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 Chapin Johnson

Mailing Address 31416 Cia La senda

City State Zip Code
San Juan Capistran CA 92675

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

Name of Employer Mark Chapin Johnson Foundation
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 100001022

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Peter Chelovich

Mailing Address 117 Marblehead Dr

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Great Lakes Export Company
Occupation Businessman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000777

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Clayton Christensen

Mailing Address 114 Fletcher Rd

City State Zip Code
Belmont MA 02478

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

Name of Employer Harvard Business School
Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000755

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 26 / 314
	<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)
Charles Clough

Mailing Address 649 Sudbury Rd

City State Zip Code
Concord MA 01742-4309

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

Name of Employer Clough Capital Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 100000909

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Christopher Collins

Mailing Address 72 Harbor Street

City State Zip Code
Manchester MA 01944

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

Name of Employer Collins Nickas Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2006

Transaction ID: 100000207

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
J. Paul Condrin

Mailing Address 12 Snows Hill Lane

City State Zip Code
Dover MA 02030

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

Name of Employer Liberty Mutual Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000839

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
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 27 / 314
	<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)
John Connaughton

Mailing Address 170 Otis Street

City State Zip Code
Newton MA 02465

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

Name of Employer Occupation
Bain Capital, LLC Investment Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2006

Transaction ID: 100000203

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Penelope Conner

Mailing Address 3 Donnelly Drive

City State Zip Code
Medfield MA 02052

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

Name of Employer Occupation
NSTAR Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000852

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Brian Conway

Mailing Address 301 Otis St

City State Zip Code
Newton MA 02465

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

Name of Employer Occupation
TA Associates Private Equity Investor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2006

Transaction ID: 100000506

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7250.00
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 28 / 314
	<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)
Emily Cook

Mailing Address PO Box 989

City State Zip Code
Salt Lake City UT 84110-0989

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 100001000

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gary Countryman

Mailing Address 111 Hager St.

City State Zip Code
Marlborough MA 01752

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

Name of Employer Occupation
Liberty Mutual Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000840

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Christopher Covington

Mailing Address 75 Central St. 3rd Fl.

City State Zip Code
Boston MA 02109

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

Name of Employer Occupation
Covington and Associates Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2006

Transaction ID: 100000461

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 29 / 314		
	<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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 46 Rockmont Rd

City Belmont State MA Zip Code 02178

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

Name of Employer Monitor Group Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 100001018

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Christopher Crane

Mailing Address PO Box 9105

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer Alden Properties Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000597

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 885 Concord Ave.

City Belmont State MA Zip Code 02478

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

Name of Employer Shaklee Occupation Direct Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 100000905

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 30 / 314
	<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)
Michael Cronin

Mailing Address 72 Cliff Road

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Weston Presidio Venture Capitalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: 100000205

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 37 W 9000 South

City State Zip Code
Sandy UT 84070

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

Name of Employer Occupation
Tau Holdings Managing Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2006

Transaction ID: 100000455

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joan Cutler

Mailing Address 33 Commonwealth Ave.

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2006

Transaction ID: 100000548

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 31 / 314
	<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)
Joel Cutler

Mailing Address 220 Boylston St. Apt. 1418

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
General Catalyst Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: 100000500

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Theodore Cutler

Mailing Address 33 Commonwealth Ave.

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
GWV International President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2006

Transaction ID: 100000543

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kimberly Dacier

Mailing Address 92 Woodland Street

City State Zip Code
Sherborn MA 01770

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2006

Transaction ID: 100000427

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 32 / 314
	<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)
John Dahlstrom

Mailing Address 1352 3rd Ave.

City State Zip Code
Salt Lake City UT 84103

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

Name of Employer Occupation
Wasatch Property Mgmt Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000676

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jean Daines

Mailing Address 1776 Country Club Drive

City State Zip Code
Logan UT 84321

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000675

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
N. George Daines

Mailing Address 108 N. Main

City State Zip Code
Logan UT 84321

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

Name of Employer Occupation
Cache County Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000705

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 33 / 314
	<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)
Stephen Delano

Mailing Address 190 Rock Island Rd

City State Zip Code
Quincy MA 02169

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

Name of Employer Market Metrics Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 10000592

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lynn Despain

Mailing Address 11115 Justin Park Dr

City State Zip Code
Sandy UT 84092

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

Name of Employer US Bank Occupation Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 10000702

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 4 Realton Rd

City State Zip Code
West Roxbury MA 02132

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

Name of Employer Rubin and Rudman Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2006

Transaction ID: 10000405

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **7250.00**

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:	PAGE 34 / 314
	(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) A. Gerard Dietl		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 50 W. Big Beaver		Transaction ID: 100000809
City State Zip Code Bloomfield Hills MI 48304	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Gerard Dietl	Occupation Endodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Joseph DiGiovanni, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 4 High St		Transaction ID: 100000848
City State Zip Code Southborough MA 01772	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Liberty Mutual	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Francis Doyle		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 401 Beacon St. Apt. 4		Transaction ID: 100000844
City State Zip Code Boston MA 02115	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Pricewaterhousecoopers	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 35 / 314
	<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)
David Drubner

Mailing Address 117 Commonwealth Ave. #1

City State Zip Code
Boston MA 02116-2340

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

Name of Employer Occupation
Dickerson RE Real Estate Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2006

Transaction ID: 100000507

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Louis Dubin

Mailing Address 712 Fifth Avenue, 8th Floor

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
The Athena Group President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 31 / 2006

Transaction ID: 100000476

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 407 Duke st

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Core Capital Partners Investments

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2006

Transaction ID: 100000497

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
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 36 / 314
	<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)
Alan Duncan

Mailing Address 45 Kaileys Way

City Groton State MA Zip Code 01450

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

Name of Employer BATG Occupation Environmental Services Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2006

Transaction ID: 100000997

Amount of Each Receipt this Period
 5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Durkin

Mailing Address 13 Union Street, Unit 2

City Charlestown State MA Zip Code 02129

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

Name of Employer Gesmer and Updegrove, LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2006

Transaction ID: 100000411

Amount of Each Receipt this Period
 5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Craig Earl

Mailing Address 1275 E. 1700 N.

City Logan State UT Zip Code 84341

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

Name of Employer Craig Earl Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2006

Transaction ID: 100000703

Amount of Each Receipt this Period
 500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 37 / 314
	<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)
Cleone Eccles

Mailing Address 4075 Oakview Dr

City State Zip Code
Salt Lake City UT 84124

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
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000952

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Hope Eccles

Mailing Address 1630 Yalecrest Ave.

City State Zip Code
Salt Lake City UT 84105

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
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000956

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Katie Eccles

Mailing Address 2268 Country Club Drive

City State Zip Code
Salt Lake City UT 84109

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
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000965

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 38 / 314
	<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)
Lisa Eccles

Mailing Address 1720 Yalecrest Ave.

City State Zip Code
Salt Lake City UT 84108-1840

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

Name of Employer Occupation
George S. Eccles Foundati-on Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000962

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
S.f. Eccles

Mailing Address PO Box 3028

City State Zip Code
Salt Lake City UT 84110-3028

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

Name of Employer Occupation
Union Pacific Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000948

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Spencer Eccles

Mailing Address 1923 Laird Drive

City State Zip Code
Salt Lake City UT 84108

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

Name of Employer Occupation
Spencer Eccles Private Equity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000968

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 39 / 314
	<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)
David Eckert

Mailing Address 22 Campbell Road

City State Zip Code
Wayland MA 01778

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

Name of Employer Self-Employed
Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2006

Transaction ID: 100000422

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Egan

Mailing Address 321 Beacon Street

City State Zip Code
Boston MA 02116

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

Name of Employer Goodwin Proctor
Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: 100000494

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kenneth Eisenberg

Mailing Address 8223 W. Warren Ave

City State Zip Code
Dearborn MI 48126

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

Name of Employer Kenwall Steel
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000797

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 40 / 314
	<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)
Debra Ellis

Mailing Address 272 South Serwood Dr

City State Zip Code
Providence UT 84332

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

Name of Employer Occupation
Ellis Equipment Business Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 10000677

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frederick Eppinger

Mailing Address 44 South St

City State Zip Code
Grafton MA 01519

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

Name of Employer Occupation
Hanover Insurance Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 10000850

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lil Erdeljan

Mailing Address 1352 Stuyvessant

City State Zip Code
Bloomfield Hills MI 48301

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

Name of Employer Occupation
Lillian Erdejan Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 10000807

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
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 41 / 314
	<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) A. Bruce Evans		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 82 Lenox Street		Transaction ID: 100000485
City State Zip Code Newton MA 02465	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Summit Partners	Occupation Private Equity	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mathew Fallentine		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 16139 Cayenne Creek Road		Transaction ID: 100000605
City State Zip Code Poway CA 92064	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ross Farnsworth		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 460 S. Greenfield Rd Ste. 2		Transaction ID: 100000640
City State Zip Code Mesa AZ 85206-2062	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Ross Farnsworth Companies	Occupation Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 314
	<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

Full Name (Last, First, Middle Initial) A. Ross Farnsworth, jr.		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 622 W. Mirauiar		Transaction ID: 100000641	
City Mesa	State AZ	Zip Code 85213	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Ross Farnsworth	Occupation Developer		
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. Marilyn Faulkner		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address PO Box 1487		Transaction ID: 100000564	
City Rancho Santa Fe	State CA	Zip Code 92067	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None	Occupation Homemaker		
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) C. Amy Fetter		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 2723 E. Elgin St		Transaction ID: 100000645	
City Chandler	State AZ	Zip Code 85225	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 314
	<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)
Catherine Fink

Mailing Address 3610 Serra Road

City Malibu State CA Zip Code 90265

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 5 / 2 2 / 2 0 0 6

Transaction ID: 100000513

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Fink

Mailing Address 3610 Serra Road

City Malibu State CA Zip Code 90265

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

Name of Employer Lawrence Investments Occupation Business Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100000512

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 27751 Fairway Hills Dr

City Franklin State MI Zip Code 48025

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

Name of Employer Marjorie Fischer Occupation Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100000798

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 44 / 314
	<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)
Phillip Fischer

Mailing Address 1288 W. Long Lake Rd

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Occupation
The Fisher Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2006

Transaction ID: 100000919

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Fischer, Jr.

Mailing Address 364 Chesterfield Ave

City State Zip Code
Birmingham MI 48009

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

Name of Employer Occupation
The Suburban Collection Automotive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2006

Transaction ID: 100000530

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 77 Corey Lane

City State Zip Code
Milton MA 02186

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

Name of Employer Occupation
Suffolk Construction CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000812

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 45 / 314
	<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)
F. Jeffrey Fleming

Mailing Address 155 Richdale Rd

City State Zip Code
Needham MA 02494

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

Name of Employer Occupation
Shanley Fleming and Assoc. Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000858

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
A. Alexander Fontanes

Mailing Address 18 Clark Rd

City State Zip Code
Hingham MA 02043

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

Name of Employer Occupation
Liberty Mutual Investment Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000851

Amount of Each Receipt this Period
750.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kent Frandsen

Mailing Address PO Box 570

City State Zip Code
Logan UT 84323

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

Name of Employer Occupation
Cache Valley Radio Group Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000650

Amount of Each Receipt this Period
500.00

Receipt

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 314
	<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

Full Name (Last, First, Middle Initial) A. David Frey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 200 Ottawa Ave. NW		Transaction ID: 100000775	
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Zanley Galton, II		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6	
Mailing Address 3104 SW Fairmount Blvd.		Transaction ID: 100000538	
City State Zip Code Portland OR 97239	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Equity Pacific Partners, LLC Occupation Investor	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Richard Ganong		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 8 Manley St		Transaction ID: 100000197	
City State Zip Code Marblehead MA 01945-3822	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Tudor Investment Corp Occupation Investor	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
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:	PAGE 47 / 314
	(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) A. Bryson Garbett		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 8438 Gad Way		Transaction ID: 100000629	
City State Zip Code Sandy UT 84093-1027	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bryson Garbett	Occupation Builder Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. John Garff		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 3501 S. 2700 East		Transaction ID: 100000982	
City State Zip Code Salt Lake City UT 84109	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer VEHIx.com	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Dawn Garrity		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 14 Lowell St		Transaction ID: 100000416	
City State Zip Code Burlington MA 01803	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Gibson and Behman	Occupation Administrative Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 314
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Robert Garvy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 200 Esplanade Way		Transaction ID: 100000612	
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation INTECH Consulting Investor	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dennis Gay		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 436 10th Ave		Transaction ID: 100000715	
City State Zip Code Salt Lake City UT 84103	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Dennis Gay Consultant	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gabrielle Gay		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 10 Shadow Lake Road		Transaction ID: 100000709	
City State Zip Code Ridgefield CT 06877	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation None Student	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 49 / 314
	<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)
Gay Phillips Gay

Mailing Address 6168 Field Rose Dr

City State Zip Code
Salt Lake City UT 84121

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
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000716

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Don Gerszewski

Mailing Address 1264 Aspen Dr.

City State Zip Code
Logan UT 84341

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000649

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kevin Giblin

Mailing Address 259 Turnpike Road, Ste. 110

City State Zip Code
Southborough MA 01772

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
M M / D D / Y Y Y Y
05 / 02 / 2006

Transaction ID: 100000232

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 50 / 314
	<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)
Daniel Gibson

Mailing Address 3 Hazelwood Cir

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Gibson and Behman Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 100000415

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeffrey Glass

Mailing Address 25 Regent Cir

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
Verisign CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: 100000499

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Harvey Grace

Mailing Address 100 Sunrise Ave

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Sepnation Dynamics Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000800

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	9500.00
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 51 / 314
	<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)
Robert Greene

Mailing Address 48 Peakham Rd

City State Zip Code
Sudbury MA 01776-2914

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

Name of Employer Occupation
Greene Construction Co. Construction

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000843

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gary Gregg

Mailing Address 82 Parkwood Dr

City State Zip Code
Milton MA 02186

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

Name of Employer Occupation
Liberty Mutual Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2006

Transaction ID: 100000922

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Griffin

Mailing Address 1806 Edgehill Dr

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Questor Management Merchant Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000764

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 52 / 314
	<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)
Joseph Grigg

Mailing Address 4942 Commonwealth Ave.

City State Zip Code
La Canada Flintrid CA 91011

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

Name of Employer American Energy Operations
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: 100000881

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Wycliffe Kent Grousbeck

Mailing Address 41 Skating Pond Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Boston Celtics
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000765

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 300 Park street, Suite 410

City State Zip Code
Birmingham MI 48009

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

Name of Employer Center Management
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000803

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
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 53 / 314
	<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)
Lane Hale

Mailing Address 1625 Sunset Drive

City Logan State UT Zip Code 84341

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

Name of Employer Medicine Lodge Occupation Medical Device

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 100000678

Amount of Each Receipt this Period
 250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kendall Hales

Mailing Address 2852 Foothill Blvd.

City La Crescenta State CA Zip Code 91214

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

Name of Employer Kendall Hales Occupation Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 100000877

Amount of Each Receipt this Period
 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Alan Hall

Mailing Address 4421 S 1800 W

City Roy State UT Zip Code 84067-3047

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

Name of Employer Grow Utah Ventures Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 100001039

Amount of Each Receipt this Period
 2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
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 54 / 314
	<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)
Jeanne Hall

Mailing Address 4421 South 1800 West

City Roy State UT Zip Code 84067

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 ▼ 2500.00

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

Transaction ID: 100001040

Amount of Each Receipt this Period
 2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Minnie Hall

Mailing Address 51 South 1600 West

City Lewiston State UT Zip Code 84320

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

Name of Employer Hall Oil Inc. Occupation Oil

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 100000679

Amount of Each Receipt this Period
 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
H. Charles Hambelton

Mailing Address 172 Stanford Dr

City Westwood State MA Zip Code 02090

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

Name of Employer Gibson and Behman Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: 100000413

Amount of Each Receipt this Period
 5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
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 55 / 314
	<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)
John Hamill

Mailing Address 330 Beacon St, Apt. 71A

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Sovereign Bank Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000849

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Belva Hansen

Mailing Address 45 West 2nd North

City State Zip Code
Smithfield UT 84335

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000666

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Belva Hansen

Mailing Address 45 West 2nd North

City State Zip Code
Smithfield UT 84335

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000661

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 56 / 314
	<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)
Diana Hansen

Mailing Address 835 E. 200 S.

City State Zip Code
Hyde Park UT 84318

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

Name of Employer Occupation
Conserve Utility Billing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000647

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lynette Hansen

Mailing Address 1715 Gateway Circle

City State Zip Code
Logan UT 84321

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2006

Transaction ID: 100000917

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Chris Hanson

Mailing Address American Embassy Bangkok

City State Zip Code
APO AP 96546

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2006

Transaction ID: 100000937

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10300.00
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 57 / 314
	<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)
Rondell Hanson

Mailing Address 529 Emerald Bay

City Laguna Beach State CA Zip Code 92651-1256

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

Name of Employer Rondell Hanson 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
06 / 14 / 2006

Transaction ID: 100000753

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Monte Harrick

Mailing Address 601 Coate Ct.

City Altadena State CA Zip Code 91001-3864

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

Name of Employer Clark Consulting Occupation Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 100000550

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Susan Hawkes

Mailing Address 3415 Rosemary Ave

City Glendale State CA Zip Code 91208

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: 100000878

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
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:	PAGE 58 / 314
	(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) A. Cynthia Hendershot		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 3323 Vista Norte		Transaction ID: 100000824
City Escondido	State CA	Zip Code 92025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Robert Hendershot		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 3323 Vista Norte		Transaction ID: 100000823
City Escondido	State CA	Zip Code 92025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer R2H Engineering	Occupation Principal	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Taggart Henderson		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 1810 Fairview		Transaction ID: 100000818
City Birmingham	State MI	Zip Code 48009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer BNP Media	Occupation Publisher	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
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 59 / 314
<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)
Daryl Hennick

Mailing Address 1935 E. Canyon Ridge Dr.

City Logan State UT Zip Code 84341

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 100000653

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Henrie

Mailing Address 837 E. South Temple

City Salt Lake City State UT Zip Code 84102-1304

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

Name of Employer R&R Partners Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: 100000720

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Roger Hertog

Mailing Address 1040 5th Ave

City New York State NY Zip Code 10028-0137

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

Name of Employer Alliance Capital Management Occupation Vice Chairman

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 8 / 2 0 0 6

Transaction ID: 100000188

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
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 60 / 314
	<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)
Robert Higgins

Mailing Address One Chestnut Street

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Highland Capital Partners Venture Capitalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2006

Transaction ID: 100000401

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ethel Higginson

Mailing Address 1090 East 700 South #10

City State Zip Code
Saint George UT 84790

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000722

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lyle Hillyard

Mailing Address 1496 East 1200 N.

City State Zip Code
Logan UT 84341

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

Name of Employer Occupation
Hillyard, Anderson & Olson Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000680

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
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 61 / 314
	<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)
William Hofmann

Mailing Address 223 Rutledge Road

City Belmont State MA Zip Code 02478

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

Name of Employer William Hoffmann Occupation Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2006

Transaction ID: 100000438

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
L. Brent Hoggan

Mailing Address 750 East 2500 North

City Logan State UT Zip Code 84341

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

Name of Employer Olson and Hoggan Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000609

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Douglas Horan

Mailing Address 171 Asbury St

City South Hamilton State MA Zip Code 01982

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 ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000863

Amount of Each Receipt this Period
1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
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:	PAGE 62 / 314
	(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) A. Fred Hunsaker		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 1190 N. 1700 E		Transaction ID: 100000681	
City Logan	State UT	Amount of Each Receipt this Period 250.00	
Zip Code 84341		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Bruce Israel		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 1780 East Highwood		Transaction ID: 100000793	
City Pontiac	State MI	Amount of Each Receipt this Period 500.00	
Zip Code 48340		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer ASI	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Michael J. Jacobson		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006	
Mailing Address 16 Highland Ave		Transaction ID: 100000194	
City Cambridge	State MA	Amount of Each Receipt this Period 1000.00	
Zip Code 02139-1016		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
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 63 / 314
	<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)
John Janitz

Mailing Address 6644 Cornerstone Lane

City State Zip Code
Rochester MI 48306

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

Name of Employer Occupation
Questor, LLC Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000763

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Jardine

Mailing Address 2336 S. 2100 E

City State Zip Code
Salt Lake City UT 84109

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

Name of Employer Occupation
Ray Quinney and Nebeker Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2006

Transaction ID: 100000258

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 344 East 2475 North

City State Zip Code
Logan UT 84341

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

Name of Employer Occupation
Conservice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000682

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 64 / 314
	<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 Jenkins

Mailing Address 777 Stewart Hill Dr

City Logan State UT Zip Code 84321

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

Name of Employer Olson and Hoggan, PC Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 13 / 2006

Transaction ID: 100000684

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Randall Jenson

Mailing Address 13164 Sea Knoll Ct

City San Diego State CA Zip Code 92130-3201

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

Name of Employer Ranch Capital Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 27 / 2006

Transaction ID: 100000921

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 2156 Lonsdale Dr

City Salt Lake City State UT Zip Code 84121

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

Name of Employer Questar Corporation Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 29 / 2006

Transaction ID: 100000983

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 314
	<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)
Barbara Johnson

Mailing Address 31416 Via La Senda

City State Zip Code
San Juan Capistran CA 92675

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 100001027

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Johnson

Mailing Address 2601 Cambridge Court, Ste. 310

City State Zip Code
Auburn Hills MI 48326

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

Name of Employer Occupation
David Johnson Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000791

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 36 Kenmore Road

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
Innosight, LLC Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: 100000498

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 66 / 314
	<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)
Mason Johnson

Mailing Address 398 Knowles Ln

City Logan State UT Zip Code 84321

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

Name of Employer Wasatch Properties Occupation Property Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
06 / 13 / 2006

Transaction ID: 100000646

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Paul Johnson

Mailing Address 16204 Deer Ridge Road

City San Diego State CA Zip Code 92127

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

Name of Employer DLA Pipe Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
06 / 12 / 2006

Transaction ID: 100000599

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Raymond Johnson

Mailing Address 33 Hillington Drive

City North Easton State MA Zip Code 02356

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

Name of Employer Raymond Piling Products Occupation Steel Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
05 / 12 / 2006

Transaction ID: 100000420

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 67 / 314
	<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)
Tracy Johnson

Mailing Address 124 Harrison Avenue

City State Zip Code
Wakefield MA 01880

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
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 100000421

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Charles Jones

Mailing Address 5022 E. Calle del Norte

City State Zip Code
Phoenix AZ 85018-4421

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

Name of Employer State of AZ Supreme Court Occupation Judge

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 100000633

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Elizabeth Ann Jones

Mailing Address 5022 E. Calle del Norte

City State Zip Code
Phoenix AZ 85018-4421

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 ▼ 1000.00

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

Transaction ID: 100000634

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
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 68 / 314
	<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)
Nancy Jones

Mailing Address 55 High Street

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Gibson and Behman Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2006

Transaction ID: 100000446

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Judge

Mailing Address 30 Cushing Hill Road

City State Zip Code
Hanover MA 02339

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

Name of Employer Occupation
NSTAR Utility Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000862

Amount of Each Receipt this Period
1500.00

Receipt

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

Mailing Address 193 Hinckley Rd

City State Zip Code
Milton MA 02186

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

Name of Employer Occupation
Keohane and Keegan Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000856

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	7500.00
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 69 / 314
	<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)
Michael Keene

Mailing Address 58 Forest Street

City Wellesley Hills State MA Zip Code 02481

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 ▼ 2000.00

Date of Receipt
05 / 24 / 2006

Transaction ID: 100000460

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Edmund Kelly

Mailing Address 315 Wellesley St

City Weston State MA Zip Code 02493

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

Name of Employer Liberty Mutual Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
06 / 19 / 2006

Transaction ID: 100000874

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 16 Belknap Ct.

City Concord State MA Zip Code 01742

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

Name of Employer Keegan, Welin, and Pabiao Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 19 / 2006

Transaction ID: 100000855

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
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 70 / 314
<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)
Jimmy Kindred

Mailing Address 3400 Irvine Ave. Apt. 118

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Yakety Yak Co-Founder

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 100001005

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
A. Matthew Kiriluk

Mailing Address 365 Woodbridge Rd

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Kirco Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2006

Transaction ID: 100000884

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Marilynne Kiriluk

Mailing Address 1875 Rathmor

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Kirko Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000799

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	8000.00
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 71 / 314
	<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)
Albert Koch

Mailing Address 1320 Trowbridge Rd

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Champion Enterprises Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000760

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Patricia Konkle

Mailing Address PO Box 9311

City State Zip Code
Rancho Santa Fe CA 92067

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

Name of Employer Occupation
Equity Management, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000568

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 1797 Angel Fire Ln

City State Zip Code
Safford AZ 85546

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

Name of Employer Occupation
William Konopnicki Business Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000638

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	7300.00
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 72 / 314
	<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)
Curt Korneffel

Mailing Address 19297 Parke Lane

City State Zip Code
Grosse Ile MI 48138

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

Name of Employer Occupation
EC Korneffel President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000796

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Krikorian

Mailing Address 2600 W. Long Lake

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation
RPM/AME, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000806

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dieter Kuster

Mailing Address PO Box 676268

City State Zip Code
Rancho Santa Fe CA 92067

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

Name of Employer Occupation
CA Botana International Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000566

Amount of Each Receipt this Period
5000.00

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 73 / 314
	<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)
Dennis Langwell

Mailing Address 7 Jackson Cir.

City State Zip Code
Franklin MA 02038

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

Name of Employer Occupation
Liberty Mutual CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000846

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Keith Larsen

Mailing Address 102 S. Winding Way

City State Zip Code
Logan UT 84321

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

Name of Employer Occupation
Sports Academy Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000710

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 580 Yarboro Dr

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Lazard Real Estate Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000795

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
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 74 / 314
	<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)
Donald Laws

Mailing Address 34 N. Portola Road

City State Zip Code
Laguna Beach CA 92651

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

Name of Employer Assisted Living Centers Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000558

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jonathan Lee

Mailing Address 35 Fisher Avenue

City State Zip Code
Brookline MA 02445-5733

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

Name of Employer Lee Capital Investments, LLC Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: 100000390

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ilija Letica

Mailing Address 1567 Island Lane

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Letica Corp. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000801

Amount of Each Receipt this Period
5000.00

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 75 / 314
	<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) A. Garrett Liddell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 62 Fox Hill Lane		Transaction ID: 100000477	
City Norwell	State MA	Zip Code 02061	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Liddell Brothers	Occupation Contractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Meridene Lindsey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 40 N. 1300 E		Transaction ID: 100000662	
City Logan	State UT	Zip Code 84321-4935	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer East Hollywood High	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Gregg Lisciotti		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 24 Walden Court		Transaction ID: 100000906	
City Leominster	State MA	Zip Code 01453	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Lisciotti Development	Occupation Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
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 76 / 314
	<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)
Eldon Lloyd

Mailing Address 6967 Corte Lusso

City Rancho Santa Fe State CA Zip Code 92091

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2006

Transaction ID: 100000929

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Anita Lockhart

Mailing Address 489 West 6800 South

City Hyrum State UT Zip Code 84319-0315

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

Name of Employer Wasatch Properties Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000685

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 23 Hawthorne Road

City Medfield State MA Zip Code 02052

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

Name of Employer Liberty Mutual Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000841

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 77 / 314
	<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) Gordon Low		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 30 Howells Road		Transaction ID: 100000904	
City Belmont	State MA	Amount of Each Receipt this Period 5000.00	
Zip Code 02478		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Deloitte Consulting, LLP	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Geoffrey Lubbock		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 9 Goldthwait Rd		Transaction ID: 100000869	
City Marblehead	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 01945		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer NSTAR	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Bela Lugosi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	
Mailing Address 1029 Flintridge Ave		Transaction ID: 100000883	
City La Canada Flintrid	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 91011		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer OBrien Abeles, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
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 78 / 314
	<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

Full Name (Last, First, Middle Initial) A. Kalleen Lund		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1413 Pennfair Dr		Transaction ID: 100001009	
City State Zip Code Peachtree City GA 30269	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steven Lund		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1413 Pennfair Drive		Transaction ID: 100001015	
City State Zip Code Peachtree City GA 30269	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Clair Lundberg		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 55 E. Main St.		Transaction ID: 100000659	
City State Zip Code Hyrum UT 84319	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
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 79 / 314
	<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

Full Name (Last, First, Middle Initial) A. Carol Lynch		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 2566 Kent Ridge Ct		Transaction ID: 100000773	
City Bloomfield Hills	State MI	Zip Code 48301	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Carol Lynch	Occupation Philanthropist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Ann Madsen		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 360 Sumac Lane		Transaction ID: 100000834	
City Provo	State UT	Zip Code 84604	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer BYU	Occupation Professor		
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) C. Timothy Manning		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 7 Old Barn Yard Road		Transaction ID: 100000871	
City Duxbury	State MA	Zip Code 02332	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer NSTAR	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 80 / 314
	<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

Full Name (Last, First, Middle Initial) A. Christopher Mansfield		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 50 Woodleigh Rd		Transaction ID: 10000854	
City State Zip Code Dedham MA 02026	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Liberty Mutual	Occupation Insurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Alejandro Martinez		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 35431 Beach Road		Transaction ID: 10000619	
City State Zip Code Capistrano Beach CA 92624	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Alejandro Martinez	Occupation Business Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Pamela Martinez		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 35431 Beach Road		Transaction ID: 10000616	
City State Zip Code Capistrano Beach CA 92624	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 81 / 314
	<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)
M. Holt Massey

Mailing Address 85 Merrimac St

City Boston State MA Zip Code 02114

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

Name of Employer M.H. Massey & Co. Occupation 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
06 / 02 / 2006

Transaction ID: 10000533

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frank Matheson

Mailing Address 240 S. Main St

City Salt Lake City State UT Zip Code 84101

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

Name of Employer Wasatch Properties Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2006

Transaction ID: 10000686

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Paul Mattera

Mailing Address 16 Fuller Ave

City Swampscott State MA Zip Code 01907

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

Name of Employer Liberty Mutual Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2006

Transaction ID: 10000845

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6250.00
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 82 / 314
	<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) A. Julie Mattingly		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 22 W. 620 S.		Transaction ID: 100000611	
City Orem	State UT	Zip Code 84058	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Thomas May		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 22 Longmeadow Dr		Transaction ID: 100000859	
City Westwood	State MA	Zip Code 02090	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer NSTAR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Frederick Mayanrd		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 3 Locust Road		Transaction ID: 100000399	
City Wellesley Hills	State MA	Zip Code 02481	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Harbourvest Partners, LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Director Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
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 83 / 314
	<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)
Sarah McClure

Mailing Address 55 Cabot Pl

City Bloomfield Hills State MI Zip Code 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 ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2006

Transaction ID: 10000802

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Carl McFadden

Mailing Address 33 Wakefield St

City Reading State MA Zip Code 01867

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

Name of Employer First Trust Mortgage Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2006

Transaction ID: 10000407

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Ellen McLaughlin

Mailing Address 162 Monroe Rd

City Quincy State MA Zip Code 02169

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

Name of Employer US Government Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2006

Transaction ID: 10000853

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
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:	PAGE 84 / 314
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Daniel McNeill		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 13052 Decant Dr		Transaction ID: 10000604	
City State Zip Code Poway CA 92064	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer The McNeill Group	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Brent McQuarrie		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 3214 North University Ave. #512		Transaction ID: 10000575	
City State Zip Code Provo UT 84604	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Integra Investments LLC	Occupation Real Estate Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Marshall Merrifield		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 5191 Seagrove Place		Transaction ID: 10000571	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer General Lock	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

**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 85 / 314
	<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) A. Virginia Merrifield		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 5191 Seagrove Pl		Transaction ID: 100000569
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation None Homemaker	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bob Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1211 Cliffside Dr		Transaction ID: 100000687
City State Zip Code Logan UT 84321-4906	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Swift co. Manager	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bryan Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 968 Chapel Ridge Dr		Transaction ID: 100000742
City State Zip Code South Jordan UT 84095	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Larry H. Miller Group Operations Manager	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
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 86 / 314
	<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)
Ernest Miller

Mailing Address Box 305

City Hyrum State UT Zip Code 84319

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

Name of Employer EA Miller Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
06 / 13 / 2006

Transaction ID: 100000688

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ernest Miller

Mailing Address Box 305

City Hyrum State UT Zip Code 84319

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

Name of Employer EA Miller Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
06 / 27 / 2006

Transaction ID: 100000912

Amount of Each Receipt this Period
3500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gail Miller

Mailing Address 9350 South 150 East #1000

City Sandy State UT Zip Code 84070-2721

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
06 / 14 / 2006

Transaction ID: 100000727

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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 87 / 314
	<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)
Greg Miller

Mailing Address 5800 S. State St

City State Zip Code
Salt Lake City UT 84107

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

Name of Employer Occupation
Larry Miller Executive Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000733

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Heather Miller

Mailing Address 968 Chapel Ridge Dr

City State Zip Code
South Jordan UT 84095

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000746

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Heidi Miller

Mailing Address 5800 S. State St

City State Zip Code
Salt Lake City UT 84107

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000736

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 88 / 314
	<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)
Jennifer Miller

Mailing Address 2718 Majestic Ridge Cir

City State Zip Code
Salt Lake City UT 84121

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000732

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kris Miller

Mailing Address 120 East Main

City State Zip Code
Hyrum UT 84319

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

Name of Employer Occupation
The Flower Shop Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000665

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Larry Miller

Mailing Address PO Box 512

City State Zip Code
Logan UT 84321

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

Name of Employer Occupation
LW Miller Transportation Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000644

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10250.00
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 89 / 314
	<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)
Larry H. Miller

Mailing Address 9350 South 150 East, Ste. 1000

City State Zip Code
Sandy UT 84070

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

Name of Employer Occupation
Larry H. Miller Group Businessman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2006

Transaction ID: 100000885

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address PO Box F

City State Zip Code
Hyrum UT 84319

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

Name of Employer Occupation
Mark Miller Toyota Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000658

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Norma Miller

Mailing Address PO Box 305

City State Zip Code
Hyrum UT 84319

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2006

Transaction ID: 100000913

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	10250.00
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 90 / 314
	<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)
Richard Miller

Mailing Address 6500 south 1600 W

City State Zip Code
Hyrum UT 84319

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

Name of Employer Richard Miller Occupation Retail

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000689

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 350 N. 3rd West

City State Zip Code
Hyrum UT 84319

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

Name of Employer EA Miller Occupation Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000690

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Miller

Mailing Address 2718 Majestic Ridge Cir

City State Zip Code
Salt Lake City UT 84121

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

Name of Employer Larry H. Miller Group Occupation Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000739

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5750.00**

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 91 / 314
	<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)
Ted Miller

Mailing Address 260 Abbey Lane

City Providence State UT Zip Code 84332

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

Name of Employer Swift and Co. Occupation Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 10000691

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeffrey Mills

Mailing Address 21 El Patio

City Orinda State CA Zip Code 94563

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

Name of Employer Weston Presidio Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2006

Transaction ID: 10000515

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Keith Monroe

Mailing Address 14866 Espola Rd

City Poway State CA Zip Code 92064

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

Name of Employer Keith Monroe and Company Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 10000551

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 314
	<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)
Joseph Mooney

Mailing Address 5867 Stonehaven Blvd

City State Zip Code
Rochester MI 48306

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

Name of Employer Residential Home Health Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000759

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Morgan

Mailing Address 889 S. 2nd West

City State Zip Code
Wellsville UT 84339

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

Name of Employer Wasatch Property Management Occupation CFO-WAC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000668

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Bruce Morrison

Mailing Address 8345 Mallard Crossing

City State Zip Code
Brighton MI 48116

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

Name of Employer Bruce Morrison Occupation Real Estate Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2006

Transaction ID: 100000529

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 314
	<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)
F. Neal Mortenson

Mailing Address 1141 Fox Farm Road

City Logan State UT Zip Code 84321-4807

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000652

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
F. Neal Mortenson

Mailing Address 1141 Fox Farm Road

City Logan State UT Zip Code 84321-4807

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000656

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Morton

Mailing Address 1308 S. 1100 E

City Orem State UT Zip Code 84097

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

Name of Employer Xango Occupation Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000726

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
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 94 / 314
	<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 Mower

Mailing Address 11031 S. 1600 W

City Payson State UT Zip Code 84651

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

Name of Employer New Ways International Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000628

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jerry Moyes

Mailing Address 13327 N. 65th Dr

City Glendale State AZ Zip Code 85304

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

Name of Employer Swift Transportation Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000636

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 9 Lamplight Cir

City Natick State MA Zip Code 01760

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

Name of Employer Liberty Mutual Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000842

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 95 / 314
	<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) A. Kevin Mundt		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 145 Weston Road		Transaction ID: 100000400
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Vestar Capital Partners	Occupation Private Equity Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Katrina Murdoch		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 3588 La Entrada		Transaction ID: 100000938
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Katrina Murdoch	Occupation Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. James Nakagawa		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 5240 Timber Branch Way		Transaction ID: 100000821
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
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 96 / 314
	<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)
John Nelson

Mailing Address 2 Avery St Apt 36D
36D

City State Zip Code
Boston MA 02111-1019

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

Name of Employer Retired Occupation Executive

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 8 / 2 0 0 6

Transaction ID: 100000193

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Linden Nelson

Mailing Address 2100 E. Maple Rd

City State Zip Code
Birmingham MI 48009

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

Name of Employer Nelson Ventures Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100000804

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ofar Nemirovsky

Mailing Address 196 Commonwealth Ave.

City State Zip Code
Boston MA 02116

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

Name of Employer Harbourvest Partners, LLC Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100000501

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 97 / 314
	<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) A. Jeff Nielsen		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006
Mailing Address 1509 N. 360 E		Transaction ID: 10000692
City Logan	State UT	Zip Code 84341
Amount of Each Receipt this Period 500.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Wasatch Advantage Group	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael Nielson		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006
Mailing Address 1303 E. 720 N.		Transaction ID: 10000693
City Provo	State UT	Zip Code 84606
Amount of Each Receipt this Period 500.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Pivotal Group	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Joseph Nolan		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006
Mailing Address 11 Philip Road		Transaction ID: 10000867
City Belmont	State MA	Zip Code 02478-3802
Amount of Each Receipt this Period 1000.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer NSTAR	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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 98 / 314
<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)
Paul Norton

Mailing Address 1682 E. 1185 N.

City Logan State UT Zip Code 84341

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

Name of Employer Utah State University Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 13 / 2006

Transaction ID: 100000660

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joseph OConnor

Mailing Address 114 S. Old Woodward Ave. Ste. 1

City Birmingham State MI Zip Code 48009

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

Name of Employer AFINA Corp. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 14 / 2006

Transaction ID: 100000772

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 1115 Atlee Drive

City La Canada Flintrid State CA Zip Code 91011-3211

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

Name of Employer OBrien Abeles, LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 20 / 2006

Transaction ID: 100000879

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 314
	<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 Ord

Mailing Address 268 Manzanilla Way

City State Zip Code
Oceanside CA 92057

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

Name of Employer
Ord Homes

Occupation
Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 100000601

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Ord

Mailing Address 15990 Avenida Calma

City State Zip Code
Rancho Santa Fe CA 92091

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

Name of Employer
Ord and Rodgers Houses

Occupation
Builder Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 100000572

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Patrick Ord

Mailing Address 514 Pacesetter St

City State Zip Code
Oceanside CA 92057

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

Name of Employer
Ord and Rodgers Homes

Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 100000565

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
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 100 / 314
	<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)
Stacey Ord

Mailing Address 27 Via Sonrisa

City San Clemente State CA Zip Code 92673

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 ▼ 2000.00

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

Transaction ID: 100000598

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Eric Ottesen

Mailing Address 14366 Bent Tree Court

City Poway State CA Zip Code 92064

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 ▼ 1000.00

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

Transaction ID: 100000557

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Glen Overton

Mailing Address 1502 N. Freedom Blvd. Ste. D

City Provo State UT Zip Code 84604

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

Name of Employer Marriott Hotels Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 100000694

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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:	PAGE 101 / 314
	(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) A. LaDawn Painter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 674 South 100 West		Transaction ID: 100000825	
City State Zip Code Orem UT 84058	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation None Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Tom Painter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 674 S. 100 W		Transaction ID: 100000827	
City State Zip Code Orem UT 84058	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Multiple Streams of Income President	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tim Palmer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 22 Chadwick Road		Transaction ID: 100000412	
City State Zip Code Weston MA 02493-1509	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Charlesbank Capital Partners Investment Manager	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 314
	<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)
Twila Palmer

Mailing Address 21 Vose Rd

City State Zip Code
Westford MA 01886

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

Name of Employer Occupation
Westford Real Estate 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
06 / 16 / 2006

Transaction ID: 100000832

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Parkinson

Mailing Address 175 East 1600 N.

City State Zip Code
Logan UT 84341

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

Name of Employer Occupation
Parkinson Financial Services Investment Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000695

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ross Partrich

Mailing Address 2620 West Long Lake Rd

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation
RHP Properties, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: 100000817

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	6250.00
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 103 / 314
	<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) A. Spencer Partrich		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 31550 Northwestern Hwy, Ste. 200		Transaction ID: 100000805
City Farmington	State MI	Zip Code 48334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Spencer Partrich	Occupation Real Estate Developer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. David Peeler		Date of Receipt MM / DD / YYYY 05 / 30 / 2006
Mailing Address 53 Damien Road		Transaction ID: 100000465
City Wellesley Hills	State MA	Zip Code 02481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Berkshire Partners	Occupation Managing Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robert Pereira		Date of Receipt MM / DD / YYYY 05 / 16 / 2006
Mailing Address PO Box 1446		Transaction ID: 100000419
City Littleton	State MA	Zip Code 01460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Middlesex Corporation	Occupation Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 104 / 314
	<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)
William Perry

Mailing Address 17 E Winchester St Ste 200
#200

City State Zip Code
Salt Lake City UT 84107-5610

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

Name of Employer Occupation
Perry Homes Inc Business 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
06 / 29 / 2006

Transaction ID: 10000987

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Heidi Pestana

Mailing Address 3563 Sioux Cir

City State Zip Code
Provo UT 84604

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

Name of Employer Occupation
None 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
06 / 14 / 2006

Transaction ID: 10000721

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 138 North Carmelina Avenue

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Peterson Realty Group, Inc. Real Estate

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 31 / 2006

Transaction ID: 10000473

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 / 314
	(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) A. Jay Poelman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 2418 N. Verona Lane		Transaction ID: 100000724	
City Pleasant Grove	State UT	Zip Code 84062	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Ryan Poelman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 1695 W. 1825 N.		Transaction ID: 100000723	
City Provo	State UT	Zip Code 84604	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Electronic Marketing Services	Occupation Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Stephen Polk		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 26955 Northwestern Hwy		Transaction ID: 100000780	
City Southfield	State MI	Zip Code 48034	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer RL Polk and Co.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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 106 / 314
	<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)
Dixie Poole

Mailing Address 55 Bristol Rd

City Logan State UT Zip Code 84341

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 ▼
500.00

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

Transaction ID: 100000696

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jo Ann Potenza

Mailing Address 99 Main Street

City Westford State MA Zip Code 01886

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
M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 0 6

Transaction ID: 100000408

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kevin Prokop

Mailing Address 930 Wimpleton Dr

City Birmingham State MI Zip Code 48009-7606

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

Name of Employer Questor Corp. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: 100000761

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
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 107 / 314
	<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)
Randal Quarles

Mailing Address 4515 Dexter St., NW

City Washington State DC Zip Code 20007

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

Name of Employer Dept. of Treasury Occupation Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
06 / 29 / 2006

Transaction ID: 10000959

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Keith Rattie

Mailing Address 3238 Mountain Top Ln

City Park City State UT Zip Code 84060-6817

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

Name of Employer Questar Corporation Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
06 / 29 / 2006

Transaction ID: 10000986

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Geoffrey Rehnert

Mailing Address 9 Whitehouse Lane

City Weston State MA Zip Code 02493

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

Name of Employer Audax Group Occupation Co-CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
05 / 31 / 2006

Transaction ID: 10000466

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 108 / 314
	<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)
Leon Reinhart

Mailing Address PO Box 5005-85

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000580

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Charles Ribakoff

Mailing Address PO Box 912

City Worcester State MA Zip Code 01613

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

Name of Employer Automotive Management Team Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: 100000490

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kennedy Richardson

Mailing Address 104 Mt. Vernon St.

City Boston State MA Zip Code 02108

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
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: 100000257

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 109 / 314
	<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)
Jed Riding

Mailing Address 1715 E. Keim Dr.

City State Zip Code
Phoenix AZ 85016-1817

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

Name of Employer Self-Employed
Occupation Education Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000635

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Roberts

Mailing Address 106 Edmunds Road

City State Zip Code
Wellesley Hills MA 02481

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

Name of Employer Summit Partners
Occupation Private Equity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2006

Transaction ID: 100000253

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Clyde Romney

Mailing Address 220 W. Grand Ave

City State Zip Code
Escondido CA 92025

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

Name of Employer Cyde Romney
Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000552

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 110 / 314
	<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)
Laurie Romney

Mailing Address 16165 Cayenne Ridge Rd

City San Diego State CA Zip Code 92127

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 6 / 2 2 / 2 0 0 6

Transaction ID: 100000895

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Matthew Romney

Mailing Address 16165 Cayenne Ridge Rd

City San Diego State CA Zip Code 92127

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

Name of Employer Excel Occupation Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100000894

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jason Rose

Mailing Address 7044 N. Hillside Dr

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Rose and Allyn PR Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
612.50

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

Transaction ID: 100001072

Amount of Each Receipt this Period
612.50

In-Kind
Inkind Contribution - Food

SUBTOTAL of Receipts This Page (optional) ► **10612.50**

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 111 / 314
	<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)
Jason Rose

Mailing Address 7044 N. Hillside Dr

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Rose and Allyn PR Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2112.50

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2006

Transaction ID: 100000639

Amount of Each Receipt this Period
1500.00

Receipt

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

Mailing Address 7418 E. Cholla St

City State Zip Code
Scottsdale AZ 85260

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

Name of Employer Occupation
OConnor, Cavanaugh Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2006

Transaction ID: 100000835

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
W. Michael Rosenberg

Mailing Address 800 Pacific Ave

City State Zip Code
Manhattan Beach CA 90266

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

Name of Employer Occupation
Barrington Associates Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2006

Transaction ID: 100000495

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	3750.00
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 112 / 314
	<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) A. James Rosenthal		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 360 Cranbrook Rd		Transaction ID: 100000790
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer National Lumber	Occupation Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Steven Rosenthal		Date of Receipt MM / DD / YYYY 05 / 18 / 2006
Mailing Address 40 Bartlett Street		Transaction ID: 100000447
City Marblehead	State MA	Zip Code 01945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Mintz Levin	Occupation Attorney	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Charles Ross		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 21346 Wheaton Lane		Transaction ID: 100000810
City Novi	State MI	Zip Code 48375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Ternes Packaging	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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:	PAGE 113 / 314
	(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

A. Full Name (Last, First, Middle Initial) Eldon Roth		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 984 Quail Hollow Cir		Transaction ID: 100000971
City State Zip Code North Sioux City SD 57049-5100	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation BPI Technology Owner	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Regina Roth		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 984 Quail Hollow Cir		Transaction ID: 100000980
City State Zip Code North Sioux City SD 57049-5100	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation BPI Technology Owner	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) David Rousso		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 569 Spoleto Drive		Transaction ID: 100000528
City State Zip Code Pacific Palisades CA 90272	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation David Rousso Investor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 114 / 314
	<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)
Wallace Rueckel

Mailing Address 1866 Pine Ridge Lane

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Questor Management Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000774

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Maureen Ruetters

Mailing Address 453 Bedford Road

City Carlisle State MA Zip Code 01741

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 ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2006

Transaction ID: 100000425

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael Ruetters

Mailing Address 453 Bedford Road

City Carlisle State MA Zip Code 01741

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

Name of Employer EMC Corporation Occupation Retired Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2006

Transaction ID: 100000424

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
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 115 / 314
	<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) A. Valerie Sabin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 18540 Wild Horse Creek		Transaction ID: 100000820	
City State Zip Code Poway CA 92064	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Richard Sackett		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 250 E. 800 N,		Transaction ID: 100000648	
City State Zip Code Logan UT 84321	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Gary Sakwa		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 28470 Thirteen Mile Rd., Ste. 220		Transaction ID: 100000770	
City State Zip Code Farmington MI 48334	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 314
	<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)
Kenneth Satterlee

Mailing Address 2021 Olite Court

City State Zip Code
La Jolla CA 92037

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

Name of Employer Kenneth Satterlee Occupation Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 10000622

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Helen Sayles

Mailing Address 95 Lanes End

City State Zip Code
Concord MA 01742

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

Name of Employer Liberty Mutual Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 10000847

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dominick Schiano

Mailing Address 30275 Oakleaf Ln

City State Zip Code
Franklin MI 48025

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 10000762

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
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 117 / 314
	<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)
Michael Schreck

Mailing Address 180 Avenida La Pata, Ste. 200

City San Clemente State CA Zip Code 92673

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

Name of Employer
Equity Pacific Partners, LLC

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000595

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Werner Schweiger

Mailing Address 1 Cayuga Rd

City Patchogue State NY Zip Code 11772

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

Name of Employer
NSTAR

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000866

Amount of Each Receipt this Period
1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Douglas Scott

Mailing Address 4 Stephanie Lane S.

City Darien State CT Zip Code 06820

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

Name of Employer
None

Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2006

Transaction ID: 100000442

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
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:	PAGE 118 / 314
	(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) A. Vincent Shanley		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 2 Park Plaza, Ste. 205		Transaction ID: 100000857	
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Shanley Fleming and Assoc.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Geoffrey Sherman		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 8871 Golden Ridge Rd		Transaction ID: 100000555	
City State Zip Code Lakeside CA 92040	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. William Shiebler		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2006	
Mailing Address PO Box 4491 7905 Woodland View Drive		Transaction ID: 100000186	
City State Zip Code Park City UT 84060-4491	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer William Shiebler	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 314
	<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)
Robert Shumake

Mailing Address 25900 W. 11 Mile, Suite 260

City State Zip Code
Southfield MI 48034

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

Name of Employer Inheritance Automotive Group
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000794

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Silveira

Mailing Address 298 Vinton Street

City State Zip Code
Melrose MA 02176

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

Name of Employer Mintz Levin
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2006

Transaction ID: 100000467

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Smith

Mailing Address 4201 Wilson Blvd

City State Zip Code
Arlington VA 22203

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

Name of Employer SRA International
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: 100000522

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	4750.00
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 120 / 314
	<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)
Stevenson Smith

Mailing Address 574 E. 2000 N.

City Orem State UT Zip Code 84097

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

Name of Employer Self-Employed Occupation None

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 100000712

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Warren Smith

Mailing Address 38 Coolidge Lane

City Dedham State MA Zip Code 02026

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

Name of Employer TH Lee Putnam Ventures Occupation Investment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 100000404

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 9850 Genesee Ave. Ste. 300

City La Jolla State CA Zip Code 92037

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

Name of Employer John Smoot Occupation Plastic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000613

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
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 121 / 314
	<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) A. Steven Sogn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 545 Lands End Way Suite 203		Transaction ID: 100000554
City State Zip Code Oceanside CA 92054	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Ord Properties Network Management	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. James Somers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 22081 Cody Ct.		Transaction ID: 100000875
City State Zip Code Tehachapi CA 93561	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Brookstreet Financial Marketing Director	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Allyson Sorensen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 610 Brae Mar Ct		Transaction ID: 100000398
City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation None Homemaker	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	3500.00
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:	PAGE 122 / 314
	(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) A. David Stephen Sorensen		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 3820 State Street		Transaction ID: 10000574	
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Select Personnel Services	Occupation Entrepreneur		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Paul Sorensen		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2006	
Mailing Address 610 Brae Mar Ct		Transaction ID: 10000397	
City State Zip Code Encinitas CA 92024-2378	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Select Personnel Services	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Shannon Sorensen		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006	
Mailing Address 3820 State St.		Transaction ID: 10000924	
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 314
	<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)
Charles Stoddard

Mailing Address 7700 Leonard NE

City State Zip Code
Ada MI 49301

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2006

Transaction ID: 100000469

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Janet Stoddard

Mailing Address 7700 Leonard NE

City State Zip Code
Ada MI 49301

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
05 / 31 / 2006

Transaction ID: 100000470

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Betty Stokes

Mailing Address 1165 North 1700 East

City State Zip Code
Logan UT 84341

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
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000671

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 124 / 314
	<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)
Steven Stokes

Mailing Address 1165 North 1750 East

City Logan State UT Zip Code 84341

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

Name of Employer Steven Stokes Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000670

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bonnie Stone

Mailing Address 1672 Main st. Ste. E

City Ramona State CA Zip Code 92065-5257

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

Name of Employer Bonnie Stone Occupation Florist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000563

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address 1036 Morning Glory Ct.

City El Dorado Hills State CA Zip Code 95762-3776

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

Name of Employer John Stone Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000594

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	7500.00
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 125 / 314
	<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)
Michael Stone

Mailing Address 1021 Muirlands Dr

City State Zip Code
La Jolla CA 92037

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

Name of Employer Michael Stone Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2006

Transaction ID: 10000531

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Christine Strumbos

Mailing Address 257 Pine Ridge

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 14 / 2006

Transaction ID: 10000808

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lance Swedish

Mailing Address 6381 Highland

City State Zip Code
Park City UT 84098

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

Name of Employer Wasatch Property Management Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2006

Transaction ID: 10000697

Amount of Each Receipt this Period
250.00

Receipt

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 314
	<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) A. Douglas Swenson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1150 East 50 South		Transaction ID: 100000698
City Logan State UT Zip Code 84321	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Jack Store and Oil Occupation CFO	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Taubman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1820 Rathmor Rd		Transaction ID: 100000479
City Bloomfield Hills State MI Zip Code 48304-0200	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Taubman Company Occupation President	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Taylor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 489 S. 500 E		Transaction ID: 100000657
City Smithfield State UT Zip Code 84335	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Wasatch Property Management Occupation Director of HR	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
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 127 / 314
	<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) A. Beatrice Tew		Date of Receipt MM / DD / YYYY 06 / 13 / 2006
Mailing Address 123 2nd Ave. #602		Transaction ID: 100000631
City Salt Lake City	State UT	Zip Code 84103-4716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Norma Thorne		Date of Receipt MM / DD / YYYY 06 / 13 / 2006
Mailing Address 330 E. 1400 N. #214		Transaction ID: 100000654
City Logan	State UT	Zip Code 84341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Travis Tollestrup		Date of Receipt MM / DD / YYYY 06 / 12 / 2006
Mailing Address 26163 Castle Lane		Transaction ID: 100000602
City Murrieta	State CA	Zip Code 92563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Travis Tollestrup	Occupation Marketing Consultant	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
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 128 / 314
	<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 Trimarco

Mailing Address 18 Monument Square

City State Zip Code
Charlestown MA 02129-3416

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

Name of Employer Occupation
Thomas Trimarco Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2006

Transaction ID: 100000417

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joseph Trolla

Mailing Address 58 Tea Party Way

City State Zip Code
Malden MA 02148

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

Name of Employer Occupation
Fafard Companies COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 100000410

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Tucci

Mailing Address 10 Mountain Laurel Drive

City State Zip Code
Nashua NH 03060

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

Name of Employer Occupation
EMC Corporation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2006

Transaction ID: 100000426

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 129 / 314
	<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 Tuozzolo

Mailing Address 116 E. Genesee Street

City State Zip Code
Skaneateles NY 13152

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

Name of Employer Occupation
Pyramid Management Group Sr. Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2006

Transaction ID: 100000233

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jared Turner

Mailing Address 1701 Colina Terrestre

City State Zip Code
San Clemente CA 92673-3651

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

Name of Employer Occupation
Yakety Yak COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 100000946

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Paul Vaitkus

Mailing Address 54 Hammond Road

City State Zip Code
Hanson MA 02341

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

Name of Employer Occupation
NSTAR Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000860

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	7250.00
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 130 / 314
	<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) A. David Van Slooten		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 5155 Princess Anne Rd		Transaction ID: 100000880
City State Zip Code La Canada Flintrid CA 91011	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Primecap Management Co	Occupation Investment Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jay Venkatesan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 121 W. Concord St.		Transaction ID: 100000935
City State Zip Code Boston MA 02118	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Bain Capital, LLC	Occupation Investment Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Clare Villari		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 158 Cotton st		Transaction ID: 100000582
City State Zip Code Newton MA 02458	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Wellington Management Co.	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 314
	<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) A. Richard Vlastic		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 4993 Elmgate Dr		Transaction ID: 100000757	
City West Bloomfield	State MI	Amount of Each Receipt this Period 2000.00	
Zip Code 48324		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer O/E Learning	Occupation CEO	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Receipt	

Full Name (Last, First, Middle Initial) B. Steve Vucovich		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 2030 Jennie Lee Dr		Transaction ID: 100000711	
City Idaho Falls	State ID	Amount of Each Receipt this Period 250.00	
Zip Code 83404		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Sports Academy	Occupation General Manager	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Receipt	

Full Name (Last, First, Middle Initial) C. Robert Wadsworth		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address 99 Livingston Rd		Transaction ID: 100000496	
City Wellesley	State MA	Amount of Each Receipt this Period 2000.00	
Zip Code 02482		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Harbourvest Partners, LLC	Occupation Investment Manager	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Receipt	

SUBTOTAL of Receipts This Page (optional) ▶	4250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 314
	<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)
Ursala Wagstaff-Kuster

Mailing Address PO Box 676268

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer CA Botana International Occupation Senior Chemist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000573

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Chris Wall

Mailing Address PO Box 656

City Oakley State UT Zip Code 84055

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

Name of Employer Wall Machinery Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000632

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Allison Watson

Mailing Address 3031 North Wildflower Dr

City Idaho Falls State ID Zip Code 83401

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

Name of Employer Wasatch Property Mgmt. Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000699

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10250.00
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 133 / 314
	<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)
David Watts

Mailing Address 1453 E. 1200 N.

City Logan State UT Zip Code 84341

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

Name of Employer Raymond Construction Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000708

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Weafer

Mailing Address 5 Pamela Lane

City Canton State MA Zip Code 02021

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

Name of Employer NSTAR Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000870

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
R. Curt Webb

Mailing Address 500 Hillsborough

City Providence State UT Zip Code 84332

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

Name of Employer Cache Title Co. Occupation Title Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000700

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 134 / 314
	<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)
David Weinstein

Mailing Address 158 Cotton St

City State Zip Code
Newton MA 02158

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

Name of Employer Occupation
Fidelity Investments Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000587

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Finn Wentworth

Mailing Address 67 Park Place East

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Normandy Partners, LLC Private Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: 100000491

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Wenzel

Mailing Address 261 Barden Road

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
American Funds Dist Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 100001021

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10250.00**

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:	PAGE 135 / 314
	(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) A. Stephen West		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1117 Fox Farm Rd		Transaction ID: 100000701
City State Zip Code Logan UT 84321	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Henry Whiffen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 949 S. 725 W		Transaction ID: 100000725
City State Zip Code Orem UT 84058	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Henry Whiffen Occupation Insurance	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian Wilkin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 97 Lamberts Lane		Transaction ID: 100000910
City State Zip Code Cohasset MA 02025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Hingham Mutual Fire Insurance Occupation Insurance	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	5750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 136 / 314
	(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

A. Full Name (Last, First, Middle Initial)
Ralph Willard

Mailing Address 2 Avery Street, Unit 37C

City State Zip Code
Boston MA 02111

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100000263

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kenneth Winchester

Mailing Address 1 Emily Way

City State Zip Code
Westford MA 01886

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
05 / 17 / 2006

Transaction ID: 100000409

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Scott Wyatt

Mailing Address 108 N. Main

City State Zip Code
Logan UT 84321

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

Name of Employer DWA Legal Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 100000706

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10250.00**

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 137 / 314
	<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)
Charles Yash

Mailing Address PO Box 2621

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer Yash Associates Occupation Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 100000553

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Fred Zeidman

Mailing Address 2104 Chilton Rd

City Houston State TX Zip Code 77019

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

Name of Employer Fred Zeldman Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: 100000535

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Eugene Zimon

Mailing Address PO Box 1907

City Duxbury State MA Zip Code 02331

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

Name of Employer NSTAR Occupation Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: 100000861

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	1054462.50

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 138 / 314
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Allmerica Pac		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 440 Lincoln St		Transaction ID: 100000872
City Worcester	State MA	Zip Code 01653
FEC ID number of contributing federal political committee. C C00169516		Amount of Each Receipt this Period 750.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Laborers Political League		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 905 16th Street, NW		Transaction ID: 100000947
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Liberty Mutual Pac		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 175 Berkley Street		Transaction ID: 100000911
City Boston	State MA	Zip Code 02117
FEC ID number of contributing federal political committee. C C00171843		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10750.00
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: PAGE 139 / 314
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
MA Mutual Life Ins. Pac
Mailing Address 1295 State st.
City State Zip Code
Springfield MA 01111
FEC ID number of contributing federal political committee. **C** C00118943
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006
Transaction ID: 100000873
Amount of Each Receipt this Period
5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
New Majority CA FED Pac
Mailing Address 591 Redwood Hwy, Bldg 4000
City State Zip Code
Mill Valley CA 94941
FEC ID number of contributing federal political committee. **C** C00387274
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2006
Transaction ID: 100000534
Amount of Each Receipt this Period
5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Qwest Utah Pac
Mailing Address 250 Bell Plaza #1614
City State Zip Code
Salt Lake City UT 84111
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006
Transaction ID: 100000669
Amount of Each Receipt this Period
250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 10250.00
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:	PAGE 140 / 314
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
The Forum PAC

Mailing Address 450 University Pl

City State Zip Code
Grosse Pointe MI 48230

FEC ID number of contributing federal political committee. **C** C00419994

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	6

Transaction ID: 100000536

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	21500.00

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

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

FOR LINE NUMBER: PAGE 141 / 314
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 15023

City State Zip Code
Worcester MA 01615-0023

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 36.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: 100000406

Amount of Each Receipt this Period
36.00

Offsets to Operating Expenditure

B. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 15023

City State Zip Code
Worcester MA 01615-0023

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.95

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: 100000230

Amount of Each Receipt this Period
409.95

Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional) ► **445.95**

TOTAL This Period (last page this line number only) ► **445.95**

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 142 / 314

<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

A. Full Name (Last, First, Middle Initial) Nstar		Transaction ID: 200000458 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 329.37
City Woburn State MA Zip Code 01888-4508	OFFICE UTILITIES	
Purpose of Disbursement OFFICE UTILITIES 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. Full Name (Last, First, Middle Initial) Nstar		Transaction ID: 200000892 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 458.47
City Woburn State MA Zip Code 01888-4508	PRO-RATED OFFICE UTILITIES	
Purpose of Disbursement PRO-RATED OFFICE UTILITIES 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) ▼

C. Full Name (Last, First, Middle Initial) Sentient		Transaction ID: 200001122 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 97 Libbey Industrial Pkwy		Amount of Each Disbursement this Period 1926.44
City East Weymouth State MA Zip Code 02189-3110	PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2714.28
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 314

<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) A. Verizon		Transaction ID: 200000368	
Mailing Address PO Box 1		Date of Disbursement MM / DD / YYYY 05 / 24 / 2006	
City Worcester	State MA	Zip Code 01654-0001	Amount of Each Disbursement this Period 773.18
Purpose of Disbursement OFFICE PHONES		Category/ Type	
Candidate Name		OFFICE PHONES	
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. Verizon		Transaction ID: 200000884	
Mailing Address PO Box 1		Date of Disbursement MM / DD / YYYY 06 / 13 / 2006	
City Worcester	State MA	Zip Code 01654-0001	Amount of Each Disbursement this Period 484.96
Purpose of Disbursement PRO-RATED OFFICE PHONES		Category/ Type	
Candidate Name		PRO-RATED OFFICE PHONES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 200001779	
Mailing Address 3 Center Plz		Date of Disbursement MM / DD / YYYY 05 / 01 / 2006	
City Boston	State MA	Zip Code 02108-2000	Amount of Each Disbursement this Period 129.95
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name		BANK FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1388.09
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 314

<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) A. Bank of America		Transaction ID: 71031.E9293 Date of Disbursement MM / DD / YYYY 05 / 25 / 2006
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 4500.00
City Boston State MA Zip Code 02108-2000	BANK FEES	
Purpose of Disbursement BANK FEES		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. SCM Associates		Transaction ID: 200000367 Date of Disbursement MM / DD / YYYY 05 / 24 / 2006
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 3997.94
City Jaffrey State NH Zip Code 03452-	DIRECT MAIL	
Purpose of Disbursement DIRECT MAIL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. SCM Associates		Transaction ID: 200000470 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 473.10
City Jaffrey State NH Zip Code 03452-	DIRECT MAIL	
Purpose of Disbursement DIRECT MAIL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

8971.04

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 145 / 314

<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) A. Blue Cross Blue Shield		Transaction ID: 200000382 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 2213.77
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. Blue Cross Blue Shield		Transaction ID: 200000926 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 2406.21
City Woburn State MA Zip Code 01888-4701	PRO-RATED HEALTHCARE	
Purpose of Disbursement PRO-RATED 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) C. Patton Boggs		Transaction ID: 200000419 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 2630.32
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7250.30
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 146 / 314

<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) A. Patton Boggs		Transaction ID: 200000475 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 1862.43
City Washington State DC Zip Code 20037-1301	LEGAL FEES	
Purpose of Disbursement LEGAL FEES		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. Patton Boggs		Transaction ID: 200001117 Date of Disbursement MM / DD / YYYY 06 / 27 / 2006
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 327.01
City Washington State DC Zip Code 20037-1301	PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. H&H Builders, Inc.		Transaction ID: 200000424 Date of Disbursement MM / DD / YYYY 05 / 24 / 2006
Mailing Address 149 Buttonwood St		Amount of Each Disbursement this Period 4931.75
City Boston State MA Zip Code 02125-	OFFICE CONSTRUCTION	
Purpose of Disbursement OFFICE CONSTRUCTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7121.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 147 / 314

<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) A. Capital Campaigns		Transaction ID: 200000308 Date of Disbursement																				
Mailing Address 921 11th St, Suite 420		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	6													
City Sacramento	State CA	Zip Code 95814-																				
Purpose of Disbursement CONSULTING	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>1000.00</td></tr></table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																						
1000.00																						
Candidate Name	Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	CONSULTING																					

Full Name (Last, First, Middle Initial) B. Capital Campaigns		Transaction ID: 200000396 Date of Disbursement																				
Mailing Address 921 11th St, Suite 420		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	4		2	0	0	6													
City Sacramento	State CA	Zip Code 95814-																				
Purpose of Disbursement CONSULTING	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>68.90</td></tr></table>		Amount of Each Disbursement this Period	68.90																		
Amount of Each Disbursement this Period																						
68.90																						
Candidate Name	Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	CONSULTING																					

Full Name (Last, First, Middle Initial) C. Capital Campaigns		Transaction ID: 200000905 Date of Disbursement																				
Mailing Address 921 11th St, Suite 420		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	6													
City Sacramento	State CA	Zip Code 95814-																				
Purpose of Disbursement CONSULTING	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>229.62</td></tr></table>		Amount of Each Disbursement this Period	229.62																		
Amount of Each Disbursement this Period																						
229.62																						
Candidate Name	Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	CONSULTING																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1298.52</td></tr></table>	1298.52
1298.52		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Capital Campaigns		Transaction ID: 200001125 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 4688.45
City Sacramento State CA Zip Code 95814-	Category/ Type PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED 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) ▼	

Full Name (Last, First, Middle Initial) B. Sally Canfield		Transaction ID: 200001556 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3708.30
City Boston State MA Zip Code 02127-1039	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) C. Sally Canfield		Transaction ID: 200001562 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3708.30
City Boston State MA Zip Code 02127-1039	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12105.05
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Sally Canfield		Transaction ID: 200000395 Date of Disbursement MM / DD / YYYY 05 / 24 / 2006
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 67.00
City Boston State MA Zip Code 02127-1039	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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. Sally Canfield		Transaction ID: 200001571 Date of Disbursement MM / DD / YYYY 06 / 02 / 2006
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3708.30
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) ▼

Full Name (Last, First, Middle Initial) C. Sally Canfield		Transaction ID: 200001581 Date of Disbursement MM / DD / YYYY 06 / 16 / 2006
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7479.52
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Sally Canfield		Transaction ID: 200001784 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22	
City Boston State MA Zip Code 02127-1039	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) ▼		

PAYROLL

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 200000929 Date of Disbursement MM / DD / YYYY 06 / 06 / 2006	
Mailing Address 25 Winter St		Amount of Each Disbursement this Period 28.59	
City Boston State MA Zip Code 02108-4799	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) ▼		

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Peartrees Caterers		Transaction ID: 200000409 Date of Disbursement MM / DD / YYYY 05 / 24 / 2006	
Mailing Address 2243 Verus St		Amount of Each Disbursement this Period 77.44	
City San Diego State CA Zip Code 92154-4704	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

SUBTOTAL of Disbursements This Page (optional) ▶	3781.66
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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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) A. Peartrees Caterers		Transaction ID: 200000469
Mailing Address 2243 Verus St		Date of Disbursement 05 / 30 / 2006
City San Diego	State CA	Zip Code 92154-4704
Purpose of Disbursement FUNDRAISING EXPENSE		Amount of Each Disbursement this Period 662.75
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Capers Catering, Inc.		Transaction ID: 200000451
Mailing Address 21 Emerson Street		Date of Disbursement 05 / 30 / 2006
City Stoneham	State MA	Zip Code 02180-
Purpose of Disbursement FUNDRAISING EXPENSE		Amount of Each Disbursement this Period 27.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. Capers Catering, Inc.		Transaction ID: 200001126
Mailing Address 21 Emerson Street		Date of Disbursement 06 / 27 / 2006
City Stoneham	State MA	Zip Code 02180-
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Amount of Each Disbursement this Period 1007.35
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED FUNDRAISING EXP-ENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1697.14
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Boston Coach		Transaction ID: 200000440 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 268.75
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED CAR SERVICE

Full Name (Last, First, Middle Initial) B. Boston Coach		Transaction ID: 200000450 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 37.88
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED CAR SERVICE

Full Name (Last, First, Middle Initial) C. Boston Coach		Transaction ID: 200000900 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 470.78
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED CAR SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	777.41
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. OBrien Communications		Transaction ID: 200000414 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 1026.10
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) ▼

Full Name (Last, First, Middle Initial) B. OBrien Communications		Transaction ID: 200000459 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 1175.50
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) ▼

Full Name (Last, First, Middle Initial) C. OBrien Communications		Transaction ID: 200000891 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 563.90
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2765.50
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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) A. OBrien Communications		Transaction ID: 200000923 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 533.50
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) B. Accu Conference		Transaction ID: 200000903 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 314.46
City Bellevue State WA Zip Code 98005-	PRO-RATED CONFERENCE CALL SERVICES	
Purpose of Disbursement PRO-RATED CONFERENCE CALL SERVICES 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) C. Staples Credit Plan		Transaction ID: 200000886 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 1361.42
City Des Moines State IA Zip Code 50368-9020	PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2209.38
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Staples Credit Plan		Transaction ID: 200001120 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 768.73
City Des Moines State IA Zip Code 50368-9020	PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) B. Tj Cunningham, Inc.		Transaction ID: 200000909 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 144		Amount of Each Disbursement this Period 567.50
City Boston State MA Zip Code 02127-	PRO-RATED ELECTRICIAN	
Purpose of Disbursement PRO-RATED ELECTRICIAN 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) C. The Mar Dels		Transaction ID: 200000476 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 131732		Amount of Each Disbursement this Period 1750.00
City Carlsbad State CA Zip Code 92013-1732	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3086.23
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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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>A. Full Name (Last, First, Middle Initial) Hui Jojo Deng</p>		<p>Transaction ID: 200000896 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	3		2	0	0	6														
<p>Mailing Address 117 Beaconsfield Rd</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>272.25</td> </tr> </table> </p>		272.25																			
272.25																							
<p>City Brookline State MA Zip Code 02445-</p>	<p>Purpose of Disbursement PRO-RATED BOOKKEEPING</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>PRO-RATED BOOKKEEPING</p>																						

<p>B. Full Name (Last, First, Middle Initial) CDW Direct, LLC</p>		<p>Transaction ID: 200000353 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	0	6														
<p>Mailing Address PO Box 75723</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1024.41</td> </tr> </table> </p>		1024.41																			
1024.41																							
<p>City Chicago State IL Zip Code 60675-5723</p>	<p>Purpose of Disbursement SOFTWARE LICENSES</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>SOFTWARE LICENSES</p>																						

<p>C. Full Name (Last, First, Middle Initial) Caplin & Drysdale</p>		<p>Transaction ID: 200000434 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	0	6														
<p>Mailing Address One Thomas Cir. NW, Suite 1100</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1750.00</td> </tr> </table> </p>		1750.00																			
1750.00																							
<p>City Washington State DC Zip Code 20005-</p>	<p>Purpose of Disbursement LEGAL FEES</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>LEGAL FEES</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3046.66</p>
<p>TOTAL This Period (last page this line number only)</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)

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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) A. Caplin & Drysdale		Transaction ID: 200000899 Date of Disbursement MM / DD / YYYY 06 / 13 / 2006
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 2250.09
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 200000715 Date of Disbursement MM / DD / YYYY 05 / 02 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 5938.25
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD: SEE BELOW 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) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 200000731 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 66.00
City Boston State MA Zip Code 02108-4304	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) ▼	[MEMO ITEM] MEMO: STAFF PARKING

SUBTOTAL of Disbursements This Page (optional) ▶	8188.34
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Borders Books		Transaction ID: 200000717 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 24 School Street		Amount of Each Disbursement this Period 72.35
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED 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. Ritz Carlton		Transaction ID: 200000729 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6
Mailing Address 100 S. Ocean Blvd		Amount of Each Disbursement this Period 2263.35
City Lake Worth State FL Zip Code 33462-	[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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 200000728 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6
Mailing Address 100 S. Ocean Blvd		Amount of Each Disbursement this Period 32.69
City Lake Worth State FL Zip Code 33462-	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Grove Club and Resort		Transaction ID: 200000723 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address Four Grove Isle Drive		Amount of Each Disbursement this Period 110.12
City Miami State FL Zip Code 33133-	[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. Grove Club and Resort		Transaction ID: 200000722 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address Four Grove Isle Drive		Amount of Each Disbursement this Period 359.23
City Miami State FL Zip Code 33133-	[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) C. Invesco Field		Transaction ID: 200000733 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1701 Bryant Street		Amount of Each Disbursement this Period 279.71
City Denver State CO Zip Code 80204-	[MEMO ITEM] MEMO: GIFTS FOR SUPPORTERS	
Purpose of Disbursement GIFTS FOR SUPPORTERS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: (check only one)

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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) A. JW Marriott Hotel		Transaction ID: 200000726 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6
Mailing Address 1109 Brickell Avenue		Amount of Each Disbursement this Period 428.27
City Miami State FL Zip Code 33131-	[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. JW Marriott Hotel		Transaction ID: 200000727 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6
Mailing Address 1109 Brickell Avenue		Amount of Each Disbursement this Period 711.72
City Miami State FL Zip Code 33131-	[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) C. JW Marriott Hotel		Transaction ID: 200000725 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6
Mailing Address 1109 Brickell Avenue		Amount of Each Disbursement this Period 428.27
City Miami State FL Zip Code 33131-	[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) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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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) A. Avis Rent A Car		Transaction ID: 200000741 Date of Disbursement MM / DD / YYYY 04 / 15 / 2006
Mailing Address 675 Post Street		Amount of Each Disbursement this Period 413.29
City San Francisco State CA Zip Code 94109-	Purpose of Disbursement CAR RENTAL 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: CAR RENTAL

Full Name (Last, First, Middle Initial) B. Budget Rent A Car		Transaction ID: 200000730 Date of Disbursement MM / DD / YYYY 04 / 04 / 2006
Mailing Address 6301 Powerline Road		Amount of Each Disbursement this Period 444.01
City Fort Lauderdale State FL Zip Code 33309-	Purpose of Disbursement CAR RENTAL 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: CAR RENTAL

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 200000572 Date of Disbursement MM / DD / YYYY 05 / 02 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 33053.95
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD: SEE BELOW 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) ▼	CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	33053.95
TOTAL 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) A. America West Airlines		Transaction ID: 200000629 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 619.30
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE		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. America West Airlines		Transaction ID: 200000630 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 5.00
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 200000591 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 100.00
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. American Airlines		Transaction ID: 200000647 Date of Disbursement MM / DD / YYYY 03 / 23 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 10.00
City Fort Worth State TX Zip Code 76155-	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. American Airlines		Transaction ID: 200000152 Date of Disbursement MM / DD / YYYY 04 / 07 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 419.30
City Fort Worth State TX Zip Code 76155-	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) C. American Airlines		Transaction ID: 200000676 Date of Disbursement MM / DD / YYYY 04 / 04 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 285.30
City Fort Worth State TX Zip Code 76155-	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

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. American Airlines		Transaction ID: 200000646 Date of Disbursement MM / DD / YYYY 03 / 23 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 10.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		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. American Airlines		Transaction ID: 200000672 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 1109.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200000645 Date of Disbursement MM / DD / YYYY 03 / 23 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 10.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. American Airlines		Transaction ID: 200000667 Date of Disbursement MM / DD / YYYY 03 / 30 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 519.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE		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. American Airlines		Transaction ID: 200000670 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 10.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200000671 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 10.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Continental Airlines		Transaction ID: 200000634 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 197.10
City Houston State TX Zip Code 77002-	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

Full Name (Last, First, Middle Initial) B. Continental Airlines		Transaction ID: 200000649 Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 10.00
City Houston State TX Zip Code 77002-	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) C. Continental Airlines		Transaction ID: 200000650 Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 10.00
City Houston State TX Zip Code 77002-	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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Continental Airlines		Transaction ID: 200000658 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 232.50
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE		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. Continental Airlines		Transaction ID: 200000659 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200000643 Date of Disbursement MM / DD / YYYY 03 / 23 / 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		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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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) A. Delta Airlines		Transaction ID: 200000642 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 517.80
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. Delta Airlines		Transaction ID: 200000595 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 212.80
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) C. JetBlue Airways		Transaction ID: 200000636 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 460.90
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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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) A. JetBlue Airways		Transaction ID: 200000653 Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 262.80
City Salt Lake City State UT Zip Code 84117-7435	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. JetBlue Airways		Transaction ID: 200000601 Date of Disbursement MM / DD / YYYY 04 / 11 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 36.50
City Salt Lake City State UT Zip Code 84117-7435	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) C. JetBlue Airways		Transaction ID: 200000657 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 417.10
City Salt Lake City State UT Zip Code 84117-7435	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

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. JetBlue Airways		Transaction ID: 200000593 Date of Disbursement MM / DD / YYYY 03 / 26 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 149.30
City Salt Lake City State UT Zip Code 84117-7435	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. JetBlue Airways		Transaction ID: 200000673 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 95.00
City Salt Lake City State UT Zip Code 84117-7435	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) C. JetBlue Airways		Transaction ID: 200000579 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 352.80
City Salt Lake City State UT Zip Code 84117-7435	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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. US Airways		Transaction ID: 200001230 Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 5.00
City Tempe State AZ Zip Code 85281-2880	[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. US Airways		Transaction ID: 200001229 Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 742.60
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) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200001231 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 232.80
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. US Airways		Transaction ID: 200001228 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 414.30
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. US Airways		Transaction ID: 200001235 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 18.00
City Tempe State AZ Zip Code 85281-2880	[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) C. US Airways		Transaction ID: 200001236 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 262.60
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. US Airways		Transaction ID: 200001232 Date of Disbursement MM / DD / YYYY 03 / 27 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 317.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200001233 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 100.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement STAFF AIRFARE		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200001234 Date of Disbursement MM / DD / YYYY 04 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 1.20
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: FEE	
Purpose of Disbursement FEE		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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) A. PI Alley		Transaction ID: 200000575 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 31.00
City Boston State MA Zip Code 02108-4304	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) ▼

Full Name (Last, First, Middle Initial) B. PI Alley		Transaction ID: 200000632 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 31.00
City Boston State MA Zip Code 02108-4304	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) ▼

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 200000631 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 31.00
City Boston State MA Zip Code 02108-4304	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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) A. RIM Blackberry		Transaction ID: 200000611 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006
Mailing Address 122 West John Carpenter Parkway Suite 430		Amount of Each Disbursement this Period 1008.76
City Irving State TX Zip Code 75039-	[MEMO ITEM] MEMO: CELL PHONES	
Purpose of Disbursement CELL PHONES		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. Ritz Carlton Boston Common		Transaction ID: 200000614 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 10 Avery Street		Amount of Each Disbursement this Period 1377.59
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: CATERING	
Purpose of Disbursement CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ritz Carlton Boston Common		Transaction ID: 200000619 Date of Disbursement MM / DD / YYYY 04 / 05 / 2006
Mailing Address 10 Avery Street		Amount of Each Disbursement this Period 1192.51
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: CATERING	
Purpose of Disbursement CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Ritz Carlton		Transaction ID: 200000683 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 4016.26
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: LODGING	
Purpose of Disbursement 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. Ritz Carlton		Transaction ID: 200000655 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 250.00
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: LODGING	
Purpose of Disbursement 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) C. V Chocolates		Transaction ID: 200000627 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 3590 Viaduct Terra Street		Amount of Each Disbursement this Period 1752.87
City Salt Lake City State UT Zip Code 84115-	[MEMO ITEM] MEMO: GIFTS FOR SUPPORTER	
Purpose of Disbursement GIFTS FOR SUPPORTER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Grove Club and Resort		Transaction ID: 200000684 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address Four Grove Isle Drive		Amount of Each Disbursement this Period 182.83
City Miami State FL Zip Code 33133-	[MEMO ITEM] MEMO: STAFF LODGING	
Purpose of Disbursement STAFF LODGING 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. Grove Club and Resort		Transaction ID: 200000674 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address Four Grove Isle Drive		Amount of Each Disbursement this Period 119.98
City Miami State FL Zip Code 33133-	[MEMO ITEM] MEMO: STAFF LODGING	
Purpose of Disbursement STAFF LODGING 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) C. Hotels. Com		Transaction ID: 200000577 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 10440 North Central Expressway Suite 400		Amount of Each Disbursement this Period 209.97
City Dallas State TX Zip Code 75231-	[MEMO ITEM] MEMO: LODGING	
Purpose of Disbursement LODGING 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) ▼

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

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

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

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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) A. Dell Computers		Transaction ID: 200000573 Date of Disbursement MM / DD / YYYY 03 / 13 / 2006
Mailing Address One Dell Way		Amount of Each Disbursement this Period 2000.00
City Round Rock	State TX	
Zip Code 78682-		[MEMO ITEM] MEMO: COMPUTER EQUIPMENT
Purpose of Disbursement COMPUTER EQUIPMENT		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Accu Conference		Transaction ID: 200000597 Date of Disbursement MM / DD / YYYY 04 / 01 / 2006
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 137.41
City Bellevue	State WA	
Zip Code 98005-		[MEMO ITEM] MEMO: CONFERENCE CALL SERVICE
Purpose of Disbursement CONFERENCE CALL SERVICE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CDW Direct, LLC		Transaction ID: 200000606 Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address PO Box 75723		Amount of Each Disbursement this Period 186.24
City Chicago	State IL	
Zip Code 60675-5723		[MEMO ITEM] MEMO: SOFTWARE LICENSES
Purpose of Disbursement SOFTWARE LICENSES		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. Rocky Mountain Fine Furniture		Transaction ID: 200000633 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 6
Mailing Address 4550 Roop Road		Amount of Each Disbursement this Period 600.51
City Gilroy State CA Zip Code 95020-	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) ▼	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) B. Government Center Garage		Transaction ID: 200000607 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 85.00
City Boston State MA Zip Code 02114-2912	Purpose of Disbursement 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) ▼	[MEMO ITEM] MEMO: PARKING

Full Name (Last, First, Middle Initial) C. Government Center Garage		Transaction ID: 200000618 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 600.00
City Boston State MA Zip Code 02114-2912	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) ▼	[MEMO ITEM] MEMO: STAFF PARKING

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

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

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

FOR LINE NUMBER:
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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) A. Government Center Garage		Transaction ID: 200000608 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 85.00
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PARKING	
Purpose of Disbursement PARKING		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. Millennium Hotel		Transaction ID: 200000664 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 7401 North Scottsdale Road		Amount of Each Disbursement this Period 303.72
City Paradise Valley State AZ Zip Code 85253-	[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) C. Millennium Hotel		Transaction ID: 200000665 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 7401 North Scottsdale Road		Amount of Each Disbursement this Period 151.86
City Paradise Valley State AZ Zip Code 85253-	[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) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. Millennium Hotel		Transaction ID: 200000663 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 7401 North Scottsdale Road		Amount of Each Disbursement this Period 178.71
City Paradise Valley State AZ Zip Code 85253-	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) ▼	[MEMO ITEM] MEMO: STAFF LODGING

Full Name (Last, First, Middle Initial) B. Peabody Memphis Hotel		Transaction ID: 200000603 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 149 Union Avenue		Amount of Each Disbursement this Period 1360.16
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) ▼	[MEMO ITEM] MEMO: STAFF LODGING

Full Name (Last, First, Middle Initial) C. The Grand American Hotel		Transaction ID: 200000668 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 555 South Main Street		Amount of Each Disbursement this Period 533.00
City Salt Lake City State UT Zip Code 84111-	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) ▼	[MEMO ITEM] MEMO: STAFF LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Fedex Kinkos		Transaction ID: 200001266 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 20.32
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRINTING	
Purpose of Disbursement PRINTING		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. Charles River Movers		Transaction ID: 200000574 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 1010 Pleasant Street		Amount of Each Disbursement this Period 681.00
City Belmont State MA Zip Code 02478-	[MEMO ITEM] MEMO: OFFICE MOVE	
Purpose of Disbursement OFFICE MOVE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Central Parking Corporation		Transaction ID: 200000621 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address PO Box 17505		Amount of Each Disbursement this Period 400.00
City Baltimore State MD Zip Code 21297-1505	[MEMO ITEM] MEMO: STAFF PARKING	
Purpose of Disbursement STAFF PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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) A. Boston Photo Imaging		Transaction ID: 200000669 Date of Disbursement MM / DD / YYYY 03 / 30 / 2006
Mailing Address 355 Boylston Street		Amount of Each Disbursement this Period 349.49
City Boston State MA Zip Code 02116-	Purpose of Disbursement FILM DEVELOPING 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: FILM DEVELOPING

Full Name (Last, First, Middle Initial) B. Boston Red Sox		Transaction ID: 200000599 Date of Disbursement MM / DD / YYYY 04 / 08 / 2006
Mailing Address 4 Yawkey Way		Amount of Each Disbursement this Period 1290.00
City Boston State MA Zip Code 02215-	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) ▼	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) C. Avis Rent A Car		Transaction ID: 200000661 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006
Mailing Address 12027 North 28th Dr		Amount of Each Disbursement this Period 175.23
City Phoenix State AZ Zip Code 85029-	Purpose of Disbursement 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) ▼	[MEMO ITEM] MEMO: CAR RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Enterprise Rent A Car		Transaction ID: 200000624 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6
Mailing Address 3401 16th Street		Amount of Each Disbursement this Period 324.24
City Moline State IL Zip Code 61265-	Purpose of Disbursement CAR RENTAL 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: CAR RENTAL

Full Name (Last, First, Middle Initial) B. Video Monitoring Service		Transaction ID: 200000600 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 330 West 42nd Street		Amount of Each Disbursement this Period 210.00
City New York State NY Zip Code 10036-	Purpose of Disbursement VIDEO MEDIA TAPE 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: VIDEO MEDIA TAPE

Full Name (Last, First, Middle Initial) C. Radio Shack		Transaction ID: 200000679 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 13 School Street		Amount of Each Disbursement this Period 62.98
City Boston State MA Zip Code 02108-	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) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

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

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) A. Radio Shack		Transaction ID: 200000680 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 13 School Street		Amount of Each Disbursement this Period 47.23	
City Boston State MA Zip Code 02108-	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: OFFICE SUPPLIES	
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. Ruth Chris Steakhouse		Transaction ID: 200000616 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 45 School Street		Amount of Each Disbursement this Period 64.76	
City Boston State MA Zip Code 02108-	Purpose of Disbursement MEETING EXPENSE - FOOD	Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: MEETING EXPENSE - FOOD	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ruth Chris Steakhouse		Transaction ID: 200000602 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 45 School Street		Amount of Each Disbursement this Period 131.67	
City Boston State MA Zip Code 02108-	Purpose of Disbursement MEETING EXPENSE - FOOD	Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: MEETING EXPENSE - FOOD	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Ruth Chris Steakhouse		Transaction ID: 200000620 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 45 School Street		Amount of Each Disbursement this Period 65.18
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: MEETING EXPENSE - FOOD	
Purpose of Disbursement MEETING EXPENSE - FOOD 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. Costco Warehouse		Transaction ID: 200000628 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 2 Mystic View Road		Amount of Each Disbursement this Period 2473.91
City Everett State MA Zip Code 02149-	[MEMO ITEM] MEMO: OFFICE EQUIPMENT AND SUPPLIES	
Purpose of Disbursement OFFICE EQUIPMENT AND 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) ▼

Full Name (Last, First, Middle Initial) C. Costco Warehouse		Transaction ID: 200000640 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 2 Mystic View Road		Amount of Each Disbursement this Period 475.47
City Everett State MA Zip Code 02149-	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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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) A. Verizon Wireless		Transaction ID: 200000612 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 31.49
City Worcester State MA Zip Code 01615-0023	Purpose of Disbursement CELL PHONE EQUIPMENT 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: CELL PHONE EQUIPMENT

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 200001781 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 29.50
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement DONATION FEES 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) ▼	DONATION FEES

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 200001213 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 21132.10
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

SUBTOTAL of Disbursements This Page (optional) ▶	21161.60
TOTAL 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) A. C-Span		Transaction ID: 200001285 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 400 North Capitol Street Northwest		Amount of Each Disbursement this Period 13.48
City Washington State DC Zip Code 20001-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 200001292 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 25 Winter St		Amount of Each Disbursement this Period 49.83
City Boston State MA Zip Code 02108-4799	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 200001294 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 25 Winter St		Amount of Each Disbursement this Period 24.91
City Boston State MA Zip Code 02108-4799	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. Staples		Transaction ID: 200001293 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 25 Winter St		Amount of Each Disbursement this Period 19.93
City Boston State MA Zip Code 02108-4799	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 200001295 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 25 Winter St		Amount of Each Disbursement this Period 62.99
City Boston State MA Zip Code 02108-4799	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 200001268 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 33.58
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED 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) ▼

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

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

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

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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) A. Staples		Transaction ID: 200001282 Date of Disbursement MM / DD / YYYY 05 / 08 / 2006
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 22.51
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 200001221 Date of Disbursement MM / DD / YYYY 04 / 19 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 30.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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) C. Grill 23 & Bar		Transaction ID: 200001286 Date of Disbursement MM / DD / YYYY 05 / 09 / 2006
Mailing Address 161 Berkeley Street		Amount of Each Disbursement this Period 2235.31
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED FOOD AND BEVERAGE	
Purpose of Disbursement PRO-RATED FOOD AND BEVERAGE 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. American Airlines		Transaction ID: 200001297 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 28.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		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. American Airlines		Transaction ID: 200001215 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 5.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200001214 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 429.65
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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) A. American Airlines		Transaction ID: 200001377 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 284.65
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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. American Airlines		Transaction ID: 200001376 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 15.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		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) C. Delta Airlines		Transaction ID: 200001309 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED FEES	
Purpose of Disbursement PRO-RATED FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Delta Airlines		Transaction ID: 200001249 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Category/ Type	
Purpose of Disbursement PRO-RATED FEES		[MEMO ITEM] MEMO: PRO-RATED FEES
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. Delta Airlines		Transaction ID: 200001239 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 154.65
City Atlanta State GA Zip Code 30320-6001	Category/ Type	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED 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) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200001248 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 329.65
City Atlanta State GA Zip Code 30320-6001	Category/ Type	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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) A. Delta Airlines		Transaction ID: 200001242 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 154.65	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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: PRO-RATED STAFF AIR-FARE	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200001255 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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: PRO-RATED STAFF AIR-FARE	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200001251 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 165.95	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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: PRO-RATED STAFF AIR-FARE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Midwest Airlines		Transaction ID: 200001380 Date of Disbursement MM / DD / YYYY 05 / 10 / 2006
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 182.55
City Oak Creek State WI Zip Code 53154-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 200001378 Date of Disbursement MM / DD / YYYY 05 / 05 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 131.10
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 200001276 Date of Disbursement MM / DD / YYYY 05 / 02 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 206.30
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. JetBlue Airways		Transaction ID: 200001291 Date of Disbursement MM / DD / YYYY 04 / 13 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 179.65
City Salt Lake City	State UT Zip Code 84117-7435	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
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. US Airways		Transaction ID: 200001306 Date of Disbursement MM / DD / YYYY 04 / 26 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 154.65
City Tempe	State AZ Zip Code 85281-2880	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200001303 Date of Disbursement MM / DD / YYYY 04 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.30
City Tempe	State AZ Zip Code 85281-2880	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. US Airways		Transaction ID: 200001305 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 12.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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. US Airways		Transaction ID: 200001330 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 157.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) C. US Airways		Transaction ID: 200001225 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 262.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) ▼	

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TOTAL 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) A. US Airways		Transaction ID: 200002231 Date of Disbursement MM / DD / YYYY 04 / 30 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 327.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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. US Airways		Transaction ID: 200001324 Date of Disbursement MM / DD / YYYY 04 / 18 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 304.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) C. US Airways		Transaction ID: 200001222 Date of Disbursement MM / DD / YYYY 04 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 121.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. PI Alley		Transaction ID: 200001250 Date of Disbursement MM / DD / YYYY 05 / 03 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 17.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING	
Purpose of Disbursement PRO-RATED STAFF PARKING		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. The Peninsula Beverly Hills		Transaction ID: 200001269 Date of Disbursement MM / DD / YYYY 04 / 22 / 2006
Mailing Address 9882 South Santa Monica Boulevard		Amount of Each Disbursement this Period 239.02
City Beverly Hills State CA Zip Code 90212-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) C. Borders Books		Transaction ID: 200001283 Date of Disbursement MM / DD / YYYY 05 / 08 / 2006
Mailing Address 24 School Street		Amount of Each Disbursement this Period 504.00
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		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) ▼	

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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) A. Borders Books		Transaction ID: 200001271 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 24 School Street		Amount of Each Disbursement this Period 11.03
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED 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. Borders Books		Transaction ID: 200001272 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 24 School Street		Amount of Each Disbursement this Period 215.79
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED 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) C. Hertz Rent-A-Car		Transaction ID: 200001257 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 6
Mailing Address 1530 South 500 West		Amount of Each Disbursement this Period 130.90
City Salt Lake City State UT Zip Code 84115-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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) A. Ritz Carlton Boston Common		Transaction ID: 200002227 Date of Disbursement MM / DD / YYYY 05 / 11 / 2006
Mailing Address 10 Avery Street		Amount of Each Disbursement this Period 333.50
City Boston State MA Zip Code 02111-	Purpose of Disbursement PRO-RATED CATERING	
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: PRO-RATED CATERING

Full Name (Last, First, Middle Initial) B. Dell Computers		Transaction ID: 200001217 Date of Disbursement MM / DD / YYYY 04 / 15 / 2006
Mailing Address One Dell Way		Amount of Each Disbursement this Period 35.95
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement PRO-RATED COMPUTER ACCESSORIES	
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: PRO-RATED COMPUTER ACCESSORIES

Full Name (Last, First, Middle Initial) C. Dell Computers		Transaction ID: 200001220 Date of Disbursement MM / DD / YYYY 04 / 17 / 2006
Mailing Address One Dell Way		Amount of Each Disbursement this Period 449.40
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement PRO-RATED COMPUTER EQUIPMENT	
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: PRO-RATED COMPUTER EQUIPMENT

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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) A. Equinox		Transaction ID: 200001354 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 818 Connecticut Ave NW		Amount of Each Disbursement this Period 554.62
City Washington State DC Zip Code 20006-	[MEMO ITEM] MEMO: PRO-RATED POLITICAL MEETING	
Purpose of Disbursement PRO-RATED POLITICAL MEETING 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. Government Center Garage		Transaction ID: 200001281 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 300.00
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) C. Doubletree Hotel		Transaction ID: 200002229 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 1515 Hotel Circle South		Amount of Each Disbursement this Period 2.25
City San Diego State CA Zip Code 92108-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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) ▼

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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) A. Doubletree Hotel		Transaction ID: 200001363 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 1515 Hotel Circle South		Amount of Each Disbursement this Period 272.21
City San Diego State CA Zip Code 92108-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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. Marriott Hotel		Transaction ID: 200001307 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 673.47
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) C. Marriott Hotel		Transaction ID: 200001241 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 250.26
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) ▼

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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
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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Marriott Hotel		Transaction ID: 200001308 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 475.91
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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. Sheraton Hotels		Transaction ID: 200001372 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 530 West Pico Boulevard		Amount of Each Disbursement this Period 84.97
City Santa Monica State CA Zip Code 90405-1223	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) C. Fedex Kinkos		Transaction ID: 200001287 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 50.47
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING 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) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Fedex Kinkos		Transaction ID: 200001265 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 1.72
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING 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. Radisson Lexington Hotel NY		Transaction ID: 200001320 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 511 Lexington Ave. at 48th Street		Amount of Each Disbursement this Period 121.93
City New York State NY Zip Code 10017-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) C. Radisson Lexington Hotel NY		Transaction ID: 200001332 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 511 Lexington Ave. at 48th Street		Amount of Each Disbursement this Period 121.93
City New York State NY Zip Code 10017-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Radisson Lexington Hotel NY		Transaction ID: 200001331 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 511 Lexington Ave. at 48th Street		Amount of Each Disbursement this Period 121.93
City New York State NY Zip Code 10017-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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. New York Marriott East Side		Transaction ID: 200001311 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 525 Lexington Avenue		Amount of Each Disbursement this Period 500.87
City New York State NY Zip Code 10017-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) C. New York Marriott East Side		Transaction ID: 200001312 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 525 Lexington Avenue		Amount of Each Disbursement this Period 227.94
City New York State NY Zip Code 10017-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. New York Marriott East Side		Transaction ID: 200001310 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 525 Lexington Avenue		Amount of Each Disbursement this Period 412.19
City New York State NY Zip Code 10017-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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. New York Marriott East Side		Transaction ID: 200001313 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 525 Lexington Avenue		Amount of Each Disbursement this Period 231.50
City New York State NY Zip Code 10017-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) C. Charlie Palmer Steak		Transaction ID: 200001240 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 101 Constitution Ave. NW		Amount of Each Disbursement this Period 37.42
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED POLITICAL MEETING	
Purpose of Disbursement PRO-RATED POLITICAL MEETING 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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. Stanford Park Hotel		Transaction ID: 200001298 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 2.44
City Menlo Park State CA Zip Code 94025-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		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. Stanford Park Hotel		Transaction ID: 200001302 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 247.50
City Menlo Park State CA Zip Code 94025-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) C. Stanford Park Hotel		Transaction ID: 200001301 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 203.41
City Menlo Park State CA Zip Code 94025-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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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) A. Stanford Park Hotel		Transaction ID: 200001216 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 160.66
City Menlo Park State CA Zip Code 94025-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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. Stanford Park Hotel		Transaction ID: 200001299 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 3.25
City Menlo Park State CA Zip Code 94025-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stanford Park Hotel		Transaction ID: 200001300 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 152.98
City Menlo Park State CA Zip Code 94025-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Central Parking		Transaction ID: 200001383 Date of Disbursement MM / DD / YYYY 04 / 20 / 2006
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 100.00
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) B. USPS Post Office		Transaction ID: 200001280 Date of Disbursement MM / DD / YYYY 05 / 04 / 2006
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 0.56
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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) C. USPS Post Office		Transaction ID: 200001262 Date of Disbursement MM / DD / YYYY 04 / 14 / 2006
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 1.58
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. USPS Post Office		Transaction ID: 200001264 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 975.00
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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. USPS Post Office		Transaction ID: 200001274 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 31.20
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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) C. USPS Post Office		Transaction ID: 200001263 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 44.10
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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) ▼

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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) A. Enterprise Rent A Car		Transaction ID: 200001371 Date of Disbursement MM / DD / YYYY 04 / 18 / 2006
Mailing Address 7205 Charmant Dr		Amount of Each Disbursement this Period 308.60
City San Diego State CA Zip Code 92122-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) B. Enterprise Rent A Car		Transaction ID: 200001374 Date of Disbursement MM / DD / YYYY 04 / 24 / 2006
Mailing Address 6400 East Pacific Coast Hwy		Amount of Each Disbursement this Period 398.41
City Long Beach State CA Zip Code 90804-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) C. State Room, Inc.		Transaction ID: 200001290 Date of Disbursement MM / DD / YYYY 04 / 12 / 2006
Mailing Address 60 State Street 33rd Floor		Amount of Each Disbursement this Period 4000.00
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED FOOD AND BEVERAGES 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: PRO-RATED FOOD AND BEVERAGES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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) A. Radio Shack		Transaction ID: 200001348 Date of Disbursement MM / DD / YYYY 05 / 09 / 2006
Mailing Address 13 School Street		Amount of Each Disbursement this Period 545.98
City Boston	State MA Zip Code 02108-	
Purpose of Disbursement PRO-RATED OFFICE EQUIPMENT		[MEMO ITEM] MEMO: PRO-RATED OFFICE EQUIPMENT
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. Ruth Chris Steakhouse		Transaction ID: 200001386 Date of Disbursement MM / DD / YYYY 05 / 03 / 2006
Mailing Address 45 School Street		Amount of Each Disbursement this Period 30.62
City Boston	State MA Zip Code 02108-	
Purpose of Disbursement PRO-RATED MEETING EXPENSE - FOOD		[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE - FOOD
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ruth Chris Steakhouse		Transaction ID: 200001244 Date of Disbursement MM / DD / YYYY 04 / 28 / 2006
Mailing Address 45 School Street		Amount of Each Disbursement this Period 39.95
City Boston	State MA Zip Code 02108-	
Purpose of Disbursement PRO-RATED MEETING EXPENSE - FOOD		[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE - FOOD
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
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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

<p>A. Costco Warehouse</p> <p>Full Name (Last, First, Middle Initial) Costco Warehouse</p> <p>Mailing Address 2 Mystic View Road</p> <p>City Everett State MA Zip Code 02149-</p> <p>Purpose of Disbursement PRO-RATED OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 200001351 Date of Disbursement 05 / 10 / 2006</p> <p>Amount of Each Disbursement this Period 57.09</p> <p>[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES</p>
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<p>B. Costco Warehouse</p> <p>Full Name (Last, First, Middle Initial) Costco Warehouse</p> <p>Mailing Address 2 Mystic View Road</p> <p>City Everett State MA Zip Code 02149-</p> <p>Purpose of Disbursement PRO-RATED OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 200001224 Date of Disbursement 04 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 255.84</p> <p>[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES</p>
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<p>C. Cingular Wireless</p> <p>Full Name (Last, First, Middle Initial) Cingular Wireless</p> <p>Mailing Address PO Box 6414</p> <p>City Carol Stream State IL Zip Code 60197-6414</p> <p>Purpose of Disbursement PRO-RATED STAFF CELL PHONES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 200001284 Date of Disbursement 05 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 27.29</p> <p>[MEMO ITEM] MEMO: PRO-RATED STAFF CELL PHONES</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></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)

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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) A. Verizon Wireless		Transaction ID: 200001238 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 47.24
City Worcester State MA Zip Code 01615-0023	[MEMO ITEM] MEMO: PRO-RATED STAFF CELL PHONES	
Purpose of Disbursement PRO-RATED STAFF CELL PHONES 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. Verizon Wireless		Transaction ID: 200001384 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 64.99
City Worcester State MA Zip Code 01615-0023	[MEMO ITEM] MEMO: PRO-RATED STAFF CELL PHONES	
Purpose of Disbursement PRO-RATED STAFF CELL PHONES 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) C. American Express		Transaction ID: 200001702 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1268.08
City Fort Lauderdale State FL Zip Code 33336-0001	PRO-RATED CREDIT CARD: SEE BELOW	
Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1268.08
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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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) A. Boston Coach		Transaction ID: 200001714 Date of Disbursement 05 / 15 / 2006
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 15.00
City Everett	State MA Zip Code 02149-1951	
Purpose of Disbursement PRO-RATED CAR SERVICE		[MEMO ITEM] MEMO: PRO-RATED 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. Boston Coach		Transaction ID: 200001704 Date of Disbursement 05 / 11 / 2006
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 67.50
City Everett	State MA Zip Code 02149-1951	
Purpose of Disbursement PRO-RATED CAR SERVICE		[MEMO ITEM] MEMO: PRO-RATED 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) C. American Express		Transaction ID: 200001774 Date of Disbursement 04 / 20 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 37.50
City Fort Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement PRO-RATED MEMBERSHIP FEE		[MEMO ITEM] MEMO: PRO-RATED MEMBERSHIP 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) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Kendall Press		Transaction ID: 200001737 Date of Disbursement MM / DD / YYYY 05 / 15 / 2006
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 51.45
City Cambridge State MA Zip Code 02141-	Purpose of Disbursement PRO-RATED PRINTING 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: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial) B. Kendall Press		Transaction ID: 200001733 Date of Disbursement MM / DD / YYYY 05 / 13 / 2006
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 202.65
City Cambridge State MA Zip Code 02141-	Purpose of Disbursement PRO-RATED PRINTING 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: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial) C. Kendall Press		Transaction ID: 200001734 Date of Disbursement MM / DD / YYYY 05 / 13 / 2006
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 82.95
City Cambridge State MA Zip Code 02141-	Purpose of Disbursement PRO-RATED PRINTING 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: PRO-RATED PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Budget Rent A Car		Transaction ID: 200001730 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 6301 Powerline Road		Amount of Each Disbursement this Period 35.00
City Fort Lauderdale State FL Zip Code 33309-	Purpose of Disbursement PRO-RATED CAR RENTAL 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: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 200002225 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 40837.45
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW 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) ▼	PRO-RATED CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 200001871 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 25 Winter St		Amount of Each Disbursement this Period 78.74
City Boston State MA Zip Code 02108-4799	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	40837.45
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 200002013 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 14.64	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 200001939 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 61.26	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 200001909 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 48.24	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Staples		Transaction ID: 200002200 Date of Disbursement 06 / 02 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 48.28	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 200002238 Date of Disbursement 06 / 05 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 4.10	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 200001935 Date of Disbursement 06 / 08 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 4.98	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Staples		Transaction ID: 200001929 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 615.56
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		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. Northwest Airlines		Transaction ID: 200001969 Date of Disbursement MM / DD / YYYY 05 / 23 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 10.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 200001955 Date of Disbursement MM / DD / YYYY 05 / 15 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Northwest Airlines		Transaction ID: 200002144 Date of Disbursement MM / DD / YYYY 06 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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. Northwest Airlines		Transaction ID: 200002082 Date of Disbursement MM / DD / YYYY 06 / 03 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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) C. Northwest Airlines		Transaction ID: 200002017 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Northwest Airlines		Transaction ID: 200001967 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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. Northwest Airlines		Transaction ID: 200002136 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) C. Northwest Airlines		Transaction ID: 200001953 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 293.55
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Northwest Airlines		Transaction ID: 200002138 Date of Disbursement MM / DD / YYYY 06 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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. Northwest Airlines		Transaction ID: 200002007 Date of Disbursement MM / DD / YYYY 05 / 25 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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) C. Northwest Airlines		Transaction ID: 200002009 Date of Disbursement MM / DD / YYYY 05 / 25 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 314.80
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Northwest Airlines		Transaction ID: 200002011 Date of Disbursement MM / DD / YYYY 05 / 25 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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. Northwest Airlines		Transaction ID: 200002221 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period -314.80
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED REFUND	
Purpose of Disbursement PRO-RATED REFUND 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) C. Northwest Airlines		Transaction ID: 200002030 Date of Disbursement MM / DD / YYYY 06 / 04 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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<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) A. Northwest Airlines		Transaction ID: 200002142 Date of Disbursement MM / DD / YYYY 06 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 200002240 Date of Disbursement MM / DD / YYYY 05 / 23 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 200002140 Date of Disbursement MM / DD / YYYY 06 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Northwest Airlines		Transaction ID: 200002180 Date of Disbursement MM / DD / YYYY 06 / 11 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 269.05
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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. Northwest Airlines		Transaction ID: 200002146 Date of Disbursement MM / DD / YYYY 06 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 364.80
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED 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) C. Escrow .Com		Transaction ID: 200002188 Date of Disbursement MM / DD / YYYY 05 / 26 / 2006
Mailing Address 16275 Laguna Canyon Road		Amount of Each Disbursement this Period 489.97
City Irvine State CA Zip Code 92618-	Purpose of Disbursement PRO-RATED SERVICES 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) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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<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) A. America West Airlines		Transaction ID: 200002066 Date of Disbursement MM / DD / YYYY 06 / 01 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 159.65
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. America West Airlines		Transaction ID: 200002058 Date of Disbursement MM / DD / YYYY 05 / 31 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 60.15
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 200002064 Date of Disbursement MM / DD / YYYY 06 / 01 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 334.80
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. America West Airlines		Transaction ID: 200002062 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 60.15
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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. America West Airlines		Transaction ID: 200002060 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 60.15
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 200002003 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 260.65
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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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) A. America West Airlines		Transaction ID: 200001997 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 260.65
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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. America West Airlines		Transaction ID: 200002005 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 260.65
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 200002001 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 260.65
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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) A. America West Airlines		Transaction ID: 200002019 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 147.30
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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. America West Airlines		Transaction ID: 200001999 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 260.65
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) C. America West Airlines		Transaction ID: 200002068 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 639.80
City Phoenix State AZ Zip Code 85034-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) ▼

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TOTAL 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) A. America West Airlines		Transaction ID: 200002070 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 639.80
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 200001995 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 157.15
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: 200002056 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 152.15
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

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TOTAL 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) A. American Airlines		Transaction ID: 200001869 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 285.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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. American Airlines		Transaction ID: 200002094 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 5.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		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) C. American Airlines		Transaction ID: 200001949 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 170.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. American Airlines		Transaction ID: 200002088 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 384.80
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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. American Airlines		Transaction ID: 200002092 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 5.00
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		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) C. American Airlines		Transaction ID: 200002090 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 290.15
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. American Airlines		Transaction ID: 200002219 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period -454.65
City Fort Worth State TX Zip Code 76155-		
Purpose of Disbursement PRO-RATED REFUND		[MEMO ITEM] MEMO: PRO-RATED REFUND
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. Delta Airlines		Transaction ID: 200002086 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 334.80
City Atlanta State GA Zip Code 30320-6001		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200001891 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 640.95
City Atlanta State GA Zip Code 30320-6001		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Delta Airlines		Transaction ID: 200002110 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 329.65
City Atlanta State GA Zip Code 30320-6001	Category/ Type	
Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200002116 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 253.80
City Atlanta State GA Zip Code 30320-6001	Category/ Type	
Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200002114 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30320-6001	Category/ Type	
Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Delta Airlines		Transaction ID: 200002118 Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 60.15
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200001893 Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200002112 Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

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TOTAL 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) A. Delta Airlines		Transaction ID: 200002084 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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. Delta Airlines		Transaction ID: 200001897 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 329.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) C. Delta Airlines		Transaction ID: 200002108 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 329.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. Delta Airlines		Transaction ID: 200001903 Date of Disbursement MM / DD / YYYY 06 / 06 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 577.30
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200002021 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 329.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200002023 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Delta Airlines		Transaction ID: 200002076 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 677.30	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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: PRO-RATED STAFF AIR-FARE	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200001991 Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	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: PRO-RATED FEE	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200001993 Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 314.80	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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: PRO-RATED STAFF AIR-FARE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Delta Airlines		Transaction ID: 200001989 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200001987 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200002154 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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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) A. Delta Airlines		Transaction ID: 200002078 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 76.15
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200002074 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 677.30
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200001979 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

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

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) A. Delta Airlines		Transaction ID: 200002072 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 577.30	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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: PRO-RATED STAFF AIR-FARE	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200001981 Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	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: PRO-RATED FEE	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 200001983 Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	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: PRO-RATED FEE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Delta Airlines		Transaction ID: 200001985 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

Full Name (Last, First, Middle Initial) B. Midwest Airlines		Transaction ID: 200002052 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 265.90
City Oak Creek State WI Zip Code 53154-	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 200001975 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 329.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. United Airlines		Transaction ID: 200001977 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 329.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 200002148 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 329.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 200002194 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 135.30
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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

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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) A. JetBlue Airways		Transaction ID: 200001922 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 181.40
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 200001916 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 182.15
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 200001945 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 323.55
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

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TOTAL 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:
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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) A. JetBlue Airways		Transaction ID: 200002106 Date of Disbursement MM / DD / YYYY 06 / 05 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 94.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 200002233 Date of Disbursement MM / DD / YYYY 05 / 23 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 286.05
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 200002158 Date of Disbursement MM / DD / YYYY 06 / 10 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 12.50
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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

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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) A. JetBlue Airways		Transaction ID: 200002080 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 104.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 200002050 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 199.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 200002235 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 182.15
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

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

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) A. US Airways		Transaction ID: 200001901 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 200001899 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 639.80
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 200002098 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

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

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) A. US Airways		Transaction ID: 200002096 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 342.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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. US Airways		Transaction ID: 200002102 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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) C. US Airways		Transaction ID: 200002104 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 334.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. US Airways		Transaction ID: 200001938 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 342.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED 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. PI Alley		Transaction ID: 200002211 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) C. Borders Books		Transaction ID: 200001943 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 24 School Street		Amount of Each Disbursement this Period 7.88
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED 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) ▼

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

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

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Detailed Summary Page

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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) A. Davios Boston		Transaction ID: 200002100 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2006
Mailing Address 75 Arlington Street		Amount of Each Disbursement this Period 224.29
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED POLITICAL MEETING	
Purpose of Disbursement PRO-RATED POLITICAL MEETING		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. Ritz Carlton		Transaction ID: 200001914 Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 618.47
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 200002241 Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 137.38
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Dell Computers		Transaction ID: 200002178 Date of Disbursement MM / DD / YYYY 06 / 09 / 2006
Mailing Address One Dell Way		Amount of Each Disbursement this Period 16.58
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement PRO-RATED COMPUTER ACCESSORIES 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: PRO-RATED COMPUTER ACCESSORIES

Full Name (Last, First, Middle Initial) B. Staples Credit Plan		Transaction ID: 200002237 Date of Disbursement MM / DD / YYYY 06 / 01 / 2006
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 59.27
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Government Center Garage		Transaction ID: 200001931 Date of Disbursement MM / DD / YYYY 06 / 05 / 2006
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 300.00
City Boston State MA Zip Code 02114-2912	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Government Center Garage		Transaction ID: 200001905 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 300.00
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING	
Purpose of Disbursement PRO-RATED STAFF PARKING		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. TD Bank North Garden		Transaction ID: 200002028 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address Causeway Street		Amount of Each Disbursement this Period 1276.25
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED 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) C. Little America Hotel		Transaction ID: 200002150 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 500 South Main Street		Amount of Each Disbursement this Period 83.79
City Salt Lake City State UT Zip Code 84101-	[MEMO ITEM] MEMO: PRO-RATED STAFF LODGING	
Purpose of Disbursement PRO-RATED STAFF LODGING		Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Millennium Hotel		Transaction ID: 200002048 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 7401 North Scottsdale Road		Amount of Each Disbursement this Period 229.65
City Paradise Valley State AZ Zip Code 85253-	Purpose of Disbursement PRO-RATED STAFF LODGING	
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: PRO-RATED STAFF LODGING

Full Name (Last, First, Middle Initial) B. Ninezero Hotel		Transaction ID: 200002205 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 90 Tremont Street		Amount of Each Disbursement this Period 1292.61
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED LODGING	
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: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) C. Ninezero Hotel		Transaction ID: 200002202 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 90 Tremont Street		Amount of Each Disbursement this Period 7.09
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED 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: PRO-RATED FEE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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) A. Onyx Hotel		Transaction ID: 200001918 Date of Disbursement MM / DD / YYYY 05 / 20 / 2006
Mailing Address 155 Portland Street		Amount of Each Disbursement this Period 2.63
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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. Onyx Hotel		Transaction ID: 200001919 Date of Disbursement MM / DD / YYYY 05 / 20 / 2006
Mailing Address 155 Portland Street		Amount of Each Disbursement this Period 352.53
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING 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) C. Fedex Kinkos		Transaction ID: 200001907 Date of Disbursement MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 19.63
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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

A. Fedex Kinkos Full Name (Last, First, Middle Initial) Mailing Address 1774 N. University City Provo State UT Zip Code 84606-		Transaction ID: 200002130 Date of Disbursement 06 / 07 / 2006
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Amount of Each Disbursement this Period 13.09
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: PRO-RATED PRINTING

B. New York Marriott East Side Full Name (Last, First, Middle Initial) Mailing Address 525 Lexington Avenue City New York State NY Zip Code 10017-		Transaction ID: 200002223 Date of Disbursement 06 / 07 / 2006
Purpose of Disbursement PRO-RATED REFUND Candidate Name		Amount of Each Disbursement this Period -500.87
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: PRO-RATED REFUND

C. Charlie Palmer Steak Full Name (Last, First, Middle Initial) Mailing Address 101 Constitution Ave. NW City Washington State DC Zip Code 20001-		Transaction ID: 200002122 Date of Disbursement 06 / 05 / 2006
Purpose of Disbursement PRO-RATED POLITICAL MEETING Candidate Name		Amount of Each Disbursement this Period 45.40
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: PRO-RATED POLITICAL MEETING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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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) A. Charlie Palmer Steak		Transaction ID: 200002124 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 101 Constitution Ave. NW		Amount of Each Disbursement this Period 132.42
City Washington State DC Zip Code 20001-	Purpose of Disbursement PRO-RATED POLITICAL MEETING 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: PRO-RATED POLITICAL MEETING

Full Name (Last, First, Middle Initial) B. Central Parking		Transaction ID: 200002168 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 200.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial) C. Central Parking		Transaction ID: 200002164 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 200.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED PARKING

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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) A. USPS Post Office		Transaction ID: 200002015 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 18.15
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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. USPS Post Office		Transaction ID: 200002196 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 4.58
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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) C. USPS Post Office		Transaction ID: 200001928 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 468.00
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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) ▼

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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) A. Economy Printing		Transaction ID: 200002215 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 7515 Metropolitan Drive		Amount of Each Disbursement this Period 217.12
City San Diego State CA Zip Code 92101-	Purpose of Disbursement PRO-RATED PRINTING 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: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial) B. Boston Red Sox		Transaction ID: 200001867 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 4 Yawkey Way		Amount of Each Disbursement this Period 85.00
City Boston State MA Zip Code 02215-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) C. Boston Red Sox		Transaction ID: 200001879 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 6
Mailing Address 4 Yawkey Way		Amount of Each Disbursement this Period 95.00
City Boston State MA Zip Code 02215-	Purpose of Disbursement PRO-RATED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE

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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) A. Avis Rent A Car		Transaction ID: 200002046 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 6
Mailing Address 12027 North 28th Dr		Amount of Each Disbursement this Period 106.38
City Phoenix State AZ Zip Code 85029-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL 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. State Room, Inc.		Transaction ID: 200001960 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 60 State Street 33rd Floor		Amount of Each Disbursement this Period 9789.88
City Boston State MA Zip Code 02109-	[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) C. Adobe Software		Transaction ID: 200001912 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 601 Townsend St		Amount of Each Disbursement this Period 261.98
City San Francisco State CA Zip Code 94103-	[MEMO ITEM] MEMO: PRO-RATED SOFTWARE	
Purpose of Disbursement PRO-RATED SOFTWARE 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) ▼

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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) A. Intuit Software		Transaction ID: 200002186 Date of Disbursement MM / DD / YYYY 05 / 23 / 2006
Mailing Address 6220 Greenwich Drive		Amount of Each Disbursement this Period 367.48 [MEMO ITEM] MEMO: PRO-RATED SOFTWARE
City San Diego	State CA	
Zip Code 92122-	Category/ Type	
Purpose of Disbursement PRO-RATED SOFTWARE		
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. Ruth Chris Steakhouse		Transaction ID: 200002190 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address 45 School Street		Amount of Each Disbursement this Period 74.66 [MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE - FOOD
City Boston	State MA	
Zip Code 02108-	Category/ Type	
Purpose of Disbursement PRO-RATED MEETING EXPENSE - FOOD		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ruth Chris Steakhouse		Transaction ID: 200001875 Date of Disbursement MM / DD / YYYY 05 / 19 / 2006
Mailing Address 45 School Street		Amount of Each Disbursement this Period 8.83 [MEMO ITEM] MEMO: MEETING EXPENSE - FOOD
City Boston	State MA	
Zip Code 02108-	Category/ Type	
Purpose of Disbursement MEETING EXPENSE - FOOD		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement SHIPPING 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: 200000376 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 746.18 SHIPPING
---	--	---

B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement SHIPPING 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: 200000467 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 64.27 SHIPPING
---	--	--

C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement PRO-RATED SHIPPING 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: 200000897 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 167.99 PRO-RATED SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	978.44
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Federal Express		Transaction ID: 200000924 Date of Disbursement 06 / 20 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 356.54
City Pittsburgh State PA Zip Code 15250-7461	Category/ Type PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING 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. Federal Express		Transaction ID: 200001124 Date of Disbursement 06 / 27 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 154.64
City Pittsburgh State PA Zip Code 15250-7461	Category/ Type PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mason Fink		Transaction ID: 200001579 Date of Disbursement 06 / 02 / 2006
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 3347.62
City Irvine State CA Zip Code 92612-	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3858.80
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Mason Fink		Transaction ID: 200001582 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 2011.15
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement PAYROLL		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. Mason Fink		Transaction ID: 200001785 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 2011.15
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Derek Flowers		Transaction ID: 200001794 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 716 N. Elm St		Amount of Each Disbursement this Period 1202.13
City Creston State IA Zip Code 50801-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5224.43
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 266 / 314

<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) A. Standard Chair of Gardener		Transaction ID: 200000389 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 284.90
City Gardner State MA Zip Code 01440-	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 State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Standard Chair of Gardener		Transaction ID: 200000471 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 22.00
City Gardner State MA Zip Code 01440-	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 State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Standard Chair of Gardener		Transaction ID: 200000887 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 1269.50
City Gardner State MA Zip Code 01440-	PRO-RATED FUNDRAISING EXP- ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1576.40
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Standard Chair of Gardener		Transaction ID: 200001121 Date of Disbursement MM / DD / YYYY 06 / 27 / 2006
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 79.50
City Gardner State MA Zip Code 01440-	PRO-RATED FUNDRAISING EXP-ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		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. Ben Godley		Transaction ID: 200001572 Date of Disbursement MM / DD / YYYY 06 / 02 / 2006
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 2249.80
City Auburndale State MA Zip Code 02466-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ben Godley		Transaction ID: 200001577 Date of Disbursement MM / DD / YYYY 06 / 02 / 2006
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 4575.07
City Auburndale State MA Zip Code 02466-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6904.37
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Ben Godley		Transaction ID: 200001583 Date of Disbursement MM / DD / YYYY 06 / 16 / 2006
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 2249.80
City Auburndale State MA Zip Code 02466-	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. Ben Godley		Transaction ID: 200001786 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 2249.80
City Auburndale State MA Zip Code 02466-	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) C. Big Cottonwood Group, Inc.		Transaction ID: 200000348 Date of Disbursement MM / DD / YYYY 05 / 24 / 2006
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-	Category/ Type CONSULTING	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5749.60
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Big Cottonwood Group, Inc.		Transaction ID: 200000901 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-		
Purpose of Disbursement PRO-RATED CONSULTING		PRO-RATED 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) ▼	

Full Name (Last, First, Middle Initial) B. The Amaral Group LLC		Transaction ID: 200000472 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 201 Great Rd Ste 2 Suite 2		Amount of Each Disbursement this Period 170.00
City Acton State MA Zip Code 01720-5700		
Purpose of Disbursement IT CONSULTING		IT 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) ▼	

Full Name (Last, First, Middle Initial) C. The Amaral Group LLC		Transaction ID: 200000463 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 201 Great Rd Ste 2 Suite 2		Amount of Each Disbursement this Period 823.88
City Acton State MA Zip Code 01720-5700		
Purpose of Disbursement IT CONSULTING		IT 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2243.88
TOTAL 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) A. The Amaral Group LLC		Transaction ID: 200000885 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 201 Great Rd Ste 2 Suite 2		Amount of Each Disbursement this Period 161.07
City Acton State MA Zip Code 01720-5700		
Purpose of Disbursement PRO-RATED IT CONSULTING Candidate Name		PRO-RATED 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. The Amaral Group LLC		Transaction ID: 200001119 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 201 Great Rd Ste 2 Suite 2		Amount of Each Disbursement this Period 382.50
City Acton State MA Zip Code 01720-5700		
Purpose of Disbursement PRO-RATED IT CONSULTING Candidate Name		PRO-RATED 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) C. Paychex Inc.		Transaction ID: 200001561 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 4953.03
City Woburn State MA Zip Code 01801-1181		
Purpose of Disbursement PAYROLL TAXES Candidate Name		PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5496.60
TOTAL 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) A. Paychex Inc.		Transaction ID: 200001555 Date of Disbursement
Mailing Address 120 Presidential Way		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Woburn	State MA	Zip Code 01801-1181
Purpose of Disbursement PAYROLL FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="111.56"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Transaction ID: 200001778 Date of Disbursement
Mailing Address 120 Presidential Way		<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Woburn	State MA	Zip Code 01801-1181
Purpose of Disbursement PAYROLL FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="40.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES
State: District:		

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 200001568 Date of Disbursement
Mailing Address 120 Presidential Way		<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Woburn	State MA	Zip Code 01801-1181
Purpose of Disbursement PAYROLL TAXES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4857.05"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5008.61"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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) A. Paychex Inc.		Transaction ID: 200001570 Date of Disbursement 06 / 02 / 2006	
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 187.42	
City Woburn	State MA	Zip Code 01801-1181	Category/ Type
Purpose of Disbursement PAYROLL TAXES			
Candidate Name		PAYROLL TAXES	
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. Paychex Inc.		Transaction ID: 200001578 Date of Disbursement 06 / 02 / 2006	
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 9028.66	
City Woburn	State MA	Zip Code 01801-1181	Category/ Type
Purpose of Disbursement PAYROLL TAXES			
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 200001580 Date of Disbursement 06 / 05 / 2006	
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 2030.65	
City Woburn	State MA	Zip Code 01801-1181	Category/ Type
Purpose of Disbursement PAYROLL TAXES			
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	11246.73
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Paychex Inc.		Transaction ID: 200004174 Date of Disbursement 06 / 12 / 2006	
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 188.80	
City Woburn	State MA	Zip Code 01801-1181	Category/ Type
Purpose of Disbursement PAYROLL FEES			
Candidate Name		PAYROLL FEES	
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. Paychex Inc.		Transaction ID: 200001589 Date of Disbursement 06 / 16 / 2006	
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 6945.54	
City Woburn	State MA	Zip Code 01801-1181	Category/ Type
Purpose of Disbursement PAYROLL TAXES			
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 200001783 Date of Disbursement 06 / 16 / 2006	
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 40.00	
City Woburn	State MA	Zip Code 01801-1181	Category/ Type
Purpose of Disbursement PAYROLL FEES			
Candidate Name		PAYROLL FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	7174.34
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Paychex Inc.		Transaction ID: 200002253	
Mailing Address 120 Presidential Way		Date of Disbursement MM / DD / YYYY 06 / 23 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 408.52
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. Paychex Inc.		Transaction ID: 71011.E9229	
Mailing Address 120 Presidential Way		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 1218.54
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 71011.E9230	
Mailing Address 120 Presidential Way		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 498.75
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:			

SUBTOTAL of Disbursements This Page (optional)	2125.81
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Paychex Inc.		Transaction ID: 200001793 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 7786.14
City Woburn State MA Zip Code 01801-1181	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) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) B. Theikos Inc.		Transaction ID: 200001406 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 153 Cordaville Road, Suite 100		Amount of Each Disbursement this Period 14025.00
City Southborough State MA Zip Code 01772-	Purpose of Disbursement DATABASE 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) ▼	DATABASE CONSULTING

Full Name (Last, First, Middle Initial) C. Timothy Jost		Transaction ID: 200001557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 934.88
City Boston State MA Zip Code 02109-	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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	22746.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Timothy Jost		Transaction ID: 200001563 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 934.88
City Boston State MA Zip Code 02109-	PAYROLL	
Purpose of Disbursement PAYROLL		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. Timothy Jost		Transaction ID: 200001573 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 934.88
City Boston State MA Zip Code 02109-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Timothy Jost		Transaction ID: 200001584 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 934.88
City Boston State MA Zip Code 02109-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2804.64
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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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) A. Timothy Jost		Transaction ID: 200001787 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1031.87	
City Boston State MA Zip Code 02109-	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. Old City Landmark Corporation		Transaction ID: 200000922 Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2006	
Mailing Address 45 School St		Amount of Each Disbursement this Period 9512.00	
City Boston State MA Zip Code 02108-3206	Purpose of Disbursement PRO-RATED RENT	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) ▼	PRO-RATED RENT	

Full Name (Last, First, Middle Initial) C. Elizabeth Lascaze		Transaction ID: 200001558 Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address PO Box 44		Amount of Each Disbursement this Period 1007.12	
City Boston State MA Zip Code 02133-0044	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	

SUBTOTAL of Disbursements This Page (optional) ▶	11550.99
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Elizabeth Lascaze		Transaction ID: 200001564 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 796.55
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Elizabeth Lascaze		Transaction ID: 200001694 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 278.25
City Boston State MA Zip Code 02133-0044	Category/ Type REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. USPS Post Office		Transaction ID: 200001696 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 37.00
City Boston State MA Zip Code 02111-	Category/ Type [MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1074.80
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 279 / 314

<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) A. Verizon Wireless		Transaction ID: 200001695 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 241.25
City Worcester State MA Zip Code 01615-0023	[MEMO ITEM] MEMO: STAFF CELL PHONE	
Purpose of Disbursement STAFF CELL PHONE 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. Joshua Leffler		Transaction ID: 200001559 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1589.43
City Lynnfield State MA Zip Code 01940-1625	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) C. Joshua Leffler		Transaction ID: 200001565 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1566.92
City Lynnfield State MA Zip Code 01940-1625	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3156.35
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Joshua Leffler		Transaction ID: 200001574 Date of Disbursement MM / DD / YYYY 06 / 02 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1566.92	
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. Joshua Leffler		Transaction ID: 200001585 Date of Disbursement MM / DD / YYYY 06 / 16 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1566.92	
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) C. Joshua Leffler		Transaction ID: 200001788 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1566.92	
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	

SUBTOTAL of Disbursements This Page (optional) ▶	4700.76
TOTAL 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) A. ENilsson, LLC		Transaction ID: 200000358 Date of Disbursement MM / DD / YYYY 05 / 24 / 2006	
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 3413.70	
City Westford State MA Zip Code 01886-2608	Purpose of Disbursement WEBSITE DESIGN	Category/ Type WEBSITE DESIGN	
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. ENilsson, LLC		Transaction ID: 200000898 Date of Disbursement MM / DD / YYYY 06 / 13 / 2006	
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 5165.00	
City Westford State MA Zip Code 01886-2608	Purpose of Disbursement PRO-RATED WEBSITE DESIGN	Category/ Type PRO-RATED WEBSITE DESIGN	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SJZ, LLC		Transaction ID: 200000310 Date of Disbursement MM / DD / YYYY 05 / 04 / 2006	
Mailing Address PO Box 151		Amount of Each Disbursement this Period 2968.41	
City Boston State MA Zip Code 02117-0151	Purpose of Disbursement CONSULTING	Category/ Type CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	11547.11
TOTAL 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) A. SJZ, LLC		Transaction ID: 200000461 Date of Disbursement MM / DD / YYYY 05 / 30 / 2006
Mailing Address PO Box 151		Amount of Each Disbursement this Period 9250.00
City Boston State MA Zip Code 02117-0151	Category/ Type CONSULTING	
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) ▼	

Full Name (Last, First, Middle Initial) B. SJZ, LLC		Transaction ID: 200000889 Date of Disbursement MM / DD / YYYY 06 / 13 / 2006
Mailing Address PO Box 151		Amount of Each Disbursement this Period 9400.00
City Boston State MA Zip Code 02117-0151	Category/ Type PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED 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) ▼	

Full Name (Last, First, Middle Initial) C. Timothy Moran		Transaction ID: 200001796 Date of Disbursement MM / DD / YYYY 06 / 23 / 2006
Mailing Address 331 Denton St.		Amount of Each Disbursement this Period 1268.36
City Council Bluffs State IA Zip Code 51503-	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	19918.36
TOTAL 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) A. Timothy Moran		Transaction ID: 200004193 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 331 Denton St.		Amount of Each Disbursement this Period 1268.36
City Council Bluffs	State IA Zip Code 51503-	
Purpose of Disbursement PAYROLL		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. DC Navigators		Transaction ID: 200000465 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 901 7th Street, NW		Amount of Each Disbursement this Period 1079.26
City Washington	State DC Zip Code 20001-	
Purpose of Disbursement CONSULTING		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) ▼	

Full Name (Last, First, Middle Initial) C. Paul Norwood		Transaction ID: 200000890 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 483 Main Street		Amount of Each Disbursement this Period 1020.00
City Amesbury	State MA Zip Code 01913-	
Purpose of Disbursement PRO-RATED CONSULTING		PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3367.62
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. New England Office Supply		Transaction ID: 200000893 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 135 Lundquist Dr		Amount of Each Disbursement this Period 1948.92
City Braintree State MA Zip Code 02184-5208	PRO-RATED OFFICE FURNITURE	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) B. New England Office Supply		Transaction ID: 200001123 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 135 Lundquist Dr		Amount of Each Disbursement this Period 123.27
City Braintree State MA Zip Code 02184-5208	PRO-RATED OFFICE FURNITURE	
Purpose of Disbursement PRO-RATED 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) ▼

Full Name (Last, First, Middle Initial) C. Jessica Peterson		Transaction ID: 200001560 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3261.04
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Jessica Peterson		Transaction ID: 200001566 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
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. Jessica Peterson		Transaction ID: 200001575 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
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) C. Jessica Peterson		Transaction ID: 200001586 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3566.55
TOTAL 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) A. Jessica Peterson		Transaction ID: 200001789 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
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. Jennifer Phelan		Transaction ID: 200001567 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 316.73
City Boston State MA Zip Code 02115-	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) C. Jennifer Phelan		Transaction ID: 200001576 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 947.15
City Boston State MA Zip Code 02115-	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2452.73
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Jennifer Phelan		Transaction ID: 200001587 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 947.15
City Boston State MA Zip Code 02115-	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. Jennifer Phelan		Transaction ID: 200001791 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 947.15
City Boston State MA Zip Code 02115-	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) C. Kendall Press		Transaction ID: 200000456 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 567.85
City Cambridge State MA Zip Code 02141-	PRINTING	
Purpose of Disbursement PRINTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2462.15
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Kendall Press		Transaction ID: 200000468 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 885.98
City Cambridge State MA Zip Code 02141-	PRINTING	
Purpose of Disbursement PRINTING		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. Kendall Press		Transaction ID: 200000895 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 108.75
City Cambridge State MA Zip Code 02141-	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. The Proprint		Transaction ID: 200000404 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 410 Boylston St		Amount of Each Disbursement this Period 395.88
City Boston State MA Zip Code 02216-	PRINTING	
Purpose of Disbursement PRINTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1390.61
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Scott Rasmussen		Transaction ID: 200001569 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 130 S. Hall Street		Amount of Each Disbursement this Period 700.42
City Provo State UT Zip Code 84604-	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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Mr. Scott Rasmussen		Transaction ID: 200001588 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 130 S. Hall Street		Amount of Each Disbursement this Period 361.75
City Provo State UT Zip Code 84604-	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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Mr. Scott Rasmussen		Transaction ID: 200001792 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 130 S. Hall Street		Amount of Each Disbursement this Period 361.75
City Provo State UT Zip Code 84604-	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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1423.92
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

A. Full Name (Last, First, Middle Initial) Jason Rose		Transaction ID: 100001072IK Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 6
Mailing Address 7044 N. Hillside Dr		Amount of Each Disbursement this Period 612.50
City Paradise Valley State AZ Zip Code 85253-	Purpose of Disbursement INKIND CONTRIBUTION - FOOD 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) ▼	IN KIND: INKIND CONTRIBUTION - FOOD

B. Full Name (Last, First, Middle Initial) Communication Link Service Corp.		Transaction ID: 200000429 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 15 Tech Circle		Amount of Each Disbursement this Period 2100.05
City Natick State MA Zip Code 01760-	Purpose of Disbursement DISH TV INSTALLATION AND 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) ▼	DISH TV INSTALLATION AND SERVICE

C. Full Name (Last, First, Middle Initial) Command Print Solutions, Inc.		Transaction ID: 200000342 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 259 A Samuel Barnet Boulevard		Amount of Each Disbursement this Period 1467.91
City New Bedford State MA Zip Code 02745-	Purpose of Disbursement PRINTING 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) ▼	PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	4180.46
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Poland Spring		Transaction ID: 200000460 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 68.13
City Louisville State KY Zip Code 40258-	WATER	
Purpose of Disbursement WATER		
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. Poland Spring		Transaction ID: 200000921 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 47.87
City Louisville State KY Zip Code 40258-	PRO-RATED WATER	
Purpose of Disbursement PRO-RATED WATER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Don Stirling		Transaction ID: 200000762 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 751 South Ave		Amount of Each Disbursement this Period 85.50
City Weston State MA Zip Code 02493-1119	REIMBURSEMENT: SEE BELOW	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	201.50
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Don Stirling		Transaction ID: 200000759 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 751 South Ave		Amount of Each Disbursement this Period 489.41
City Weston State MA Zip Code 02493-1119	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	
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) ▼	REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 200000760 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 419.80
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) C. Don Stirling		Transaction ID: 200001634 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 751 South Ave		Amount of Each Disbursement this Period 326.06
City Weston State MA Zip Code 02493-1119	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
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) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	815.47
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Delta Airlines		Transaction ID: 200001637 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 79.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Fedex Kinkos		Transaction ID: 200001636 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 1774 N. University		Amount of Each Disbursement this Period 236.41
City Provo State UT Zip Code 84606-	Purpose of Disbursement PRO-RATED PRINTING 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: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial) C. Barry Security Systems, Inc.		Transaction ID: 200000449 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 162.50
City Tewksbury State MA Zip Code 01876-	Purpose of Disbursement SECURITY SYSTEM 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) ▼	SECURITY SYSTEM

SUBTOTAL of Disbursements This Page (optional) ▶	162.50
TOTAL 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) A. Barry Security Systems, Inc.		Transaction ID: 200000902 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 50.00
City State Zip Code Tewksbury MA 01876-	Purpose of Disbursement PRO-RATED SECURITY SYSTEM 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) ▼	PRO-RATED SECURITY SYSTEM

Full Name (Last, First, Middle Initial) B. Julie Teer		Transaction ID: 200000309 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807		Amount of Each Disbursement this Period 1250.00
City State Zip Code Boston MA 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) ▼	CONSULTING

Full Name (Last, First, Middle Initial) C. Julie Teer		Transaction ID: 200000794 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807		Amount of Each Disbursement this Period 6250.00
City State Zip Code Boston MA 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) ▼	CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	7550.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

A. Julie Teer 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 PRO-RATED 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) ▼		Transaction ID: 200000920 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 3125.00 Category/Type PRO-RATED CONSULTING
--	--	---

B. Logos To Go 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) ▼		Transaction ID: 200000457 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 2036.33 Category/Type FUNDRAISING EXPENSE
--	--	--

C. St. Paul Travelers Full Name (Last, First, Middle Initial) Mailing Address 258 Blanchard Rd City Belmont State MA Zip Code 02478- Purpose of Disbursement PRO-RATED INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200000888 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1526.50 Category/Type PRO-RATED INSURANCE
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SUBTOTAL of Disbursements This Page (optional) ▶	6687.83
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) A. Cingular Wireless		Transaction ID: 200000474 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 112.54
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. Cingular Wireless		Transaction ID: 200000452 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 468.48
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) C. Cingular Wireless		Transaction ID: 200000925 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 633.74
City Carol Stream State IL Zip Code 60197-6414	Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED STAFF CELL PHONES

SUBTOTAL of Disbursements This Page (optional) ▶	1214.76
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Verizon Wireless		Transaction ID: 200000399 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 600.09
City Worcester State MA Zip Code 01615-0023	Category/ Type STAFF CELL PHONES	
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 200000473 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 572.25
City Worcester State MA Zip Code 01615-0023	Category/ Type STAFF CELL PHONES	
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 200001118 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 936.28
City Worcester State MA Zip Code 01615-0023	Category/ Type PRO-RATED STAFF CELL PHON- ES	
Purpose of Disbursement PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2108.62
TOTAL This Period (last page this line number only) ▶	346134.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Friends of Clay Shaw		Transaction ID: 200001138 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 2188		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Fort Lauderdale State FL Zip Code 33303-2188	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name E CLAY JR SHAW		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Henry Brown for Congress		Transaction ID: 200001143 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 81886		Amount of Each Disbursement this Period 1250.00 CONTRIBUTION
City North Charleston State SC Zip Code 29419-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name HENRY E JR. BROWN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dave Camp for Congress 2006		Transaction ID: 200001134 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1250.00 CONTRIBUTION
City Midland State MI Zip Code 48640-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DAVID LEE CAMP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bass for Congress		Transaction ID: 200001127 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 3451		Amount of Each Disbursement this Period 1500.00 CONTRIBUTION
City Concord State NH Zip Code 03302-	Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES F. BASS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capito for Congress		Transaction ID: 200001129 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Charleston State WV Zip Code 25339-	Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY MOORE CAPITO Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chabot for Congress		Transaction ID: 200001130 Date of Disbursement 06 / 28 / 2006
Mailing Address 3339 Harrison Avenue		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Cincinnati State OH Zip Code 45211-	Purpose of Disbursement CONTRIBUTION Candidate Name STEVE CHABOT Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Fitzpatrick for Congress		Transaction ID: 200001137 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Doylestown State PA Zip Code 18901-	Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL G FITZPATRICK Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jeb Bradley for Congress		Transaction ID: 200000780 Date of Disbursement 05 / 30 / 2006
Mailing Address 645 S Main St		Amount of Each Disbursement this Period 1500.00 CONTIRBUTION
City Wolfeboro State NH Zip Code 03894-4419	Purpose of Disbursement CONTIRBUTION Candidate Name JOSEPH E III BRADLEY Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Johnson for Congress		Transaction ID: 200001148 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City New Britain State CT Zip Code 06050-	Purpose of Disbursement CONTRIBUTION Candidate Name NANCY L. JOHNSON Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Lamberti for Congress		Transaction ID: 200001149 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 785		Amount of Each Disbursement this Period 2000.00
City Ankeny State IA Zip Code 50021-	Category/ Type	
Purpose of Disbursement CONTRIBUTION Candidate Name JEFFREY LAMBERTI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	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. Latham for Congress		Transaction ID: 200001150 Date of Disbursement 06 / 28 / 2006
Mailing Address PO Box 71		Amount of Each Disbursement this Period 2000.00
City Clarion State IA Zip Code 50525-0071	Category/ Type	
Purpose of Disbursement CONTRIBUTION Candidate Name THOMAS P LATHAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Ney for Congress		Transaction ID: 200001154 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 600		Amount of Each Disbursement this Period 1000.00
City Heath State OH Zip Code 43056-0600	Category/ Type	
Purpose of Disbursement CONTRIBUTION Candidate Name ROBERT W NEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Porter for Congress		Transaction ID: 200001158 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 26087		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Las Vegas State NV Zip Code 89126-	Purpose of Disbursement CONTRIBUTION	
Candidate Name JON SR PORTER	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ralph Norman for Congress		Transaction ID: 200000916 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address PO Box 36335		Amount of Each Disbursement this Period 3000.00 CONTRIBUTION
City Rock Hill State SC Zip Code 29732-	Purpose of Disbursement CONTRIBUTION	
Candidate Name RALPH W MR. JR NORMAN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: 200001161 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 1319 E. Michigan Ave.		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Lansing State MI Zip Code 48912-	Purpose of Disbursement CONTRIBUTION	
Candidate Name MICHAEL J ROGERS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Simmons for Congress		Transaction ID: 200001162 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378-0268	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name ROB SIMMONS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Barrett for Congress Committee		Transaction ID: 200001163 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 869		Amount of Each Disbursement this Period 2500.00
City Westminster State SC Zip Code 29693-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JAMES GRESHAM BARRETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ehlers for Congress Committee		Transaction ID: 200001136 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 3340		Amount of Each Disbursement this Period 1250.00
City Grand Rapids State MI Zip Code 49501-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name VERNON J EHLERS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4750.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Inglis for Congress Committee, Inc.		Transaction ID: 200001144 Date of Disbursement 06 / 28 / 2006	
Mailing Address P.O. Box 361		Amount of Each Disbursement this Period 2500.00	
City Greenville State SC Zip Code 29602-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name BOB INGLIS	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04	CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Chocola for Congress, Inc.		Transaction ID: 200001132 Date of Disbursement 06 / 28 / 2006	
Mailing Address P.O. Box 6728		Amount of Each Disbursement this Period 1000.00	
City South Bend State IN Zip Code 46660-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name J CHRISTOPHER CHOCOLA	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. McCotter Congressional Committee		Transaction ID: 200001151 Date of Disbursement 06 / 28 / 2006	
Mailing Address P.O. Box 530788		Amount of Each Disbursement this Period 1250.00	
City Livonia State MI Zip Code 48153-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name THADDEUS G MCCOTTER	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	4750.00
TOTAL 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 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) A. Geoff Davis for Congress		Transaction ID: 200001141 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00
City Erlanger State KY Zip Code 41018-	Purpose of Disbursement CONTRIBUTION Candidate Name GEOFFREY C DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 04	

Full Name (Last, First, Middle Initial) B. Mike DeWine for U.S. Senate 2006		Transaction ID: 200001152 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234-	Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD MICHAEL DEWINE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00	

Full Name (Last, First, Middle Initial) C. Thelma Drake for Congress		Transaction ID: 200001164 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 61480		Amount of Each Disbursement this Period 1000.00
City Virginia Beach State VA Zip Code 23466-	Purpose of Disbursement CONTRIBUTION Candidate Name THELMA D. DRAKE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Talent For Senate		Transaction ID: 200001800 Date of Disbursement
Mailing Address 147 N. Meramec, Suite 100		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Saint Louis	State MO	Zip Code 63105-
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name JAMES MATTHES TALENT		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
State: MO	District: 00	

Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress Committee		Transaction ID: 200001146 Date of Disbursement
Mailing Address P.O. Box 87		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Uwchland	State PA	Zip Code 19480-0087
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name JIM GERLACH		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
State: PA	District: 06	

Full Name (Last, First, Middle Initial) C. People with Hart		Transaction ID: 200001156 Date of Disbursement
Mailing Address P.O. Box 1772		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Doylestown	State PA	Zip Code 18901-
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MELISSA A. HART		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
State: PA	District: 04	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mark Kennedy 06		Transaction ID: 200001801 Date of Disbursement 06 / 28 / 2006
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 3000.00
City Minneapolis State MN Zip Code 55449-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MARK RAYMOND KENNEDY		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN 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. Jon Kyl for Senate		Transaction ID: 200001165 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 10246		Amount of Each Disbursement this Period 3000.00
City Phoenix State AZ Zip Code 85064-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JON L KYL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ 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) C. Friends of Mike McGavick		Transaction ID: 200001799 Date of Disbursement 06 / 28 / 2006
Mailing Address PO Box 9247		Amount of Each Disbursement this Period 3000.00
City Seattle State WA Zip Code 98109-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL SEAN MCGAVICK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Friends of Mike Sodrel		Transaction ID: 200001140 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 1505		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Jeffersonville	State IN Zip Code 47131-	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL E. SODREL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 9		

Full Name (Last, First, Middle Initial) B. Candice Miller for Congress		Transaction ID: 200001128 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 182152		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Utica	State MI Zip Code 48318-	
Purpose of Disbursement CONTRIBUTION		
Candidate Name CANDICE S. MILLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 10		

Full Name (Last, First, Middle Initial) C. Richard Pombo for Congress		Transaction ID: 200001160 Date of Disbursement 06 / 28 / 2006
Mailing Address P.O. Box 1070		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Tracy	State CA Zip Code 95378-	
Purpose of Disbursement CONTRIBUTION		
Candidate Name RICHARD POMBO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 11		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Deborah Pryce for Congress		Transaction ID: 200001135 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 145 East Rich Street Second Floor		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-	Purpose of Disbursement CONTRIBUTION Candidate Name DEBORAH D. PRYCE Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	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. Massachusetts Republican Party		Transaction ID: 200001113 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 85 Merrimac Street Suite 400		Amount of Each Disbursement this Period 5000.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement CONTRIBUTION 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 checked="" type="checkbox"/> Other (specify) ▼ Federal State Party	CONTRIBUTION

Full Name (Last, First, Middle Initial) C. DeMint for Senate		Transaction ID: 200000927 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 12425		Amount of Each Disbursement this Period 2500.00
City Columbia State SC Zip Code 29201-	Purpose of Disbursement CONTRIBUTION Candidate Name JAMES W DEMINT Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Raese for Senate		Transaction ID: 200001159 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 200 Hale Street		Amount of Each Disbursement this Period 2000.00
City Charleston State WV Zip Code 25301-	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name JOHN REEVES RAESE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 00		
Category/Type		

Full Name (Last, First, Middle Initial) B. Christopher Shays for Congress		Transaction ID: 200001133 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 98 East Avenue		Amount of Each Disbursement this Period 1000.00
City Norwalk State CT Zip Code 06851-	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER SHAYS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04		
Category/Type		

Full Name (Last, First, Middle Initial) C. Charles Taylor for Congress Committee		Transaction ID: 200001131 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 2355		Amount of Each Disbursement this Period 1000.00
City Asheville State NC Zip Code 28802-	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES H TAYLOR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 11		
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Paid for by Upton For All of Us		Transaction ID: 200001155 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2006
Mailing Address 402 State Street P.O. Box 490		Amount of Each Disbursement this Period 1250.00
City Saint Joseph State MI Zip Code 49085-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name FREDERICK STEPHEN UPTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	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. Florida Victory 2006		Transaction ID: 200001802 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address PO Box 311		Amount of Each Disbursement this Period 5000.00
City Tallahassee State FL Zip Code 32301-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Federal State Party	CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Mike Whalen for Congress		Transaction ID: 200001153 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2006
Mailing Address P.O. Box 750		Amount of Each Disbursement this Period 2000.00
City Bettendorf State IA Zip Code 52722-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL LOUIS WHALEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	8250.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Heather Wilson for Congress		Transaction ID: 200001142 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name HEATHER A. WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Joe Wilson for Congress		Transaction ID: 200001147 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 634 Sunset Boulevard (HWY 378) P.O. Box 2145		Amount of Each Disbursement this Period 1000.00
City West Columbia State SC Zip Code 29171-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name ADDISON (JOE) GRAVES WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	75750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ohioans For Blackwell		Transaction ID: 200001112 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 172 E. State Street, 6th Floor		Amount of Each Disbursement this Period 7500.00
City Columbus State OH Zip Code 43215-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Blackwell for Governor		Transaction ID: 200001782 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 172 East State Street Suite 203		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Carcieri for Governor		Transaction ID: 200001116 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 413 Knight Street		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02886-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Friends of Ron Saxton		Transaction ID: 200001115																					
Mailing Address P.O. Box 163		Date of Disbursement																					
City Portland State OR Zip Code 97209-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	0	6														
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period																					
Candidate Name		5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type																					
State: District:		Disbursement For: 2006																					
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	16000.00