

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
STRAIGHT TALK AMERICA

ADDRESS (number and street) PO Box 9785
 Check if different than previously reported. (ACC)
ALEXANDRIA VA 22304

2. **FEC IDENTIFICATION NUMBER** C00413245
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 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 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 Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 01 31 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
STRAIGHT TALK AMERICA

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| 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; vertical-align: middle;"><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 | | 1226502.62 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 397441.53 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 504955.34 | 5592963.84 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 902396.87 | 6819466.46 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 648272.82 | 6565342.41 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 254124.05 | 254124.05 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 40061.86 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 368346.93 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
STRAIGHT TALK AMERICA

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| 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 | 362660.00 | 3983361.98 |
| (i) Itemized (use Schedule A) | 89483.92 | 1240751.22 |
| (ii) Unitemized | 452143.92 | 5224113.20 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 17500.00 | 274508.65 |
| (c) Other Political Committees (such as PACs) | 469643.92 | 5498621.85 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 1814.82 | 1814.82 |
| 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) | 695.04 | 38018.09 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 12491.35 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 32801.56 | 42017.73 |
| 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)) | 504955.34 | 5592963.84 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 504955.34 | 5592963.84 |

DETAILED SUMMARY PAGE

of Disbursements

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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..... | 588838.28 | 5238839.42 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 588838.28 | 5238839.42 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 3000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 30173.39 | 572883.20 |
| 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 | 600.00 | 35910.00 |
| (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)) | 600.00 | 35910.00 |
| 29. Other Disbursements..... | 28661.15 | 714709.79 |
| 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)).. | 648272.82 | 6565342.41 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 648272.82 | 6565342.41 |

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) | 469643.92 | 5498621.85 |
| 34. Total Contribution Refunds (from Line 28(d)) | 600.00 | 35910.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 469043.92 | 5462711.85 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 588838.28 | 5238839.42 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 695.04 | 38018.09 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 588143.24 | 5200821.33 |

**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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. John E. Acuff, Jr.

Mailing Address 114 Disston Rd

City State Zip Code
Oak Ridge TN 37830

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2006

Transaction ID: SA11A1.90969

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. John W. Ainslie, Sr.

Mailing Address 11409 Twelve Oaks Way

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2006

Transaction ID: SA11A1.90986

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Hon. Elizabeth W. Ames

Mailing Address 2909 E 9th St

City State Zip Code
Douglas AZ 85607

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2006

Transaction ID: SA11A1.91043

Amount of Each Receipt this Period
150.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 350.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Clifford Anderson

Mailing Address 5809 Vernon Ln

City State Zip Code
Minneapolis MN 55436

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

Name of Employer Occupation
Crown Holdings, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.91048

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
MAJ James H. Anderson

Mailing Address 12643 Water St

City State Zip Code
Clifton VA 20124

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

Name of Employer Occupation
Department of Defense Policy Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.91058

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Robert G. Anderson

Mailing Address 3011 Rancho Vista Blvd
Ste F

City State Zip Code
Palmdale CA 93551

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

Name of Employer Occupation
Ranchovista Development Co. Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.91068

Amount of Each Receipt this Period
1000.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1650.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Stanton D. Anderson

Mailing Address 600 13th St NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
McDermott, Will and Emery, LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

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

Transaction ID: SA11A1.91074

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Carlton R. Appleby

Mailing Address 16055 Old Guejito Rd

City State Zip Code
Escondido CA 92027

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.91095

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. William J. Atkinson

Mailing Address 975 Woodland Pkwy Apt 231

City State Zip Code
San Marcos CA 92069

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

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

Transaction ID: SA11A1.91125

Amount of Each Receipt this Period
50.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5150.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Ms. Barbara A. Aton

Mailing Address 201 E Avocado Crest Rd

City State Zip Code
La Habra Heights CA 90631

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID: SA11A1.91126

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Albert Avedikian

Mailing Address 920 10th Ave

City State Zip Code
Kingsburg CA 93631

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

Name of Employer Occupation
Self Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.91134

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Camp Bailey

Mailing Address 5510 Tupper Lake Dr

City State Zip Code
Houston TX 77056

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

Name of Employer Occupation
Bailey Law Firm Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 02 / 2006

Transaction ID: SA11A1.91145

Amount of Each Receipt this Period
5000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5100.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|-------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. F. Kenneth Bailey, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 440 Louisiana St Ste 2100 | | Transaction ID: SA11A1.91147 | |
| City Houston | State TX | Zip Code 77002 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Bailey Law Firm | Occupation Attorney | 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. Mr. Elliot A. Baines | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 360 Indian Harbor Rd | | Transaction ID: SA11A1.91153 | |
| City Vero Beach | State FL | Zip Code 32963 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 1450.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Steven A. Ballmer | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 1 Microsoft Way | | Transaction ID: SA11A1.91188 | |
| City Redmond | State WA | Zip Code 98052 | Amount of Each Receipt this Period 2000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Microsoft Corp. | Occupation CEO | Aggregate Year-to-Date ▼ 2000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| 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 11 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Paul A. Barthol | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 13296A Blueberry Ln Apt 201 | | Transaction ID: SA11A1.91232 | |
| City State Zip Code Fairfax VA 22033 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Marriott Courtyard | Occupation Night Auditor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1800.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Prof. Warren L. Batts | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 219 E Lake Shore Dr Apt 11CD | | Transaction ID: SA11A1.91243 | |
| City State Zip Code Chicago IL 60611 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer University of Chicago | Occupation Professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Edward Baum | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 20 Sunnyside Dr | | Transaction ID: SA11A1.91247 | |
| City State Zip Code Athens OH 45701 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| 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 12 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mrs. Judith A. Bell | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 815 Alston Rd | | Transaction ID: SA11A1.91286 | |
| City State Zip Code Santa Barbara CA 93108 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Desert Recreative, Inc. | Occupation Owner | | |
| 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. Mr. Christopher Bent | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 150 3rd Ave N | | Transaction ID: SA11A1.91302 | |
| City State Zip Code Naples FL 34102 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Jeffrey Berlin | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 5102 Cape Cod Ct | | Transaction ID: SA11A1.91319 | |
| City State Zip Code Bethesda MD 20816 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Sidley Austin, LLP | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| 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 13 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Hon. Stuart A. Bernstein

Mailing Address **3299 K St NW
Ste 700**

City **Washington** State **DC** Zip Code **20007**

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

Name of Employer **The Bernstein Co.** Occupation **Chairman**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.91322

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Edward C. Bessey

Mailing Address **3560 N Outpost Rd**

City **Tucson** State **AZ** Zip Code **85749**

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

Name of Employer Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

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

Transaction ID: SA11A1.91327

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Samuel P. Bessman

Mailing Address **7404 Woodrow Wilson Dr**

City **Los Angeles** State **CA** Zip Code **90046**

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

Name of Employer 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 |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.91328

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|----------------|
| 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 14 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Thomas D. Bickley | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 2951 E Windsor St | | Transaction ID: SA11A1.91343 |
| City State Zip Code Tucson AZ 85716 | Amount of Each Receipt this Period 40.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Manpower Professional | Occupation Software Engineer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 265.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Regina M. Bigelow | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address 7845 E Impala Ave | | Transaction ID: SA11A1.91346 |
| City State Zip Code Mesa AZ 85209 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Edwin L. Biggers | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address 7322 N Avenida De Lisa | | Transaction ID: SA11A1.91348 |
| City State Zip Code Tucson AZ 85704 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 590.00 |
| 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 15 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Edmund W. Bilhuber

Mailing Address 239 Plymouth Ct

City State Zip Code
Madison NJ 07940

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.91350

Amount of Each Receipt this Period
35.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. H. Raymond Bingham

Mailing Address 3000 Sand Hill Rd Bldg 3

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
Cadence Design Systems President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11A1.91353

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address 1104 Stratford Ct

City State Zip Code
Del Mar CA 92014

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

Name of Employer Occupation
Self Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.91355

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 5535.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Leonard F. Bischel, Jr.

Mailing Address 36 W Del Rio Cir

City State Zip Code
Tempe AZ 85282

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.91364

Amount of Each Receipt this Period
75.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Jack W. Blaha

Mailing Address 12910 W Tangelo Dr

City State Zip Code
Sun City West AZ 85375

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

Name of Employer Occupation
City of Phoenix Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.91379

Amount of Each Receipt this Period
20.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Norman R. Bobins

Mailing Address 179 E Lake Shore Dr
Unit 21E

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Lasalle Bank Chairman, President & 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
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.91397

Amount of Each Receipt this Period
1000.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1095.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. John H. Boldt | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 1821 Mahan Ave Apt 3F | | Transaction ID: SA11A1.91407 | |
| City State Zip Code Bronx NY 10461 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer MT NYC Transit | Occupation Subway Motorman | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Jan Boyer | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 5000 Glenbrook Rd NW | | Transaction ID: SA11A1.91456 | |
| City State Zip Code Washington DC 20016 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Interamerican Development Bank | Occupation U.S. Alternate Executive Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Dr. William Bozarth | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6 | |
| Mailing Address 338 6th St | | Transaction ID: SA11A1.91459 | |
| City State Zip Code Lewiston ID 83501 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 5600.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. David G. Bradley | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 2211 30th St NW | | Transaction ID: SA11A1.91468 | |
| City State Zip Code Washington DC 20008 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Atlantic Media, Inc. | Occupation Chairman | | |
| 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) Mrs. Julie A. Brady | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 615 Easton Ave | | Transaction ID: SA11A1.91474 | |
| City State Zip Code Geneva IL 60134 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Clifton Gunderson | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. J. Claude Brannan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address RR 1 Box 238 | | Transaction ID: SA11A1.91486 | |
| City State Zip Code Marietta OK 73448 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self | Occupation Rancher | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6050.00 |
| 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 19 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. George Brett | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 185 Charles E Jordan Rd | | Transaction ID: SA11A1.91503 |
| City State Zip Code Cape Elizabeth ME 04107 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Nancy G. Brinker | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 660 Preston Forest Ctr PMB 200 | | Transaction ID: SA11A1.91521 |
| City State Zip Code Dallas TX 75230 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Susan G. Komen Foundation Founder | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Dr. Laurette M. Bryan | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 573 Rockledge Dr | | Transaction ID: SA11A1.91581 |
| City State Zip Code Rockledge FL 32955 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Lers, Roberts, and Bryan, PA Physician | Aggregate Year-to-Date ▼ 700.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2800.00 |
| 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 20 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Timothy Buchanan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 71 Pine Creek Dr | | Transaction ID: SA11A1.91589 | |
| City State Zip Code Carlisle PA 17013 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation ACA Inc Business Owner | | Aggregate Year-to-Date ▼ 450.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Timothy Buchanan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 71 Pine Creek Dr | | Transaction ID: SA11A1.91590 | |
| City State Zip Code Carlisle PA 17013 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation ACA Inc Business Owner | | Aggregate Year-to-Date ▼ 550.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Marcia F. Burch | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 521 Walden Pl | | Transaction ID: SA11A1.91604 | |
| City State Zip Code Pompton Plains NJ 07444 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 450.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Charles H. Burke, Sr.

Mailing Address **PO Box 998**

City **Pierre** State **SD** Zip Code **57501**

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2006

Transaction ID: SA11A1.91608

Amount of Each Receipt this Period
200.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Michael T. Burke

Mailing Address **2627 Fairfax Dr**

City **Arlington** State **VA** Zip Code **22201**

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

Name of Employer Occupation
Novonics Corp. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2006

Transaction ID: SA11A1.91612

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Jack M. Byrum

Mailing Address **440 Dove Dr W**

City **Franklin** State **IN** Zip Code **46131**

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.91642

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 22 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Jack M. Byrum | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 | |
| Mailing Address 440 Dove Dr W | | Transaction ID: SA11A1.91643 | |
| City State Zip Code Franklin IN 46131 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 600.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Mark Cambron | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 148 Howard Ln | | Transaction ID: SA11A1.91661 | |
| City State Zip Code Dahlonega GA 30533 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 350.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Joseph Camellerie | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address 413 W Main St Apt 104A | | Transaction ID: SA11A1.91662 | |
| City State Zip Code Huntington NY 11743 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Self Investor | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 600.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. J. D. Campbell

Mailing Address 9098 W Pinnacle Peak Rd

City Peoria State AZ Zip Code 85383

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 01 / 2006

Transaction ID: SA11A1.91672

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Charlotte K. Carleton

Mailing Address 401 E Linton Blvd Apt 327

City Delray Beach State FL Zip Code 33483

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
11 / 01 / 2006

Transaction ID: SA11A1.91708

Amount of Each Receipt this Period
350.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Frank C. Carlucci

Mailing Address 1001 Pennsylvania Ave NW Ste 220

City Washington State DC Zip Code 20004

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

Name of Employer The Carlyle Group Occupation Sr. Counselor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
11 / 22 / 2006

Transaction ID: SA11A1.91724

Amount of Each Receipt this Period
5000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5450.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Greg Carr | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 975 Memorial Dr Apt 1008 | | Transaction ID: SA11A1.91732 |
| City State Zip Code Cambridge MA 02138 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self Occupation Investor | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Dr. Richard L. Carter | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 3204 N Academy Blvd Ste 2100 | | Transaction ID: SA11A1.91748 |
| City State Zip Code Colorado Spgs CO 80917 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self Occupation Physician | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Mrs. Maureen B. Chadwick | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 226 Windsor Way | | Transaction ID: SA11A1.91772 |
| City State Zip Code Doylestown PA 18901 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| 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 25 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. James E. Chandler

Mailing Address 20 Beacon Ave
A-7

City Biddeford State ME Zip Code 04005

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

Name of Employer 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 Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.91780

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Charles S. Chapman

Mailing Address 2232 Augusta Dr

City Evergreen State CO Zip Code 80439

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.91785

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Charles S. Chapman

Mailing Address 2232 Augusta Dr

City Evergreen State CO Zip Code 80439

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.91786

Amount of Each Receipt this Period
50.00

Contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 650.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Alan C. Christian

Mailing Address 11 Hampton Ct

City State Zip Code
Basking Ridge NJ 07920

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

Name of Employer Occupation
Computer Horizons Corp. VP Customer Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.91808

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Jessica Clark

Mailing Address 1921 Gables Ln

City State Zip Code
Vienna VA 22182

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

Name of Employer 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 Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.91831

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. John M. Coffin

Mailing Address 3245 North Rd

City State Zip Code
Blue Mounds WI 53517

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

Name of Employer Occupation
Thermo Electron Corp. Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.91863

Amount of Each Receipt this Period
250.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. John M. Coffin | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address 3245 North Rd | | Transaction ID: SA11A1.91864 | |
| City State Zip Code Blue Mounds WI 53517 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Thermo Electron Corp. | Occupation Engineer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mrs. Bayard Coggeshall | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 4129 Fellowship Rd | | Transaction ID: SA11A1.91865 | |
| City State Zip Code Basking Ridge NJ 07920 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Richard G. Colburn | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 3119 W Gemstone Dr | | Transaction ID: SA11A1.91872 | |
| City State Zip Code Meridian ID 83646 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer U.S. Navy | | Occupation Commanding Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 450.00 |
| 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 28 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Elbridge Colby

Mailing Address 265 College St
Apt 10Q

City State Zip Code
New Haven CT 06510

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

Name of Employer Occupation
Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: SA11A1.91874

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Donald E. Cook

Mailing Address 1710 21st Ave

City State Zip Code
Greeley CO 80631

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1850.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.91914

Amount of Each Receipt this Period
300.00

Contribution

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

Mailing Address PO Box 476

City State Zip Code
Sandy Springs SC 29677

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

Name of Employer Occupation
Self Business Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.91931

Amount of Each Receipt this Period
50.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. E. Gerald Corrigan

Mailing Address 128 Beacon St
5

City Boston State MA Zip Code 02116

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

Name of Employer Goldman Sachs and Co. Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.91953

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Brett Cosor

Mailing Address 306 Alfandre St

City Gaithersburg State MD Zip Code 20878

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

Name of Employer Video Networks, Inc. Occupation Technology System Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

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

Transaction ID: SA11A1.91957

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Margaret Crary

Mailing Address 8401 E Woodland Rd

City Tucson State AZ Zip Code 85749

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.91984

Amount of Each Receipt this Period
300.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Andrew M. Crisses

Mailing Address 1177 Avenue Of The Americas

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
Dickstein Shapiro Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: SA11A1.92001

Amount of Each Receipt this Period
2500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Joe Henry Cruz

Mailing Address 1504 Cedar St

City State Zip Code
Bastrop TX 78602

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2006

Transaction ID: SA11A1.92019

Amount of Each Receipt this Period
25.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Cummins

Mailing Address 2909 Garfield St NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: SA11A1.92033

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3025.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Robert E. Curley, Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 29 Huntingdon Farm Dr | | Transaction ID: SA11A1.92041 |
| City State Zip Code Glen Mills PA 19342 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Bernie Daleo | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 1550 Belvedere Dr | | Transaction ID: SA11A1.92058 |
| City State Zip Code Beaumont TX 77706 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation The James Street Group 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. Mrs. Stephanie R. Daleo | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 1550 Belvedere Dr | | Transaction ID: SA11A1.92060 |
| City State Zip Code Beaumont TX 77706 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Homemaker | 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) ▶ | 10100.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Robert T. Davis | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 2240 Washington St | | Transaction ID: SA11A1.92092 |
| City State Zip Code Lynn Haven FL 32444 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Joseph F. Davolio | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 2039 Chesapeake Rd | | Transaction ID: SA11A1.92097 |
| City State Zip Code Annapolis MD 21409 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Charmer Sunbelt Group Executive | 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. Mr. John P. Deblasio | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 310 N Belmont Ave | | Transaction ID: SA11A1.92126 |
| City State Zip Code Arlington Hts IL 60004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Self Business Owner | Aggregate Year-to-Date ▼ 1250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3300.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Dennis DeCoste

Mailing Address PO Box 14630

City State Zip Code
Scottsdale AZ 85267

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

Name of Employer Occupation
Destinator Technologies Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 21 / 2006

Transaction ID: SA11A1.92130

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. James H. De Kleinhans

Mailing Address PO Box 716

City State Zip Code
Hagerman ID 83332

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.92104

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Charles D. Del Cyr

Mailing Address 233 Newport Dr

City State Zip Code
Palm Springs CA 92264

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 24 / 2006

Transaction ID: SA11A1.92135

Amount of Each Receipt this Period
300.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5400.00 |
| 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 34 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Dr. Roger R. Delgado, Jr.

Mailing Address 10320 Cherry Ridge Rd

City State Zip Code
Sebastopol CA 95472

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

Name of Employer Self Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 24 / 2006

Transaction ID: SA11A1.92137

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Donald G. Delong

Mailing Address 206 San Miguel Cir

City State Zip Code
Placencia CA 92870

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

Name of Employer Northrop Grumman Occupation Aerospace Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.92140

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. W. Scott Ditch

Mailing Address 4661 Devon Path

City State Zip Code
Royal Oak MD 21662

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.92177

Amount of Each Receipt this Period
100.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| 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 35 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mrs. Lucy T. Doering

Mailing Address 1400 Waverly Rd
B-032

City Gladwyne State PA Zip Code 19035

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.92195

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Lucy T. Doering

Mailing Address 1400 Waverly Rd
B-032

City Gladwyne State PA Zip Code 19035

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.92196

Amount of Each Receipt this Period
100.00

Contribution

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

Mailing Address 14201 Cross Creek Dr

City Raleigh State NC Zip Code 27615

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.92197

Amount of Each Receipt this Period
150.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 350.00

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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Menard Doswell, IV

Mailing Address 3905 Monticello Dr

City State Zip Code
Fort Worth TX 76107

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: SA11A1.92218

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Steven M. Drucker

Mailing Address 5 La Colline Dr

City State Zip Code
Mill Neck NY 11765

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

Name of Employer Charmer Sunbelt Group Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: SA11A1.92235

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Joseph B. Dunn

Mailing Address 3038 Shadywood Rd

City State Zip Code
Columbus OH 43221

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

Name of Employer State of Ohio Occupation Legislative Liaison

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.92259

Amount of Each Receipt this Period
25.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4525.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Brewster J. Durkee

Mailing Address 5027 River Point Rd

City State Zip Code
Jacksonville FL 32207

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.92267

Amount of Each Receipt this Period
225.00

Contribution

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

Mailing Address 4523 Oakwood Ave

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Occupation
Mayer, Brown, Rowe, and Maul Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2006

Transaction ID: SA11A1.92269

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 15605 Gooseberry Ct

City State Zip Code
North Potomac MD 20878

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

Name of Employer Occupation
Affiniti Network Strategies Political Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 05 / 2006

Transaction ID: SA11A1.92274

Amount of Each Receipt this Period
100.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1325.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Eugene C. Edminster

Mailing Address 5754 E Grant Rd

City State Zip Code
Tucson AZ 85712

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.92293

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert H. Elliott

Mailing Address 1335 3rd Ave
Apt 322

City State Zip Code
Longview WA 98632

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

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

Transaction ID: SA11A1.92324

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Larry L. Emery

Mailing Address 851 N Glebe Rd
Apt 1701

City State Zip Code
Arlington VA 22203

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

Name of Employer Occupation
Self Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: SA11A1.92331

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Anita K. Epstein Mailing Address 2300 N St NW City Washington State DC Zip Code 20037 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 Transaction ID: SA11A1.92346 Amount of Each Receipt this Period 500.00 Contribution |
| Name of Employer: Pillsbury, Winthrop, Shaw, and Pittman Occupation: Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) The Hon. Melvyn J. Estrin Mailing Address 7200 Wisconsin Ave Ste 600 City Bethesda State MD Zip Code 20814 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.92358 Amount of Each Receipt this Period 5000.00 Contribution |
| Name of Employer: Estrin Intl. Occupation: Chairman & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Anthony Fano Mailing Address 5042 Fisher Island Dr City Miami Beach State FL Zip Code 33109 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.92379 Amount of Each Receipt this Period 100.00 Contribution |
| Name of Employer: Occupation: Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5600.00 |
| 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 40 / 258 (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)
STRAIGHT TALK AMERICA

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Mr. Peter A. Fasseas</p> <p>Mailing Address 1110 W 35th St</p> <p>City State Zip Code Chicago IL 60609</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Metro Bank Group Occupation Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.92392</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Mr. Georges A. Fauriol</p> <p>Mailing Address 2713 Berryland Dr</p> <p>City State Zip Code Oakton VA 22124</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer IRI Occupation Senior VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.92397</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Mr. Richard A. Feldon</p> <p>Mailing Address 8560 New England Ct</p> <p>City State Zip Code Cincinnati OH 45236</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.92401</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | |

| | |
|--|----------------|
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Lawrence D. Finder

Mailing Address 1221 McKinney St
Ste 2100

City State Zip Code
Houston TX 77010

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

Name of Employer Occupation
Haynes and Boone, LLP Attorney

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

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

Transaction ID: SA11A1.92423

Amount of Each Receipt this Period
3500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Marjorie Fisher

Mailing Address 8545 Carmel Valley Rd

City State Zip Code
Carmel CA 93923

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

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

Transaction ID: SA11A1.92440

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Cherie Flores

Mailing Address PO Box 1083

City State Zip Code
Houston TX 77251

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

Name of Employer Occupation
Homemaker

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

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

Transaction ID: SA11A1.92466

Amount of Each Receipt this Period
5000.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 8600.00 |
| 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 42 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. James C. Flores | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address PO Box 1083 | | Transaction ID: SA11A1.92468 |
| City State Zip Code Houston TX 77251 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Plains Exploration | Occupation CEO | |
| 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) Mr. Hugh W. Foster | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 |
| Mailing Address 2712 Broadway St | | Transaction ID: SA11A1.92497 |
| City State Zip Code San Francisco CA 94115 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Dr. Bryan K. Foy | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 6660 Shady Ln | | Transaction ID: SA11A1.92511 |
| City State Zip Code Burr Ridge IL 60527 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Self | Occupation Physician | |
| 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 43 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Mrs. Carolyn S. Francisco | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 6912 S Prince Cir | | Transaction ID: SA11A1.92514 | |
| City Littleton | State CO | Zip Code 80120 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Milburn Ken Freer | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 4226 Utah St Apt 20 | | Transaction ID: SA11A1.92533 | |
| City San Diego | State CA | Zip Code 92104 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Harold W. Furman, II | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 1750 H St NW Ste 600 | | Transaction ID: SA11A1.92562 | |
| City Washington | State DC | Zip Code 20006 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer The Furman Group | 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) ▶ | 5400.00 |
| 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 44 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. William J. Gallarda

Mailing Address 601 5th St

City State Zip Code
Corning CA 96021

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

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

Transaction ID: SA11A1.92590

Amount of Each Receipt this Period
375.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert T. Gannett

Mailing Address 619 Pleasant Valley Rd

City State Zip Code
Brattleboro VT 05301

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

Name of Employer Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11A1.92596

Amount of Each Receipt this Period
150.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. N. John Garcia

Mailing Address 50 Seagrass Ln

City State Zip Code
Isle Of Palms SC 29451

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.92599

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 625.00 |
| 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 45 / 258 |
| | (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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. John Erik Garr

Mailing Address **875 N Michigan Ave
Ste 3000**

City **Chicago** State **IL** Zip Code **60611**

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

Name of Employer **Diamond** Occupation **Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.92609

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Garthwait, Sr.

Mailing Address **PO Box 1367**

City **Waterbury** State **CT** Zip Code **06721**

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

Name of Employer **Cly-Del Mfg. Co.** Occupation **Chairman**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 4 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.92611

Amount of Each Receipt this Period
400.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. William H. Gates, III

Mailing Address **1 Microsoft Way**

City **Redmond** State **WA** Zip Code **98052**

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

Name of Employer **Microsoft Corp.** Occupation **Chairman and Chief Software Architect**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.92616

Amount of Each Receipt this Period
1000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2400.00 |
| 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 46 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. James Gielty | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 900 Adams Xing Ste 9700 | | Transaction ID: SA11A1.92652 |
| City State Zip Code Cincinnati OH 45202 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Riverfront Diversified, Inc. | Occupation Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Mr. Gilbert D. Gingold | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 311 Lake Pointe Dr | | Transaction ID: SA11A1.92668 |
| City State Zip Code Akron OH 44333 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. Gerald J. Glasser | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 159 Landsdowne Ave | | Transaction ID: SA11A1.92680 |
| City State Zip Code Westfield NJ 07090 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| 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) ▶ | 1600.00 |
| 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 47 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Robert B. Goodrich

Mailing Address 115 W Inlet Rd

City State Zip Code
Ocean City NJ 08226

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

Name of Employer Self Occupation
Computer Programmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 05 / 2006

Transaction ID: SA11A1.92708

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Gordon

Mailing Address 138 Cary Ave

City State Zip Code
Highland Park IL 60035

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

Name of Employer Duff and Phelps Occupation
Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2006

Transaction ID: SA11A1.92719

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey P. Gould

Mailing Address 73 Catspaw Cpe

City State Zip Code
Coronado CA 92118

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID: SA11A1.92730

Amount of Each Receipt this Period
25.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1125.00 |
| 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 48 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. E. Lloyd Graham

Mailing Address 4443 Moorpark Way
Apt 303

City Toluca Lake State CA Zip Code 91602

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.92733

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Elizabeth M. Graham

Mailing Address 1168 Hamptondale Ave

City Winnetka State IL Zip Code 60093

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

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11A1.92735

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Rev. William S. Graham

Mailing Address 1168 Hamptondale Ave

City Winnetka State IL Zip Code 60093

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11A1.92740

Amount of Each Receipt this Period
5000.00

Contribution

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10050.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms. Ilse M. Grainger | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 3050 Military Rd NW Apt 565 | | Transaction ID: SA11A1.92743 |
| City Washington | State DC | Amount of Each Receipt this Period 100.00 |
| Zip Code 20015 | Contribution | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Charles R. Grant | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 54 Gray Cliff Rd | | Transaction ID: SA11A1.92749 |
| City Newton | State MA | Amount of Each Receipt this Period 500.00 |
| Zip Code 02459 | Contribution | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Lexington Partners | Occupation Investor | |
| 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. Mrs. Katherine G. Green | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 |
| Mailing Address 4450 Dexter St NW | | Transaction ID: SA11A1.92767 |
| City Washington | State DC | Amount of Each Receipt this Period 5000.00 |
| Zip Code 20007 | Contribution | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Office of the Vice President | Occupation Staff 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) ▶ | 5600.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. James Greer | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 159 Dolores St Apt 4 | | Transaction ID: SA11A1.92782 |
| City State Zip Code San Francisco CA 94103 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Kongregate | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Mr. Donald H. Haider | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 |
| Mailing Address 5347 N Lakewood Ave | | Transaction ID: SA11A1.92837 |
| City State Zip Code Chicago IL 60640 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Northwestern University | Occupation Professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Mr. Richard T. Hale | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 6876 Casey Rd | | Transaction ID: SA11A1.92840 |
| City State Zip Code Mechanicsburg OH 43044 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Electric Eel Manufacturing Co., Inc. | Occupation Consultant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 475.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| 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 51 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Col. Harold H. Hall, Jr.

Mailing Address 18 Powder Creek Dr

City State Zip Code
Belleville IL 62223

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

Name of Employer Strano and Associates
Occupation Real Estate Salesperson

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

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

Transaction ID: SA11A1.92846

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Dennis P. Halpin

Mailing Address 10340 Latney Rd

City State Zip Code
Fairfax VA 22032

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

Name of Employer House of Representatives
Occupation Professional Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

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

Transaction ID: SA11A1.92861

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Ann Hammes

Mailing Address 18000 W Sarah Ln
Ste 250

City State Zip Code
Brookfield WI 53045

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

Name of Employer
Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: SA11A1.92876

Amount of Each Receipt this Period
5000.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5400.00 |
| 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 52 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Jon D. Hammes | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 18000 W Sarah Ln Ste 250 | | Transaction ID: SA11A1.92878 |
| City State Zip Code Brookfield WI 53045 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Hammes Co. | Occupation Healthcare Services | |
| 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) Mrs. Shirley A. Hansen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 1623 E Pickrell Dr | | Transaction ID: SA11A1.92886 |
| City State Zip Code Phoenix AZ 85042 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Mr. Warren D. Hanssen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 508 Claire Ln | | Transaction ID: SA11A1.92896 |
| City State Zip Code Prospect Heights IL 60070 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5300.00 |
| 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 53 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Floyd L. Harlan | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 9010 Tollhouse Rd | | Transaction ID: SA11A1.92912 | |
| City State Zip Code Clovis CA 93619 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self Occupation Farmer | | Aggregate Year-to-Date ▼ 270.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Donald W. Harris | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 1812 Navy St | | Transaction ID: SA11A1.92927 | |
| City State Zip Code Santa Monica CA 90405 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Mental Health Mgmt. Occupation CEO | | Aggregate Year-to-Date ▼ 2000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Gurnee F. Hart | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 133 E 64th St | | Transaction ID: SA11A1.92936 | |
| City State Zip Code New York NY 10021 | | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | Aggregate Year-to-Date ▼ 1350.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| 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 54 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Philip H. Haselton | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 25 Jefferson Ave | | Transaction ID: SA11A1.92948 | |
| City State Zip Code Short Hills NJ 07078 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 800.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Thomas B. Hayes | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address 17440 Holy Names Dr A322 | | Transaction ID: SA11A1.92976 | |
| City State Zip Code Lake Oswego OR 97034 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 800.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Michael S. Hazzard | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 1 Bishop Gadsden Way Apt 335 | | Transaction ID: SA11A1.92979 | |
| City State Zip Code Charleston SC 29412 | Amount of Each Receipt this Period 75.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 350.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 775.00 |
| 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 55 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Agust H. Helgason | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 2442 Glen Haven Blvd | | Transaction ID: SA11A1.93000 |
| City State Zip Code Houston TX 77030 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Audrey Hendershot | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 4434 Lilly Valley St | | Transaction ID: SA11A1.93009 |
| City State Zip Code Shawnee OK 74804 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. CAPT David W. Henderson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 17540 Tam O Shanter Dr | | Transaction ID: SA11A1.93010 |
| City State Zip Code Poway CA 92064 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 235.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 450.00 |
| 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 56 / 258 |
| | (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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
LTC John E. Hennessy

Mailing Address 5286 Prince Valiant

City San Antonio State TX Zip Code 78218

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.93013

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Raymond R. Herrmann, Jr.

Mailing Address 60 E 42nd St Rm 1915

City New York State NY Zip Code 10165

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

Name of Employer Occupation Charmer Sunbelt Group Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: SA11A1.93033

Amount of Each Receipt this Period
2500.00

Contribution

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

Mailing Address 95 High St

City Armonk State NY Zip Code 10504

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

Name of Employer Occupation Hunton Williams Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.93034

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2700.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. James Tomilson Hill, III | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 345 Park Ave 31st Fl | | Transaction ID: SA11A1.93068 |
| City State Zip Code New York NY 10154 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer The Blackstone Group | Occupation Sr. Managing Director | |
| 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) Mr. Roderick M. Hills | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 3125 Chain Bridge Rd NW | | Transaction ID: SA11A1.93075 |
| City State Zip Code Washington DC 20016 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Mr. Ben L. Holmes | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 6404 | | Transaction ID: SA11A1.93118 |
| City State Zip Code Ketchum ID 83340 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self | Occupation Consultant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10150.00 |
| 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 58 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. George E. Holmes

Mailing Address 9509 W Rolling Hills Dr

City State Zip Code
Sun City AZ 85351

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

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

Transaction ID: SA11A1.93119

Amount of Each Receipt this Period
40.00

Contribution

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

Mailing Address 2127 N Magnolia Ave Apt B

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
JKH Enterprises, Inc. Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.93123

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Benjamin C. Hubbard

Mailing Address 5155 Miami Rd

City State Zip Code
Cincinnati OH 45243

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

Name of Employer Occupation
Lexis-Nexis Computer Systems Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.93159

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1140.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. J. Lloyd Huck

Mailing Address 233 Lions Hill Rd

City State Zip Code
State College PA 16803

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 21 2006

Transaction ID: SA11A1.93162

Amount of Each Receipt this Period
1500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Tom Huening

Mailing Address 451 Cornell Ave

City State Zip Code
San Mateo CA 94402

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

Name of Employer Occupation
San Mateo County Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 24 2006

Transaction ID: SA11A1.93167

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
CDR Harry L. Huggins, USN

Mailing Address 9 Poulnot Ln

City State Zip Code
Charleston SC 29401

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

Name of Employer 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 Y
11 01 2006

Transaction ID: SA11A1.93174

Amount of Each Receipt this Period
100.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1850.00 |
| 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 / 258 |
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mrs. Margaret B. Humleker Mailing Address 633 Ledgeview Blvd City State Zip Code Fond du Lac WI 54935 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.93181 Amount of Each Receipt this Period 200.00 Contribution |
| Name of Employer Self Occupation Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. Steve Hunsicker Mailing Address 3083 Ordway St NW City State Zip Code Washington DC 20008 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.93189 Amount of Each Receipt this Period 500.00 Contribution |
| Name of Employer Baker Botts, LLP Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Richard L. Hunt Mailing Address 10634 Breedshill Dr City State Zip Code Cincinnati OH 45231 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: SA11A1.93194 Amount of Each Receipt this Period 100.00 Contribution |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| 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 61 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. R. Edward Ingle | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 2101 Arrowleaf Dr | | Transaction ID: SA11A1.93216 |
| City State Zip Code Vienna VA 22182 | Amount of Each Receipt this Period 4000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Microsoft | Occupation Gov't Affairs | |
| 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) Mr. Steven O. Ircha | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 6 Gramatan Ct | | Transaction ID: SA11A1.93218 |
| City State Zip Code Bronxville NY 10708 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self | Occupation Investor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. K. Dale Ireland | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 14008 Windsor St | | Transaction ID: SA11A1.93219 |
| City State Zip Code Leawood KS 66224 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 9050.00 |
| 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 62 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Kevin Jackson

Mailing Address PO Box 1001

City State Zip Code
Seligman AZ 86337

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

Name of Employer
Jackson Digital Imaging Corp.

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2006

Transaction ID: SA11A1.93235

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 5729 S Depew Cir

City State Zip Code
Littleton CO 80123

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

Name of Employer
Evergreen Energy, Inc.

Occupation
VP of Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2006

Transaction ID: SA11A1.93249

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Louis G. Jekel

Mailing Address 4215 N Drinkwater Blvd
Apt 324

City State Zip Code
Scottsdale AZ 85251

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

Name of Employer
Jekel and Howard, LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2006

Transaction ID: SA11A1.93271

Amount of Each Receipt this Period
250.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1250.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. George F. Jewett, Jr.

Mailing Address **2990 Broadway St**

City **San Francisco** State **CA** Zip Code **94115**

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

Name of Employer _____ Occupation **Retired**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: SA11A1.93282

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Lucille M. Jewett

Mailing Address **2990 Broadway St**

City **San Francisco** State **CA** Zip Code **94115**

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

Name of Employer _____ Occupation **Retired**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: SA11A1.93284

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Aubrey K. Johnson

Mailing Address **PO Box 5047**

City **Sun City West** State **AZ** Zip Code **85376**

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

Name of Employer _____ Occupation **Retired**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: SA11A1.93288

Amount of Each Receipt this Period
50.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2050.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Julius E. Johnson

Mailing Address 4625 Ponderosa Trl

City State Zip Code
Littleton CO 80125

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

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

Transaction ID: SA11A1.93304

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Johnson, IV

Mailing Address 630 5th Ave Ste 1510

City State Zip Code
New York NY 10111

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

Name of Employer Occupation
The Johnson Co. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11A1.93308

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Theodore R. Johnson, Jr.

Mailing Address PO Box 670

City State Zip Code
Freeland WA 98249

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

Transaction ID: SA11A1.93311

Amount of Each Receipt this Period
1500.00

Contribution

| | |
|--|----------------|
| 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 65 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Bruce O. Jolly, Jr.

Mailing Address 3790 N Dumbarton St

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Venable, LLP Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

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

Transaction ID: SA11A1.93319

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Albert M. Jones

Mailing Address 707 Old Swainsboro Rd

City State Zip Code
Twin City GA 30471

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

Name of Employer Occupation
Candler County Schools Teacher

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: SA11A1.93322

Amount of Each Receipt this Period
25.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Brice Cutrer Jones

Mailing Address PO Box 971

City State Zip Code
Ross CA 94957

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

Name of Employer Occupation
Self Farmer

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

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

Transaction ID: SA11A1.93327

Amount of Each Receipt this Period
2000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2125.00 |
| 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 66 / 258 |
| | (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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Jimmy G. Jones

Mailing Address 4406 Flexer Dr

City State Zip Code
Hernando Beach FL 34607

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

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

Transaction ID: SA11A1.93337

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Jenna Bailey Junell

Mailing Address 6235 Lynbrook Dr

City State Zip Code
Houston TX 77057

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

Name of Employer 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
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.93375

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. William Harrison Junell

Mailing Address 6235 Lynbrook Dr

City State Zip Code
Houston TX 77057

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

Name of Employer Occupation
Schwartz, Junell, and Gre- enberg Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: SA11A1.93377

Amount of Each Receipt this Period
5000.00

Contribution

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 10100.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Gerald P. Kaminsky

Mailing Address 605 3rd Ave

City State Zip Code
New York NY 10158

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

Name of Employer Occupation
Neuberger Berman, LLC Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: SA11A1.93390

Amount of Each Receipt this Period
1500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Martha L. Kasler

Mailing Address 8993 E 1500N Rd

City State Zip Code
Momence IL 60954

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11A1.93407

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. James D. Kelly

Mailing Address 345 S Chase St

City State Zip Code
Sierra Vista AZ 85635

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.93448

Amount of Each Receipt this Period
200.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2200.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Gordon L. Kennedy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 2999 Appaloosa Dr | | Transaction ID: SA11A1.93457 |
| City State Zip Code Lk Havasu Cty AZ 86406 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 325.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Gordon L. Kennedy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 2999 Appaloosa Dr | | Transaction ID: SA11A1.93458 |
| City State Zip Code Lk Havasu Cty AZ 86406 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Gordon L. Kennedy | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 2999 Appaloosa Dr | | Transaction ID: SA11A1.93459 |
| City State Zip Code Lk Havasu Cty AZ 86406 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 100.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Theodore Ketterer | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 10 Locke Rd | | Transaction ID: SA11A1.93469 | |
| City State Zip Code Waban MA 02468 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self Occupation Investment Manager | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Theodore Ketterer | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 10 Locke Rd | | Transaction ID: SA11A1.93470 | |
| City State Zip Code Waban MA 02468 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self Occupation Investment Manager | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 600.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Hon. William J. Kilberg | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 | |
| Mailing Address 1050 Connecticut Ave NW | | Transaction ID: SA11A1.93478 | |
| City State Zip Code Washington DC 20036 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Gibson, Dunn and Crutcher Occupation Attorney | | | |
| 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) ▶ | 5600.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Glen A. Kindler | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 2564 Edgerock Rd | | Transaction ID: SA11A1.93485 |
| City Reno | State NV | Zip Code 89519 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 550.00 |
| Name of Employer | Occupation Retired | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. James W. Kinnear, III | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 149 Taconic Rd | | Transaction ID: SA11A1.93494 |
| City Greenwich | State CT | Zip Code 06831 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Texaco | Occupation Director | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. John R. Knudson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 26201 S Cloverland Dr | | Transaction ID: SA11A1.93534 |
| City Sun Lakes | State AZ | Zip Code 85248 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer | Occupation Retired | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1150.00 |
| 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 71 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. John D. Kohnke

Mailing Address **2224 Armada Way**

City **San Mateo** State **CA** Zip Code **94404**

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

Name of Employer **Banta Corp.** Occupation **Sales Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.93551

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Olive Kurtz

Mailing Address **PO Box 97**

City **Underwood** State **WA** Zip Code **98651**

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

Name of Employer Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

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

Transaction ID: SA11A1.93611

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. James R. Lambert

Mailing Address **5096 Antelope Dr**

City **Fort Mohave** State **AZ** Zip Code **86426**

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

Name of Employer **Self** Occupation **Airport Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 9 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.93627

Amount of Each Receipt this Period
250.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. James R. Lancaster | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 3 Goose Lake Dr | | Transaction ID: SA11A1.93636 | |
| City State Zip Code Barrington IL 60010 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Ray F. Larson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 823 Rosarita Dr | | Transaction ID: SA11A1.93658 | |
| City State Zip Code Fullerton CA 92835 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 275.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Robert Lee Larson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 640 St Andrews Dr | | Transaction ID: SA11A1.93660 | |
| City State Zip Code Dayton NV 89403 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 550.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Robert Lee Larson

Mailing Address 640 St Andrews Dr

City State Zip Code
Dayton NV 89403

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: SA11A1.93661

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Doreen Layden

Mailing Address 680 W Prairie St
Apt 255

City State Zip Code
Sequim WA 98382

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: SA11A1.93686

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Lewis W. Lehr

Mailing Address 10040 E Happy Valley Rd
Unit 604

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.93720

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Donald F. Liebert | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 129 Highview Ave | | Transaction ID: SA11A1.93762 | |
| City State Zip Code Nanuet NY 10954 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Donald F. Liebert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 129 Highview Ave | | Transaction ID: SA11A1.93763 | |
| City State Zip Code Nanuet NY 10954 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 350.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Prof. James W. Liebert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 2302 E Hampton St | | Transaction ID: SA11A1.93764 | |
| City State Zip Code Tucson AZ 85719 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Professor | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mrs. Priscilla H. Llewellyn

Mailing Address 6470 Post Rd
Apt 208

City State Zip Code
Dublin OH 43016

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

Name of Employer 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
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.93799

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Jane B. Long

Mailing Address 300 San Gabriel Village Blvd
Apt 110

City State Zip Code
Georgetown TX 78626

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

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

Transaction ID: SA11A1.93811

Amount of Each Receipt this Period
150.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey S. Long

Mailing Address 4228 Winding Creek Rd

City State Zip Code
Manlius NY 13104

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

Name of Employer Occupation
United States Air Force Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11A1.93813

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. James W. Loomis | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 11240 Graton Rd | | Transaction ID: SA11A1.93819 | |
| City State Zip Code Sebastopol CA 95472 | Amount of Each Receipt this Period 350.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | Aggregate Year-to-Date ▼ 350.00 | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Robert W. Lundeen | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address PO Box 223 | | Transaction ID: SA11A1.93862 | |
| City State Zip Code Deer Harbor WA 98243 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | Aggregate Year-to-Date ▼ 2000.00 | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Walter Mack, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 225 Central Park W Apt 1401 | | Transaction ID: SA11A1.93894 | |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Doar, Rieck, Kaley, and Mack Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney | Aggregate Year-to-Date ▼ 1350.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1400.00 |
| 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 77 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Gregory B. Maffei

Mailing Address 12300 Liberty Blvd

City State Zip Code
Englewood CO 80112

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

Name of Employer: Liberty Media Corp. Occupation: President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 22 / 2006

Transaction ID: SA11A1.93908

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Sharon Maffei

Mailing Address 12300 Liberty Blvd

City State Zip Code
Englewood CO 80112

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

Name of Employer 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
11 / 22 / 2006

Transaction ID: SA11A1.93910

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address 718 Lacy Ln

City State Zip Code
Las Vegas NV 89107

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

Name of Employer: General Growth Occupation: Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2006

Transaction ID: SA11A1.93915

Amount of Each Receipt this Period
300.00

Contribution

| | |
|--|-----------------|
| 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 78 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. James A. Mahoney, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 4905 Cumberland Ave | | Transaction ID: SA11A1.93919 | |
| City State Zip Code Chevy Chase MD 20815 | | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self Occupation Museum Consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Gini Malaspina | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 133 Shipley Ave | | Transaction ID: SA11A1.93929 | |
| City State Zip Code Daly City CA 94015 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 225.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Dr. John E. Mann | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 10320 Bounds Ave | | Transaction ID: SA11A1.93938 | |
| City State Zip Code Philadelphia MS 39350 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self Occupation Physician | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 275.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mrs. Katherine G. Mann

Mailing Address 420 Stonehouse Rd

City State Zip Code
Williamsburg VA 23188

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID: SA11A1.93939

Amount of Each Receipt this Period
600.00

Contribution

B. Full Name (Last, First, Middle Initial)
Rev. Kenneth W. Mann

Mailing Address 32 Tallman Ave

City State Zip Code
Nyack NY 10960

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.93940

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. E. Barry Mansur

Mailing Address 875 N Michigan Ave Ste 3620

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Mansur and Co. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2006

Transaction ID: SA11A1.93950

Amount of Each Receipt this Period
1000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1650.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Said A. Maqsoodi

Mailing Address PO Box 312

City State Zip Code
Annandale VA 22003

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

Name of Employer L3 Titan Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 25 2006

Transaction ID: SA11A1.93953

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Joseph C. Martarella

Mailing Address 60 E 42nd St Rm 1915

City State Zip Code
New York NY 10165

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

Name of Employer Charmer Sunbelt Group Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 03 2006

Transaction ID: SA11A1.93973

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Alex A. Martella

Mailing Address 115 Forestview Dr

City State Zip Code
Bensenville IL 60106

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

Name of Employer Maple Roll, Inc. Occupation Sales Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 03 2006

Transaction ID: SA11A1.93975

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3050.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Kathryn L. Martin | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 309 W 78th St Apt 3 | | Transaction ID: SA11A1.93982 |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer SPG, Inc. | Occupation Salesperson | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Capt. Eugene M. Masica, USN | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 37 S Saint Andrews Dr | | Transaction ID: SA11A1.93996 |
| City State Zip Code Ormond Beach FL 32174 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 305.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. Gregory Matzel | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6 |
| Mailing Address 21 Brandywine Ln | | Transaction ID: SA11A1.94026 |
| City State Zip Code Colts Neck NJ 07722 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Matzel Development | Occupation President | |
| 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) ▶ | 2070.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Leslie E. McClelland | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address PO Box 310 | | Transaction ID: SA11A1.91838 | |
| City Lancaster | State OH | Amount of Each Receipt this Period 750.00 | |
| Zip Code 43130 | | Contribution | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer The Cyril Scott Company | Occupation Executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Robert E. McNeilly, Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 505 Jackson Blvd | | Transaction ID: SA11A1.94147 | |
| City Nashville | State TN | Amount of Each Receipt this Period 500.00 | |
| Zip Code 37205 | | Contribution | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| 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. Dr. Larry T. McPherson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 | |
| Mailing Address 44241 15th St W Ste 204 | | Transaction ID: SA11A1.94150 | |
| City Lancaster | State CA | Amount of Each Receipt this Period 50.00 | |
| Zip Code 93534 | | Contribution | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | | Occupation Audiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1300.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. William Meier | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 1014 Arno Rd | | Transaction ID: SA11A1.94161 | |
| City State Zip Code Kansas City MO 64113 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Gregory J. Melikian | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 3800 E Lincoln Dr Unit 16 | | Transaction ID: SA11A1.94168 | |
| City State Zip Code Phoenix AZ 85018 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Self Melikian Enterprises | | | |
| 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) Mr. Gary Melius | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 | |
| Mailing Address 135 W Gate Dr | | Transaction ID: SA11A1.94169 | |
| City State Zip Code Huntington NY 11743 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Oheka Mgmt. Co. 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) ▶ | 1350.00 |
| 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 84 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Stephen E. Meresman | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 60 E 42nd St Rm 1915 | | Transaction ID: SA11A1.94179 |
| City State Zip Code New York NY 10165 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Charmer Sunbelt Group Executive | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Mr. Charles Merinoff | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 60 E 42nd St Rm 1915 | | Transaction ID: SA11A1.94182 |
| City State Zip Code New York NY 10165 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Charmer Sunbelt Group Executive | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. Lorne Michaels | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1619 Broadway | | Transaction ID: SA11A1.94217 |
| City State Zip Code New York NY 10019 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation SNL Executive Producer | 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) ▶ | 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 85 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Dr. Gene E. Michel | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 1490 Northridge Dr | | Transaction ID: SA11A1.94218 | |
| City State Zip Code Cherokee IA 51012 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | 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. Dr. Gene E. Michel | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 1490 Northridge Dr | | Transaction ID: SA11A1.94219 | |
| City State Zip Code Cherokee IA 51012 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 350.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Gene E. Michel | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 1490 Northridge Dr | | Transaction ID: SA11A1.94220 | |
| City State Zip Code Cherokee IA 51012 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 450.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 300.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Ramon K. Mielke

Mailing Address 2335 Patriot Hts
Apt 2310

City State Zip Code
Colorado Springs CO 80904

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

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

Transaction ID: SA11A1.94223

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Eric T. Miller

Mailing Address 5462 Quail Way

City State Zip Code
Carmel CA 93923

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

Name of Employer Occupation
Self Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: SA11A1.94234

Amount of Each Receipt this Period
200.00

Contribution

C. Full Name (Last, First, Middle Initial)
COL Joseph F. Mistrot

Mailing Address 425 Jamestown Dr

City State Zip Code
Garland TX 75043

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.94262

Amount of Each Receipt this Period
100.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 350.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
COL Joseph F. Mistrot

Mailing Address 425 Jamestown Dr

City State Zip Code
Garland TX 75043

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

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

Transaction ID: SA11A1.94263

Amount of Each Receipt this Period
70.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. George B. Mock

Mailing Address PO Box 393

City State Zip Code
Mattapoisett MA 02739

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

Name of Employer Occupation
Nye Lubricants, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.94273

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. William S. Moore, Jr.

Mailing Address 511 Wildbrook Ln

City State Zip Code
Birmingham AL 35216

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.94301

Amount of Each Receipt this Period
400.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 520.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CAPT Robert P. Morf | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 250 Pantops Mountain Rd Apt 5226 | | Transaction ID: SA11A1.94326 |
| City State Zip Code Charlottesville VA 22911 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Henry S. Morgan | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 6 Louden Ln | | Transaction ID: SA11A1.94331 |
| City State Zip Code Annapolis MD 21401 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. John A. Moritz | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 1520 Pinewood Dr | | Transaction ID: SA11A1.94340 |
| City State Zip Code Benton AR 72019 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 550.00 |
| 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 89 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. Robert Mullin | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 333 E 53rd St Apt PHC | | Transaction ID: SA11A1.94388 |
| City State Zip Code New York NY 10022 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Duquesne Capital Mgmt. | Occupation Financial Analyst | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Joohee Lee Muromcew | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 1071 | | Transaction ID: SA11A1.94404 |
| City State Zip Code Ross CA 94957 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self | Occupation Writer | |
| 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) Mr. Kevin Murphy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 |
| Mailing Address 2885 Woodside St Apt 201 | | Transaction ID: SA11A1.94411 |
| City State Zip Code Dallas TX 75204 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Exxon Mobil | Occupation Advisor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| 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 90 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Ms. Susan Murphy

Mailing Address 36 Planters Field Ln

City State Zip Code
Hingham MA 02043

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

Name of Employer
Wilmer, Cutler, Pickering, and Hale

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 05 / 2006

Transaction ID: SA11A1.94414

Amount of Each Receipt this Period
25.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Gary G. Nakamoto

Mailing Address 1749 Old Meadow Rd Ste 500

City State Zip Code
McLean VA 22102

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

Name of Employer
Base Technologies, Inc.

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 22 / 2006

Transaction ID: SA11A1.94440

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. William Nash, Jr.

Mailing Address 701 SW 173rd Ln

City State Zip Code
Pembroke Pines FL 33029

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

Name of Employer
William R. Nash, Inc.

Occupation
COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 19 / 2006

Transaction ID: SA11A1.94442

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5525.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Jay A. Neal | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 6258 Twin Lake Dr | | Transaction ID: SA11A1.94450 |
| City San Diego | State CA | Zip Code 92119 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Retired | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. William C. Neuendorf | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 6 |
| Mailing Address 590 Camino Mojado | | Transaction ID: SA11A1.94463 |
| City Sierra Vista | State AZ | Zip Code 85635 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer General Dynamics | Occupation Electronics Engineer | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1350.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. R. Keith Newlon | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 1430 E Calle Coro | | Transaction ID: SA11A1.94472 |
| City Sierra Vista | State AZ | Zip Code 85650 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Pioneer Title Agency | Occupation Manager | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 450.00 |
| 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 92 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Trung Nguyen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 12271 Oakwood St | | Transaction ID: SA11A1.94483 | |
| City State Zip Code Garden Grove CA 92840 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Aerospace Corp. Engineer | 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. Mr. Gerald L. Nichols | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address 4548 Mundy Dr | | Transaction ID: SA11A1.94488 | |
| City State Zip Code Jacksonville FL 32207 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. James B. Nicholson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 | |
| Mailing Address 10900 Harper Ave | | Transaction ID: SA11A1.94491 | |
| City State Zip Code Detroit MI 48213 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation PVS Chemicals President & CEO | 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) ▶ | 5350.00 |
| 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 93 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Earlene C. Nickoloff | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 254 Emmons Blvd | | Transaction ID: SA11A1.94492 | |
| City State Zip Code Wyandotte MI 48192 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 265.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Earlene C. Nickoloff | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 254 Emmons Blvd | | Transaction ID: SA11A1.94493 | |
| City State Zip Code Wyandotte MI 48192 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 315.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Robert A. Nova | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 13702 179th Ave SE | | Transaction ID: SA11A1.94509 | |
| City State Zip Code Monroe WA 98272 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | | |
| 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) ▶ | 325.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Robert A. Nova | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 13702 179th Ave SE | | Transaction ID: SA11A1.94510 | |
| City State Zip Code Monroe WA 98272 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Margaret P. Nuttle | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 6020 Shipyard Ln | | Transaction ID: SA11A1.94523 | |
| City State Zip Code Easton MD 21601 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Homemaker | 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. Ms. Maria S. O'Leary | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 4300 W River Pkwy Apt 309 | | Transaction ID: SA11A1.94549 | |
| City State Zip Code Minneapolis MN 55406 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 275.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1275.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Ms. Maria S. O'Leary

Mailing Address 4300 W River Pkwy
Apt 309

City State Zip Code
Minneapolis MN 55406

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.94550

Amount of Each Receipt this Period
25.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. Oetting

Mailing Address 8668 Skyline Dr
Apt 5223

City State Zip Code
Dallas TX 75243

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.94543

Amount of Each Receipt this Period
75.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Donald R. Olson

Mailing Address 18325 NE Fairview Dr

City State Zip Code
Dundee OR 97115

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

Name of Employer Occupation
Torii Mor Vineyard and Winery Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.94555

Amount of Each Receipt this Period
1000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1100.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
CMDR Mary E. Owens

Mailing Address 7035 E Russell St

City State Zip Code
Mesa AZ 85207

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

Name of Employer Occupation
Planned Parenthood Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: SA11A1.94585

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Arthur B. Pacheco, Jr.

Mailing Address 281 W Golf View Dr

City State Zip Code
Tucson AZ 85737

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

Name of Employer Occupation
Self Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.94589

Amount of Each Receipt this Period
225.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Bonnie C. Pankalla

Mailing Address 42 Sanchez Way

City State Zip Code
Hot Springs Villag AR 71909

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.94601

Amount of Each Receipt this Period
75.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Ronald Parsons | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 3000 W Auburn Hills St | | Transaction ID: SA11A1.94617 |
| City State Zip Code Sioux Falls SD 57108 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Johnson, Heidepriem, Miner, et al. | Occupation Attorney | |
| 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. Mr. Jack Pasini | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 |
| Mailing Address 39 W Wildwood Rd | | Transaction ID: SA11A1.94622 |
| City State Zip Code Saddle River NJ 07458 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Pfizer | Occupation Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. David F. Pawlowski | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address PO Box 1109 | | Transaction ID: SA11A1.94642 |
| City State Zip Code Midland MI 48641 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer The Dow Chemical Co. | Occupation Sr. Research Engineer | |
| 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) ▶ | 1050.00 |
| 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 98 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Leslie T. Peart

Mailing Address 1143 La Casa Dr

City State Zip Code
San Marcos CA 92078

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.94653

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert C. Pelletier

Mailing Address 200 W Palmetto Park Rd Ste 200

City State Zip Code
Boca Raton FL 33432

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

Name of Employer Commodity Systems, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.94662

Amount of Each Receipt this Period
150.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Gilman Perkins

Mailing Address 3 Brownell Ln

City State Zip Code
Pittsford NY 14534

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

Name of Employer Cobblestone Capital Advisors Occupation Investment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.94674

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 350.00 |
| 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 99 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|-------------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Charles A. Peruchini | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 311 S Wacker Dr Ste 4200 | | Transaction ID: SA11A1.94691 | |
| City Chicago | State IL | Zip Code 60606 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Duff and Phelps, LLC | Occupation Business Developer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Edward Peterson | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 842 East Villa Street | | Transaction ID: SA11A1.94706 | |
| City Pasadena | State CA | Zip Code 91101 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Self | Occupation Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Linda Phelps | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 | |
| Mailing Address 1009 Basil Rd | | Transaction ID: SA11A1.94722 | |
| City McLean | State VA | Zip Code 22101 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Phelps Enterprises | Occupation Senior VP | | |
| 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) ▶ | 6300.00 |
| 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 100 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Elliott W. Phillips | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 1615 S Bryan St Apt 2 | | Transaction ID: SA11A1.94728 |
| City State Zip Code Amarillo TX 79102 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 700.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Hugh M. Pierce | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address PO Box 3209 | | Transaction ID: SA11A1.94735 |
| City State Zip Code Palm Beach FL 33480 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer 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) C. Ms. Patricia A. Pierce | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 |
| Mailing Address 4616 E Pebble Ridge Rd | | Transaction ID: SA11A1.94737 |
| City State Zip Code Paradise Valley AZ 85253 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Occupation Retired | 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) ▶ | 1550.00 |
| 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 101 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mrs. Carole Pittelman

Mailing Address 1385 York Ave

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Glenwood Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.94763

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Gary M. Polland

Mailing Address 5309 Braeburn Dr

City State Zip Code
Bellaire TX 77401

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

Name of Employer Occupation
Texas Strategies Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11A1.94775

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Lawrence E. Posner

Mailing Address 633 Round Hill Rd

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Bayer Corp. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11A1.94797

Amount of Each Receipt this Period
150.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3150.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mrs. Charles S. Potter

Mailing Address 476 S Beach Rd

City State Zip Code
Hobe Sound FL 33455

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: SA11A1.94800

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Isabel R. Potter

Mailing Address 116 E 66th St

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

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

Transaction ID: SA11A1.94801

Amount of Each Receipt this Period
300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Linda M. Powers

Mailing Address 1323 W Pratt Blvd # 3

City State Zip Code
Chicago IL 60626

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

Name of Employer Occupation
CNA Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.94812

Amount of Each Receipt this Period
200.00

Contribution

| | | |
|--|---|---------|
| 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 103 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Ms. Linda M. Powers

Mailing Address 1323 W Pratt Blvd
3

City State Zip Code
Chicago IL 60626

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

Name of Employer CNA Occupation Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: SA11A1.94813

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Paul J. Prechel

Mailing Address PO Box 358

City State Zip Code
Coolidge AZ 85228

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.94818

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Joseph T. Price

Mailing Address 3224 Country Club Rd
Apt 1

City State Zip Code
Birmingham AL 35213

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

Name of Employer Three Cities Research Occupation Private Equity Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: SA11A1.94826

Amount of Each Receipt this Period
250.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 350.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Russell C. Proctor, III

Mailing Address 222 66th St

City State Zip Code
Virginia Bch VA 23451

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

Name of Employer Occupation
Eli Lilly and Co. Government Relations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: SA11A1.94837

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. David E. Proffer

Mailing Address PO Box 959

City State Zip Code
South Pasadena CA 91031

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

Name of Employer Occupation
VCA Antech, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.94838

Amount of Each Receipt this Period
290.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Gary Raff

Mailing Address 16095 Saint Croix Cir

City State Zip Code
Huntington Beach CA 92649

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2006

Transaction ID: SA11A1.94867

Amount of Each Receipt this Period
50.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1340.00 |
| 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 105 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Ronald Ragonetti | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address 24 Van Dam Rd | | Transaction ID: SA11A1.94871 | |
| City State Zip Code Hyde Park NY 12538 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation IBM Engineer | 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. Mr. Ronald Ragonetti | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address 24 Van Dam Rd | | Transaction ID: SA11A1.94872 | |
| City State Zip Code Hyde Park NY 12538 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation IBM Engineer | Aggregate Year-to-Date ▼ 350.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Beverly J. Reed | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 1215 19th St NW 3rd Fl | | Transaction ID: SA11A1.94918 | |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Homemaker | 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) ▶ | 2700.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Paul M. Reiss

Mailing Address 70 Hillcrest Rd

City State Zip Code
West Caldwell NJ 07006

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

Name of Employer Occupation
Hartford Life Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.94944

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Michael Reynolds

Mailing Address 4215 Wynnwood Dr

City State Zip Code
Annandale VA 22003

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

Name of Employer Occupation
U.S. Dept. of Transportation Government Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 19 / 2006

Transaction ID: SA11A1.94961

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 1589 Brice Rd

City State Zip Code
Reynoldsburg OH 43068

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

Name of Employer Occupation
Horizon Business Solutions, Inc. Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID: SA11A1.95017

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) **600.00**

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 107 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Ted G. Roden

Mailing Address 2522 Bobwhite Dr

City State Zip Code
Odessa TX 79761

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

Name of Employer 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 Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.95025

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Abb L. Roquemore, III

Mailing Address 303 Card Dr

City State Zip Code
Lufkin TX 75901

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

Name of Employer Occupation
Self Retail

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.95053

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Solon L. Rosenblatt

Mailing Address 1 Drakes View Cir
Apt 275

City State Zip Code
Greenbrae CA 94904

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11A1.95062

Amount of Each Receipt this Period
200.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Michael K. Rozen

Mailing Address **780 3rd Ave
Rm 2202**

City **New York** State **NY** Zip Code **10017**

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

Name of Employer **Feinberg Group, LLC** 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 |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.95082

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. W. Ryan

Mailing Address **150 N Michigan Ave
Ste 2100**

City **Chicago** State **IL** Zip Code **60601**

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

Name of Employer **Interactive Metronome** 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 |
| 1 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.95107

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Robert M. Ryan, Sr.

Mailing Address **PO Box 246**

City **Bay Head** State **NJ** Zip Code **08742**

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

Name of Employer **Self** Occupation **Investor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.95109

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|----------------|
| 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 109 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Charles H. Salisbury, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 300 E Lombard St Ste 620 | | Transaction ID: SA11A1.95126 |
| City Baltimore | State MD | Zip Code 21202 |
| Amount of Each Receipt this Period 565.00 | | Contribution |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Salisbury Broadcasting Co- rp. | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 940.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ms. Constanta E. Samborschi | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address PO Box 736 | | Transaction ID: SA11A1.95131 |
| City Cambridge | State MD | Zip Code 21613 |
| Amount of Each Receipt this Period 250.00 | | Contribution |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University of Maryland | Occupation Pharmacist | |
| 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. Mr. Matt D. Sample | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 272 E Deerpath Rd Ste 220 | | Transaction ID: SA11A1.95133 |
| City Lake Forest | State IL | Zip Code 60045 |
| Amount of Each Receipt this Period 5000.00 | | Contribution |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Sample and Cross Capital Mgmt. | Occupation Hedge Fund 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) ▶ | 5815.00 |
| 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 110 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. COL Edwin S. Schick, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 55056 Country Clb PO Box 997 | | Transaction ID: SA11A1.95164 | |
| City Yucca Valley | State CA | Zip Code 92286 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Stephen E. Schmitt | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 305 Era Dr | | Transaction ID: SA11A1.95178 | |
| City Northbrook | State IL | Zip Code 60062 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Intech Direct | Occupation Manager | 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. COL James J. Schnitzer, Ret. | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 5410 E Hawthorne St | | Transaction ID: SA11A1.95185 | |
| City Tucson | State AZ | Zip Code 85711 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1150.00 |
| 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 111 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
COL James J. Schnitzer, Ret.

Mailing Address 5410 E Hawthorne St

City Tucson State AZ Zip Code 85711

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

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

Transaction ID: SA11A1.95186

Amount of Each Receipt this Period
75.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Jan G. Schotman

Mailing Address 108 Dorothy Ln

City Indian Harbour Bea State FL Zip Code 32937

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: SA11A1.95192

Amount of Each Receipt this Period
105.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Henry C. Schrader

Mailing Address 10234 Democracy Ln

City Potomac State MD Zip Code 20854

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

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

Transaction ID: SA11A1.95195

Amount of Each Receipt this Period
40.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Theodore A. Schumaker

Mailing Address 12719 NE 32nd St

City State Zip Code
Bellevue WA 98005

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.95206

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. June M. Schweer

Mailing Address PO Box 460658

City State Zip Code
Leeds UT 84746

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: SA11A1.95215

Amount of Each Receipt this Period
75.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Paul A. Seid

Mailing Address 22 Woodhaven Dr

City State Zip Code
New City NY 10956

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

Name of Employer Occupation
Sultan Chemists, Inc. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2006

Transaction ID: SA11A1.95230

Amount of Each Receipt this Period
500.00

Contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 625.00 |
| 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 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. James E. Sharp | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 10226 Carroll PI | | Transaction ID: SA11A1.95253 | |
| City Kensington | State MD | Zip Code 20895 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Sharp and Grove | Occupation Attorney | | |
| 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. Mr. John W. Shaw | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 150 Hipkins Rd | | Transaction ID: SA11A1.95260 | |
| City West Grove | State PA | Zip Code 19390 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Young, Conaway, Stargate & Taylor, LLP | 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. Mrs. Muriel B. Sheppe | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 15 Weeks Rd | | Transaction ID: SA11A1.95279 | |
| City Owls Head | State ME | Zip Code 04854 | Amount of Each Receipt this Period 75.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5575.00 |
| 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 114 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. John E. Shick

Mailing Address 28688 Skyway Dr

City State Zip Code
Ranchita CA 92066

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.95284

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. George F. Shirley

Mailing Address 11543 N Eagle Peak Dr

City State Zip Code
Tucson AZ 85737

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.95289

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
Adm. Roger O. Simon

Mailing Address 4801 Lightkeepers Way
Unit 17D

City State Zip Code
Little River SC 29566

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.95316

Amount of Each Receipt this Period
50.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. John T. Smith

Mailing Address 3714 Drummond St

City State Zip Code
Houston TX 77025

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.95366

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Marilyn P. Smith

Mailing Address 1500 N Markdale Unit 13

City State Zip Code
Mesa AZ 85201

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.95376

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Richard W. Smith

Mailing Address PO Box 101400

City State Zip Code
Nashville TN 37224

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

Name of Employer Occupation
Superior Fire Protection Salesperson

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.95382

Amount of Each Receipt this Period
250.00

Contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 550.00 |
| 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 116 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Walter O. Smith, III

Mailing Address 5 Red Fox Ln

City Richmond State VA Zip Code 23228

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

Name of Employer Primerica Occupation Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.95387

Amount of Each Receipt this Period
 50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Richard Snyder

Mailing Address 2016 Valleyview Dr

City Ann Arbor State MI Zip Code 48105

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

Name of Employer Ardesta Occupation 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
 1 0 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.95402

Amount of Each Receipt this Period
 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Gerald R. Sobeck

Mailing Address 1055 Ridgemont Dr

City Milpitas State CA Zip Code 95035

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

Name of Employer Self Occupation Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

Transaction ID: SA11A1.95403

Amount of Each Receipt this Period
 50.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| 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 117 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. John Somerville | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 174 Buttonwood Dr | | Transaction ID: SA11A1.95410 | |
| City State Zip Code Fair Haven NJ 07704 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 240.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Yunho Song | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 610 Newport Center Dr Ste 300 | | Transaction ID: SA11A1.95412 | |
| City State Zip Code Newport Beach CA 92660 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Blue Crest Newport, LLC Principal & COO | 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. Prof. Madeline Soudee | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 2325 20th St NW | | Transaction ID: SA11A1.95420 | |
| City State Zip Code Washington DC 20009 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Georgetown University Associate Professor | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5100.00 |
| 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 118 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Jason W. Speer | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 32 Blue Stem Ct | | Transaction ID: SA11A1.95438 | |
| City State Zip Code Streamwood IL 60107 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Quality Float-Works, Inc. VP | 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. Mr. Michael D. Stanton-Hicks | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 11405 Clearfield Ln | | Transaction ID: SA11A1.95478 | |
| City State Zip Code Chardon OH 44024 | Amount of Each Receipt this Period 75.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation CCF Vice Chairman | 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. Mr. David H. Stashik | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 1507 Edith St | | Transaction ID: SA11A1.95487 | |
| City State Zip Code Berkeley CA 94703 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Self Exercise Physiologist | Aggregate Year-to-Date ▼ 375.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5125.00 |
| 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 119 / 258 |
| | (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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. James W. Stevens

Mailing Address **450 Park Ave
Fl 6**

City State Zip Code
New York NY 10022

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

Name of Employer Self Occupation
Financial Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

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

Transaction ID: SA11A1.95518

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address **34 Saddle Ridge Rd**

City State Zip Code
Andover NJ 07821

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

Name of Employer Pitney Hardin, LLP Occupation
Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

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

Transaction ID: SA11A1.95559

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Geneva R. Streeer

Mailing Address **362 Bahia Vista Dr**

City State Zip Code
Indian Rocks Beach FL 33785

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

Name of Employer 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
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.95567

Amount of Each Receipt this Period
500.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1250.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mrs. Nancy Sugahara | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address 213 Blue Mill Rd | | Transaction ID: SA11A1.95575 | |
| City State Zip Code Morristown NJ 07960 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Homemaker | 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. Mr. Robert W. Sullivan | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 13337 Fieldstone Way | | Transaction ID: SA11A1.95582 | |
| City State Zip Code Gainesville VA 20155 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Self Attorney | 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) C. Lt. Col. Wilfred A. Sumner | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 4049 Hockaday Dr | | Transaction ID: SA11A1.95587 | |
| City State Zip Code Dallas TX 75229 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 400.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|-------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) Mr. Steven A. Tananbaum | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 300 Park Ave 21st Fl | | Transaction ID: SA11A1.95627 |
| City State Zip Code New York NY 10022 | | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Golden Tree Asset Mgmt., LP | Occupation CEO & CIO | |
| 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) Mr. A. Robert Taylor | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 229 Lovely Ln | | Transaction ID: SA11A1.95637 |
| City State Zip Code Asheville NC 28803 | | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self | Occupation Management Consultant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Dr. Paul E. Teschan | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 2710 Hemingway Dr | | Transaction ID: SA11A1.95660 |
| City State Zip Code Nashville TN 37215 | | Amount of Each Receipt this Period 200.00 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5300.00 |
| 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 122 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. The Hon. James R. Thompson, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 33 E Bellevue Pl Ph W7 | | Transaction ID: SA11A1.95695 | |
| City Chicago State IL Zip Code 60611 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Winston and Strawn, LLP | Occupation Chairman | | |
| 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. Mr. Robert E. Thompson | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address 3714 E Orange Dr | | Transaction ID: SA11A1.95700 | |
| City Phoenix State AZ Zip Code 85018 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Dick F. Thornburgh | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 259 Bowman Rd | | Transaction ID: SA11A1.95705 | |
| City Hamilton State MT Zip Code 59840 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2125.00 |
| 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 123 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Laurence Tien | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 3305 Pebble Beach Ln | | Transaction ID: SA11A1.95717 | |
| City State Zip Code Pearland TX 77584 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Self Occupation Attorney | 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) Mr. M. W. Tilghman | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 5414 Cherry Hill Ln | | Transaction ID: SA11A1.95720 | |
| City State Zip Code Salisbury MD 21801 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. John T. Toland | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 2325 43rd Ave E Apt 301 | | Transaction ID: SA11A1.95727 | |
| City State Zip Code Seattle WA 98112 | Amount of Each Receipt this Period 150.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 350.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5200.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. John S. Tolmie, Jr.

Mailing Address 688 Kinoole St
Ste 120

City Hilo State HI Zip Code 96720

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

Name of Employer Laupahoehoe Farms, Ltd. Occupation Real Estate Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11A1.95729

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Jo Tomlinson

Mailing Address 7820 Leisure Town Rd

City Vacaville State CA Zip Code 95688

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

Name of Employer Self Occupation Rancher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.95732

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Elena G. Tompkins

Mailing Address 1331 H St NW
12th Fl

City Washington State DC Zip Code 20005

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

Name of Employer Federalist Group Occupation Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.95736

Amount of Each Receipt this Period
1000.00

Contribution

| | | |
|--|---|---------|
| 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 125 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Prof. James D. Tracy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 757 Osceola Ave # 2 | | Transaction ID: SA11A1.95747 |
| City Saint Paul | State MN | Amount of Each Receipt this Period 300.00 |
| Zip Code 55105 | | Contribution |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University of Minnesota | Occupation History Professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Frank M. Transue | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 176 Oakmont Dr | | Transaction ID: SA11A1.95755 |
| City Elgin | State IL | Amount of Each Receipt this Period 100.00 |
| Zip Code 60123 | | Contribution |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Walker Parking Consultants | Occupation Chairman | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Robert J. Troller | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 5810 Barton Rd | | Transaction ID: SA11A1.95780 |
| City Madison | State WI | Amount of Each Receipt this Period 100.00 |
| Zip Code 53711 | | Contribution |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 500.00 |
| 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 126 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Tuft

Mailing Address 1 New York Plz
50th Fl

City State Zip Code
New York NY 10004

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

Name of Employer Occupation
Goldman Sachs Managing Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: SA11A1.95793

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Miss Suzanne Vadman

Mailing Address 4540 8th Ave NE
Apt 1501

City State Zip Code
Seattle WA 98105

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

Name of Employer Occupation
Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: SA11A1.95823

Amount of Each Receipt this Period
150.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. John H. Van Houten

Mailing Address 6205 Country Club Dr

City State Zip Code
Flagstaff AZ 86004

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

Name of Employer Occupation
Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.95834

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5250.00 |
| 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 127 / 258 |
| | (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)
STRAIGHT TALK AMERICA

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| A. Full Name (Last, First, Middle Initial) Mrs. Jean A. Van Landingham Mailing Address 4236 Westfield Dr City State Zip Code Rockford IL 61101 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.95835 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Contribution | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1650.00</td> </tr> </table> | | 1650.00 | | | | | | | | | | | | | | | | | | | | | |
| 1650.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Ms. Beatrice Vercoe Mailing Address 807 Arbutus Ave Apt 6 City State Zip Code Manistique MI 49854 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</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> Transaction ID: SA11A1.95876 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> Contribution | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 1 | 3 | | 2 | 0 | 0 | 6 | 300.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 1 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>600.00</td> </tr> </table> | | 600.00 | | | | | | | | | | | | | | | | | | | | | |
| 600.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Dr. Luis Villa, Jr. Mailing Address 200 Casuarina Concourse City State Zip Code Miami FL 33143 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.95888 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Contribution | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 1 | 5 | | 2 | 0 | 0 | 6 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table> | | 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | <table border="1"> <tr> <td>650.00</td> </tr> </table> | 650.00 |
| 650.00 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Pierre Volkmar | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address PO Box 1408 | | Transaction ID: SA11A1.95900 |
| City Blue Jay | State CA | Zip Code 92317 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer | Occupation Retired | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Robert A. Wachstein | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 5 Jana Dr | | Transaction ID: SA11A1.95909 |
| City Weston | State CT | Zip Code 06883 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer IBM | Occupation Technical Specialist | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Bryan Wagner | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 600 Carondelet St Ste 606 | | Transaction ID: SA11A1.95919 |
| City New Orleans | State LA | Zip Code 70130 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 4000.00 |
| Name of Employer Bryan Wagner Insurance | Occupation President | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4240.00 |
| 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 129 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Leon M. Wagner | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 8 Lincoln Woods | | Transaction ID: SA11A1.95921 | |
| City State Zip Code Purchase NY 10577 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Golden Tree Asset Mgmt., LP Chairman | | 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) Mr. Samuel W. Wakeman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address 225 Atlantic Ave | | Transaction ID: SA11A1.95925 | |
| City State Zip Code Cohasset MA 02025 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Duxbury Hardware Corp. Owner | | Aggregate Year-to-Date ▼ 1500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Bruce Walker | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 2900 Lake St | | Transaction ID: SA11A1.95936 | |
| City State Zip Code San Francisco CA 94121 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Occupation Retired | | Aggregate Year-to-Date ▼ 500.00 | |
| 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) ▶ | |

**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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Dr. Derek Walker | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 38 Gloucester Rd | | Transaction ID: SA11A1.95938 |
| City State Zip Code Summit NJ 07901 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Felix D. Walker | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 10 Calendar Ct Ste 100 | | Transaction ID: SA11A1.95940 |
| City State Zip Code Columbia SC 29206 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 550.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Jean C. Walker | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 411 N Middletown Rd | | Transaction ID: SA11A1.95942 |
| City State Zip Code Media PA 19063 | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 375.00 |
| 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 131 / 258 |
| | (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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Milton J. Wallace

Mailing Address 55 Casuarina Concourse

City State Zip Code
Coral Gables FL 33143

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

Name of Employer Occupation
Wallace, Bauman, and Legon Attorney

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

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.95954

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Ralph E. Walters

Mailing Address 4761 Terra Granada Dr
Apt 2A

City State Zip Code
Walnut Creek CA 94595

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.95969

Amount of Each Receipt this Period
100.00

Contribution

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

Mailing Address 1919 Pennsylvania Ave NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation
Allied Capital Chairman & CEO

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

Date of Receipt
MM / DD / YYYY
11 / 22 / 2006

Transaction ID: SA11A1.95978

Amount of Each Receipt this Period
5000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 6100.00 |
| 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 132 / 258 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | | | |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Mrs. Beti Ward | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address PO Box 881900 | | Transaction ID: SA11A1.95979 | |
| City Los Angeles | State CA | Zip Code 90009 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Pacific Air Cargo | Occupation Sales | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Robert W. Weber | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 1730 N Columbia Cir | | Transaction ID: SA11A1.96028 | |
| City Flagstaff | State AZ | Zip Code 86004 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | | |

| | | | |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Harris K. Weston | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 255 E 5th St Ste 1900 | | Transaction ID: SA11A1.96078 | |
| City Cincinnati | State OH | Zip Code 45202 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Dinsmore Shohl | | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 700.00 |
| 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 133 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mrs. Joanne M. Wilde

Mailing Address 5 Dodge Dr

City State Zip Code
West Hartford CT 06107

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

Name of Employer 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
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.96134

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey D. Wilfong

Mailing Address 2315 Catalina Cir
Apt 197

City State Zip Code
Oceanside CA 92056

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

Name of Employer Occupation
United States Marine Corps Aviation Ordinance Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

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

Transaction ID: SA11A1.96137

Amount of Each Receipt this Period
45.00

Contribution

C. Full Name (Last, First, Middle Initial)
Amb. Richard S. Williamson

Mailing Address 71 S Wacker Dr

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
Mayer, Brown, and Platt Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11A1.96167

Amount of Each Receipt this Period
1000.00

Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2045.00 |
| 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 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mrs. Margaret H. Wise

Mailing Address PO Box 239

City State Zip Code
Orlean VA 20128

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: SA11A1.96207

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. John H. Wylde

Mailing Address 71 Towhee Rd

City State Zip Code
Wareham MA 02571

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.96266

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Richard A. Yost

Mailing Address 1840 SW Woodside Way

City State Zip Code
Palm City FL 34990

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

Name of Employer Occupation
Tire Kingdom U.S. Sales Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.96284

Amount of Each Receipt this Period
200.00

Contribution

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| 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 / 258 |
| | (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)
STRAIGHT TALK AMERICA

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

Mailing Address 14809 Mockingbird Dr

City State Zip Code
Darnestown MD 20874

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

Name of Employer Occupation
Bryan Cave, LLP Attorney

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

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

Transaction ID: SA11A1.96294

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Phillip B. Zeman

Mailing Address 3 Penzance Rd

City State Zip Code
Rockport MA 01966

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

Name of Employer Occupation
Self Investor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: SA11A1.96302

Amount of Each Receipt this Period
100.00

Contribution

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 350.00 |
| TOTAL This Period (last page this line number only) | ▶ | 362660.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 136 / 258 |
| | <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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
BOWLING PROPRIETORS ASSN OF AMERICA PAC

Mailing Address **615 Six Flags Dr**

City **Arlington** State **TX** Zip Code **76011**

FEC ID number of contributing federal political committee. **C C00079855**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.96324

Amount of Each Receipt this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

B. Full Name (Last, First, Middle Initial)
CHECKFREE CORP PAC

Mailing Address **4411 E Jones Bridge Rd**

City **Norcross** State **GA** Zip Code **30092**

FEC ID number of contributing federal political committee. **C C00378166**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.96326

Amount of Each Receipt this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

C. Full Name (Last, First, Middle Initial)
Citizens For Durkin

Mailing Address **PO Box 367**

City **Western Springs** State **IL** Zip Code **60558**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.96328

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

| | |
|--|----------------|
| 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 137 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Friends of Dan Brady

Mailing Address **2425 E Lincoln St**

City **Bloomington** State **IL** Zip Code **61701**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.96330

Amount of Each Receipt this Period

| | |
|--|----------------|
| | 1000.00 |
|--|----------------|

Contribution

B. Full Name (Last, First, Middle Initial)
FRIENDS OF PHIL GRAMM PAC

Mailing Address **P. O. Box 963**

City **Helotes** State **TX** Zip Code **78023**

FEC ID number of contributing federal political committee. **C C00253971**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4802.44**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.96331

Amount of Each Receipt this Period

| | |
|--|----------------|
| | 4500.00 |
|--|----------------|

Contribution

C. Full Name (Last, First, Middle Initial)
HOUSEHOLD INTERNATIONAL INC & SUBSIDIARY CO PAC (MICHIGAN HOUSE PAC)

Mailing Address **1401 Eye St NW
Ste 520**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00352195**

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 |
| 1 | 0 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.96333

Amount of Each Receipt this Period

| | |
|--|----------------|
| | 5000.00 |
|--|----------------|

Contribution

| | |
|--|-----------------|
| 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: | PAGE 138 / 258 |
| | (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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)
A. TIME WARNER TELECOM INC. POLITICAL ACTION COMMITTEE

Mailing Address 10475 Park Meadows Dr

City State Zip Code
Littleton CO 80124

FEC ID number of contributing federal political committee. **C** C00355941

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.96335

Amount of Each Receipt this Period
1000.00

Contribution

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 17500.00 |

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

| | | |
|--|--|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 / 258 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
STRAIGHT TALK AMERICA

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. STRAIGHT TALK AMERICA - ARKANSAS | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 |
| Mailing Address 211 North Union Street Suite 200 | | Transaction ID: SA12.90958 |
| City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 50.77 | |
| FEC ID number of contributing federal political committee. C C00425868 | Transfer Residual Funds-Affiliated PAC | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 50.77 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. STRAIGHT TALK AMERICA - FLORIDA | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 211 North Union Street Suite 200 | | Transaction ID: SA12.90959 |
| City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 1764.05 | |
| FEC ID number of contributing federal political committee. C C00425876 | Transfer Residual Funds-Affiliated PAC | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 1764.05 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1814.82 |
| TOTAL This Period (last page this line number only) ▶ | 1814.82 |

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

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 140 / 258 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input checked="" type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 1100 Wythe Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4229.46

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA15.90950

Amount of Each Receipt this Period
695.04

Refund of Business Reply Postage

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 695.04 |
| TOTAL This Period (last page this line number only) | ▶ | 695.04 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 258
(check only one)

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Charlie Crist for Governor

Mailing Address 2640-A Mitcham Drive

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4328.47

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

Transaction ID: SA17.90951

Amount of Each Receipt this Period
4328.47

Travel Reimbursement

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM FOR CONGRESS

Mailing Address PO Box 2176

City State Zip Code
Wheeling WV 26003

FEC ID number of contributing federal political committee. **C** C00416891

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1404.96

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

Transaction ID: SA17.90955

Amount of Each Receipt this Period
1404.96

Travel Reimbursement

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GEORGE ALLEN

Mailing Address PO Box 6859

City State Zip Code
Arlington VA 22305

FEC ID number of contributing federal political committee. **C** C00344853

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1926.87

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

Transaction ID: SA17.90948

Amount of Each Receipt this Period
1926.87

Travel Expense Reimbursement

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 7660.30 |
| 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 142 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)
A. JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO BOX 16118

City State Zip Code
ARLINGTON VA 22215

FEC ID number of contributing federal political committee. **C** C00430470

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16728.10

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2006

Transaction ID: SA17.90956

Amount of Each Receipt this Period
16728.10

List Purchase

Full Name (Last, First, Middle Initial)
B. Mississippi Republican Party-STATE ACCOUNT

Mailing Address 415 Yazoo Street

City State Zip Code
JACKSON MS 39201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6650.93

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2006

Transaction ID: SA17.90947

Amount of Each Receipt this Period
6650.93

Travel - Airfare

Full Name (Last, First, Middle Initial)
C. Stan Spears for Adjutant General

Mailing Address PO Box 90603

City State Zip Code
Columbia SC 29290

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.79

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2006

Transaction ID: SA17.90953

Amount of Each Receipt this Period
577.79

Travel Reimbursement

SUBTOTAL of Receipts This Page (optional) ► **23956.82**

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 143 / 258 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
VERMONT REPUBLICAN FEDERAL ELECTIONS COMMITTEE

Mailing Address PO Box 70

City State Zip Code
Montpelier VT 05602

FEC ID number of contributing federal political committee. **C** C00035618

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
903.45

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

Transaction ID: SA17.90949

Amount of Each Receipt this Period
903.45

Travel Reimbursement

B. Full Name (Last, First, Middle Initial)
Weathers for Agriculture Commissioner

Mailing Address PO Box 277

City State Zip Code
Bowman SC 29018

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.99

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

Transaction ID: SA17.90954

Amount of Each Receipt this Period
280.99

Travel Reimbursement

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1184.44 |
| TOTAL This Period (last page this line number only) | ▶ | 32801.56 |

**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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Alliance Insurance Agency | | Transaction ID: SB21B.90861 | |
| Mailing Address 4200 Evergreen Lane | | Date of Disbursement 11 / 10 / 2006 | |
| City Annandale | State VA | Zip Code 22003 | Amount of Each Disbursement this Period 2344.00 |
| Purpose of Disbursement Insurance | 001 Category/ Type | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB21B.90862 | |
| Mailing Address PO Box 1270 | | Date of Disbursement 10 / 19 / 2006 | |
| City Newark | State NJ | Zip Code 07101-1270 | Amount of Each Disbursement this Period 44108.86 |
| Purpose of Disbursement See Attached Memos | 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. Amazon.com | | Transaction ID: SB21B.90862.0 | |
| Mailing Address PO Box 81226 | | Date of Disbursement 10 / 19 / 2006 | |
| City Seattle | State WA | Zip Code 98108 | Amount of Each Disbursement this Period 2023.39 |
| Purpose of Disbursement Book Purchase | 001 Category/ Type | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

[MEMO ITEM]

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 46452.86 |
| 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 / 258

| | | | | | |
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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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. American Airlines | | Transaction ID: SB21B.90862.1 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 619133 | | Amount of Each Disbursement this Period 757.60 |
| City Dallas State TX Zip Code 75261 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB21B.90862.2 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 35.00 |
| City Newark State NJ Zip Code 07101-1270 | [MEMO ITEM] | |
| Purpose of Disbursement Annual Membership Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. Amtrak | | Transaction ID: SB21B.90862.3 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 50 Massachusetts Ave NW | | Amount of Each Disbursement this Period 1136.00 |
| City Washington State DC Zip Code 20001 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Trainfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Budget Conferencing Cambridge | | Transaction ID: SB21B.90862.4 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 60 State Street Suite 700 | | Amount of Each Disbursement this Period 194.30 |
| City Cambridge State MA Zip Code 02109 | [MEMO ITEM] | |
| Purpose of Disbursement Budget Conferencing Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Carey International | | Transaction ID: SB21B.90862.5 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 520 North Capitol Street | | Amount of Each Disbursement this Period 887.60 |
| City Washington State DC Zip Code 20001 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Car Service Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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|--|-------------|---|
| Full Name (Last, First, Middle Initial) C. Cingular | | Transaction ID: SB21B.90862.6 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address PO Box 17356 | | Amount of Each Disbursement this Period 31.49 |
| City Baltimore State MD Zip Code 21297-1356 | [MEMO ITEM] | |
| Purpose of Disbursement Telephone Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Continental Airlines | | Transaction ID: SB21B.90862.7 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 1500 Smith St 21st Floor | | Amount of Each Disbursement this Period 5218.60 |
| City Houston State TX Zip Code 77002 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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: SB21B.90862.9 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address PO Box 20980 | | Amount of Each Disbursement this Period 3848.70 |
| City Atlanta State GA Zip Code 30320 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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. Hilton Boston | | Transaction ID: SB21B.90862.11 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 1 Hotel Drive | | Amount of Each Disbursement this Period 482.41 |
| City Boston State MA Zip Code 02128 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Holiday Inn Washington, DC | | Transaction ID: SB21B.90862.12 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 550 C Street, NW | | Amount of Each Disbursement this Period 673.26 |
| City Washington State DC Zip Code 20005 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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. Hyatt Grand New York | | Transaction ID: SB21B.90862.13 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 109 E 42nd Street | | Amount of Each Disbursement this Period 41.58 |
| City New York State NY Zip Code 10017 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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|--|-------------|---|
| Full Name (Last, First, Middle Initial) C. Hyatt Regency Albuquerque | | Transaction ID: SB21B.90862.14 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 330 Tijeras Ave. NW | | Amount of Each Disbursement this Period 475.52 |
| City Albuquerque State NM Zip Code 87102 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Hyatt Regency Boston | | Transaction ID: SB21B.90862.15 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1 Avenue De Lafayette | | Amount of Each Disbursement this Period 910.36 |
| City Boston State MA Zip Code 02111 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. MacNair Travel Agency | | Transaction ID: SB21B.90862.16 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1703 Duke Street | | Amount of Each Disbursement this Period 2160.00 |
| City Alexandria State VA Zip Code 22314 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Travel Agency Fees Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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|--|-------------|---|
| Full Name (Last, First, Middle Initial) C. Marriott Columbia SC | | Transaction ID: SB21B.90862.18 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1200 Hampton Street | | Amount of Each Disbursement this Period 394.91 |
| City Columbia State SC Zip Code 29201 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| 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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|-------------|
| Full Name (Last, First, Middle Initial) A. Marriott | | Transaction ID: SB21B.90862.19 Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address Marriott Drive | | Amount of Each Disbursement this Period 982.42 | |
| City Washington | State DC | Zip Code 20058 | [MEMO ITEM] |
| Purpose of Disbursement Travel-Lodging | | 002 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: | | | |

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|--|--|--|-------------|
| Full Name (Last, First, Middle Initial) B. Northwest Airlines | | Transaction ID: SB21B.90862.20 Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address 5101 Northwest Drive | | Amount of Each Disbursement this Period 8143.91 | |
| City St Paul | State MN | Zip Code 51111 | [MEMO ITEM] |
| Purpose of Disbursement Travel-Airfare | | 002 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: | | | |

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|--|--|--|-------------|
| Full Name (Last, First, Middle Initial) C. Omni La Mansion | | Transaction ID: SB21B.90862.21 Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address 112 College Street | | Amount of Each Disbursement this Period 1979.72 | |
| City San Antonio | State TX | Zip Code 78201 | [MEMO ITEM] |
| Purpose of Disbursement Travel-Lodging | | 002 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: | | | |

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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Petroleum Club of Oklahoma City | | Transaction ID: SB21B.90862.22 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 100 N Broadway #34 | | Amount of Each Disbursement this Period 337.14 |
| City Oklahoma City State OK Zip Code 73102 | [MEMO ITEM] | |
| Purpose of Disbursement Meeting Expense Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Sheraton Hotels | | Transaction ID: SB21B.90862.23 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1111 Westchester Ave | | Amount of Each Disbursement this Period 720.12 |
| City White Plains State NY Zip Code 10604 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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|--|-------------|---|
| Full Name (Last, First, Middle Initial) C. Southwest Airlines | | Transaction ID: SB21B.90862.24 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 2702 Love Field Drive | | Amount of Each Disbursement this Period 1938.10 |
| City Dallas State TX Zip Code 75235 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Staples Corporate Chambersburg | | Transaction ID: SB21B.90862.25 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 1025 Wayne Avenue | | Amount of Each Disbursement this Period 488.04 |
| City Chambersburg State PA Zip Code 17201 | Purpose of Disbursement Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. United Airlines | | Transaction ID: SB21B.90862.26 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 9864 Main Street | | Amount of Each Disbursement this Period 6723.60 |
| City Fairfax State VA Zip Code 22031 | Purpose of Disbursement Travel-Airfare Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. US Airways | | Transaction ID: SB21B.90862.27 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address PO Box 2501 | | Amount of Each Disbursement this Period 6726.13 |
| City Washington State DC Zip Code 27102 | Purpose of Disbursement Travel-Airfare Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

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| 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)
STRAIGHT TALK AMERICA

| | | |
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| Full Name (Last, First, Middle Initial) A. US Postal Service | | Transaction ID: SB21B.90862.28 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1100 Wythe Street | | Amount of Each Disbursement this Period 3753.25 |
| City Alexandria State VA Zip Code 22314 | [MEMO ITEM] | |
| Purpose of Disbursement Postage Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. W. Millar and Company | | Transaction ID: SB21B.90862.29 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1335 14th Street NW | | Amount of Each Disbursement this Period 257.58 |
| City Washington State DC Zip Code 20005 | [MEMO ITEM] | |
| Purpose of Disbursement Event Expense - Catering Candidate Name Adam Taylor for House | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Worldroam LTD | | Transaction ID: SB21B.90862.30 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 1174 | | Amount of Each Disbursement this Period 155.79 |
| City Cupertino State CA Zip Code 95015 | [MEMO ITEM] | |
| Purpose of Disbursement Cellular Telephone Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB21B.90863 Date of Disbursement |
| Mailing Address PO Box 1270 | | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> |
| City Newark | State NJ | Zip Code 07101-1270 |
| Purpose of Disbursement See Attached Memos | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="39018.90"/> |
| 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: | Category/Type <input type="text"/> | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Amazon.com | | Transaction ID: SB21B.90863.0 Date of Disbursement |
| Mailing Address PO Box 81226 | | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> |
| City Seattle | State WA | Zip Code 98108 |
| Purpose of Disbursement Book Purchase | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="7006.50"/> |
| 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: | Category/Type <input type="text" value="001"/> | |

[MEMO ITEM]

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. American Airlines | | Transaction ID: SB21B.90863.1 Date of Disbursement |
| Mailing Address PO Box 619133 | | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> |
| City Dallas | State TX | Zip Code 75261 |
| Purpose of Disbursement Travel-Airfare | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="959.60"/> |
| 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: | Category/Type <input type="text" value="002"/> | |

[MEMO ITEM]

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="39018.90"/> |
| 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)

PAGE 155 / 258

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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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Amtrak | | Transaction ID: SB21B.90863.2 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 50 Massachusetts Ave NW | | Amount of Each Disbursement this Period 685.00 |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Travel-Trainfare Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | [MEMO ITEM] |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Best Buy | | Transaction ID: SB21B.90863.4 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 3401 Jefferson Davis Hwy | | Amount of Each Disbursement this Period 226.00 |
| City Alexandria State VA Zip Code 22305 | Purpose of Disbursement Office supplies Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | [MEMO ITEM] |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Budget Conferencing Cambridge | | Transaction ID: SB21B.90863.6 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 60 State Street Suite 700 | | Amount of Each Disbursement this Period 150.13 |
| City Cambridge State MA Zip Code 02109 | Purpose of Disbursement Teleconferencing Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | [MEMO ITEM] |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 156 / 258

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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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Carey International | | Transaction ID: SB21B.90863.7 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 520 North Capitol Street | | Amount of Each Disbursement this Period 812.58 |
| City Washington State DC Zip Code 20001 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Car Service Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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. Clarion Hotel Columbia | | Transaction ID: SB21B.90863.8 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1615 Gervais Street | | Amount of Each Disbursement this Period 1388.70 |
| City Columbia State SC Zip Code 29201 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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. Clarion Hotel Sioux City | | Transaction ID: SB21B.90863.9 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 707 Fourth Street | | Amount of Each Disbursement this Period 302.37 |
| City Sioux City State IA Zip Code 51101 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Continental Airlines | | Transaction ID: SB21B.90863.10 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1500 Smith St 21st Floor | | Amount of Each Disbursement this Period 1444.30 |
| City Houston State TX Zip Code 77002 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Crowne Plaza Romulus | | Transaction ID: SB21B.90863.11 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 8000 Merriman Road | | Amount of Each Disbursement this Period 597.89 |
| City Romulus State MI Zip Code 48174 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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: SB21B.90863.12 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 20980 | | Amount of Each Disbursement this Period 2212.00 |
| City Atlanta State GA Zip Code 30320 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Four Seasons Hotel Palo Alto | | Transaction ID: SB21B.90863.14 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 2050 University Avenue | | Amount of Each Disbursement this Period 281.50 |
| City East Palo Alto State CA Zip Code 94303 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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. Hilton Hotels | | Transaction ID: SB21B.90863.15 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1335 Avenue of the Americas | | Amount of Each Disbursement this Period 558.43 |
| City New York State NY Zip Code 10019 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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. Hilton Hotels | | Transaction ID: SB21B.90863.16 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1335 Avenue of the Americas | | Amount of Each Disbursement this Period 957.08 |
| City New York State NY Zip Code 10019 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 159 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Hyatt Grand New York | | Transaction ID: SB21B.90863.17 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 109 E 42nd Street | | Amount of Each Disbursement this Period 40.80 |
| City New York State NY Zip Code 10017 | Purpose of Disbursement Travel-Lodging Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Hyatt Grand New York | | Transaction ID: SB21B.90863.18 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 109 E 42nd Street | | Amount of Each Disbursement this Period 433.20 |
| City New York State NY Zip Code 10017 | Purpose of Disbursement Travel-Lodging Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Iowa State Center Ames | | Transaction ID: SB21B.90863.20 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address Lincoln Way & Elwood Drive #4 | | Amount of Each Disbursement this Period 325.74 |
| City Ames State IA Zip Code 50011 | Purpose of Disbursement Meeting Expense-Facility Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 160 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. MacNair Travel Agency | | Transaction ID: SB21B.90863.21 | |
| Mailing Address 1703 Duke Street | | Date of Disbursement MM / DD / YYYY 11 / 17 / 2006 | |
| City Alexandria | State VA | Zip Code 22314 | Amount of Each Disbursement this Period 1095.00 |
| Purpose of Disbursement Travel-Agency Fees | | 002 Category/ Type | |
| Candidate Name | | [MEMO ITEM] | |
| 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. Marriott | | Transaction ID: SB21B.90863.22 | |
| Mailing Address Marriott Drive | | Date of Disbursement MM / DD / YYYY 11 / 17 / 2006 | |
| City Washington | State DC | Zip Code 20058 | Amount of Each Disbursement this Period 1662.38 |
| Purpose of Disbursement Travel-Lodging | | 002 Category/ Type | |
| Candidate Name | | [MEMO ITEM] | |
| 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. Midwest Airlines | | Transaction ID: SB21B.90863.23 | |
| Mailing Address 6744 South Howell Avenue | | Date of Disbursement MM / DD / YYYY 11 / 17 / 2006 | |
| City Oak Creek | State WI | Zip Code 53134 | Amount of Each Disbursement this Period 472.80 |
| Purpose of Disbursement Travel-Airfare | | 002 Category/ Type | |
| Candidate Name | | [MEMO ITEM] | |
| 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: | | | |

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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Northwest Airlines | | Transaction ID: SB21B.90863.24 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 5101 Northwest Drive | | Amount of Each Disbursement this Period 7577.13 |
| City St Paul State MN Zip Code 51111 | Purpose of Disbursement Travel-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] |
| Category/Type: 002 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Omni La Mansion | | Transaction ID: SB21B.90863.25 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 112 College Street | | Amount of Each Disbursement this Period 274.29 |
| City San Antonio State TX Zip Code 78201 | Purpose of Disbursement Travel-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] |
| Category/Type: 002 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Park Hyatt Los Angeles | | Transaction ID: SB21B.90863.26 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 2151 Avenue of the Stars | | Amount of Each Disbursement this Period 962.62 |
| City Los Angeles State CA Zip Code 90067 | Purpose of Disbursement Travel-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] |
| Category/Type: 002 | | |

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| 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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Raddisson Hotels Bloomfield | | Transaction ID: SB21B.90863.28 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 39475 Woodward Ave. | | Amount of Each Disbursement this Period 1073.53 |
| City Bloomfield Hills State MI Zip Code 48304 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Lodging Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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. Southwest Airlines | | Transaction ID: SB21B.90863.29 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 2702 Love Field Drive | | Amount of Each Disbursement this Period 235.30 |
| City Dallas State TX Zip Code 75235 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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 Corporate Chambersburg | | Transaction ID: SB21B.90863.30 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1025 Wayne Avenue | | Amount of Each Disbursement this Period 934.42 |
| City Chambersburg State PA Zip Code 17201 | [MEMO ITEM] | |
| Purpose of Disbursement Office Supplies Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 163 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. The Balsams at Dixville Notch | | Transaction ID: SB21B.90863.31 Date of Disbursement |
| Mailing Address 100 Cold Spring Road | | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> |
| City Dixville Notch | State NH | Zip Code 03576 |
| Purpose of Disbursement Travel-Lodging | <input type="text" value="002"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="1039.24"/> |
| | | [MEMO ITEM] |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Westin Poinsett | | Transaction ID: SB21B.90863.32 Date of Disbursement |
| Mailing Address 120 South Main Street | | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> |
| City Greenville | State SC | Zip Code 29601 |
| Purpose of Disbursement Travel-Lodging | <input type="text" value="002"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="2182.37"/> |
| | | [MEMO ITEM] |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. United Airlines | | Transaction ID: SB21B.90863.33 Date of Disbursement |
| Mailing Address 9864 Main Street | | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> |
| City Fairfax | State VA | Zip Code 22031 |
| Purpose of Disbursement Travel-Airfare | <input type="text" value="002"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="1683.00"/> |
| | | [MEMO ITEM] |

| | |
|--|-----------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="0.00"/> |
| 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)

PAGE 164 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. US Airways | | Transaction ID: SB21B.90863.34 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 2501 | | Amount of Each Disbursement this Period 2531.32 |
| City Washington State DC Zip Code 27102 | [MEMO ITEM] | |
| Purpose of Disbursement Travel-Airfare Candidate Name | | 002 Category/Type |
| Office Sought: <input type="checkbox"/> House <input 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 Postal Service | | Transaction ID: SB21B.90863.35 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1100 Wythe Street | | Amount of Each Disbursement this Period 4639.80 |
| City Alexandria State VA Zip Code 22314 | [MEMO ITEM] | |
| Purpose of Disbursement Postage Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Vic Bailey Rental | | Transaction ID: SB21B.90863.36 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 707 West Main Street | | Amount of Each Disbursement this Period 225.40 |
| City Spartanburg State SC Zip Code 29301 | [MEMO ITEM] | |
| Purpose of Disbursement Meeting Expense - Equipment Rental Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|------|
| 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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Washington National Airport Parking | | Transaction ID: SB21B.90863.37 | |
| Mailing Address 1 Aviation Circle | | Date of Disbursement MM / DD / YYYY 11 / 17 / 2006 | |
| City Washington | State DC | Zip Code 20001 | Amount of Each Disbursement this Period 120.00 |
| Purpose of Disbursement Parking | Category/Type 001 | | |
| Candidate Name | [MEMO ITEM] | | |
| 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. Westgate Hotel San Diego | | Transaction ID: SB21B.90863.39 | |
| Mailing Address 1055 2nd Ave. | | Date of Disbursement MM / DD / YYYY 11 / 17 / 2006 | |
| City San Diego | State CA | Zip Code 92101 | Amount of Each Disbursement this Period 1273.92 |
| Purpose of Disbursement Travel-Lodging | Category/Type 002 | | |
| Candidate Name | [MEMO ITEM] | | |
| 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. White House Flowers | | Transaction ID: SB21B.90863.40 | |
| Mailing Address 7105 W 1st Ave | | Date of Disbursement MM / DD / YYYY 11 / 17 / 2006 | |
| City Scottsdale | State AZ | Zip Code 85251 | Amount of Each Disbursement this Period 397.83 |
| Purpose of Disbursement Event Expense-Flowers | Category/Type 001 | | |
| Candidate Name | [MEMO ITEM] | | |
| 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: | | | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 166 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB21B.96403 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 533.48 |
| City Newark State NJ Zip Code 07101-1270 | [MEMO ITEM] | |
| Purpose of Disbursement In Kind Contributions Travel-Lodging Candidate Name | | 011 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------------|---|
| Full Name (Last, First, Middle Initial) B. AT&T | | Transaction ID: SB21B.90864 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 9001309 | | Amount of Each Disbursement this Period 368.75 |
| City Louisville State KY Zip Code 40290-1309 | 001 Category/Type | |
| Purpose of Disbursement Telephone - Local 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. AT&T | | Transaction ID: SB21B.90865 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 9001309 | | Amount of Each Disbursement this Period 191.99 |
| City Louisville State KY Zip Code 40290-1309 | 001 Category/Type | |
| Purpose of Disbursement Telephone-Long Distance 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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| SUBTOTAL of Disbursements This Page (optional) ▶ | 560.74 |
| 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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Avaya | | Transaction ID: SB21B.90866 | |
| Mailing Address PO Box 93000 | | Date of Disbursement 10 / 24 / 2006 | |
| City Chicago | State IL | Zip Code 60673-3000 | Amount of Each Disbursement this Period 192.27 |
| Purpose of Disbursement Equipment Lease | | 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bryan Bernys | | Transaction ID: SB21B.90812 | |
| Mailing Address 58 Mechanic Street Apt. 6 | | Date of Disbursement 10 / 31 / 2006 | |
| City Manchester | State NH | Zip Code 03101 | Amount of Each Disbursement this Period 1463.39 |
| Purpose of Disbursement Salaries | | 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bryan Bernys | | Transaction ID: SB21B.90813 | |
| Mailing Address 58 Mechanic Street Apt. 6 | | Date of Disbursement 11 / 09 / 2006 | |
| City Manchester | State NH | Zip Code 03101 | Amount of Each Disbursement this Period 596.40 |
| Purpose of Disbursement Travel Reimbursement | | 002 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: | | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2252.06 |
| 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 168 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bryan Bernys | | Transaction ID: SB21B.90811 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 58 Mechanic Street Apt. 6 | | Amount of Each Disbursement this Period 1463.39 |
| City Manchester State NH Zip Code 03101 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BLM Strategies, LLC | | Transaction ID: SB21B.90867 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 54 B Ridgedale Avenue | | Amount of Each Disbursement this Period 10000.00 |
| City Morristown State NJ Zip Code 07960 | Purpose of Disbursement Financial Consultant Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. C.T. Allen, LLC | | Transaction ID: SB21B.90868 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 302 | | Amount of Each Disbursement this Period 6000.00 |
| City Charleston State SC Zip Code 29402 | Purpose of Disbursement Political Consultant Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 17463.39 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 169 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Campaign Solutions | | Transaction ID: SB21B.90869 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 118 North Saint Asaph St. | | Amount of Each Disbursement this Period 480.00 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Website Expense Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Capital Self Storage | | Transaction ID: SB21B.90870 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 301 N Street, NE | | Amount of Each Disbursement this Period 90.00 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Storage Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Capitol Hill Club | | Transaction ID: SB21B.90871 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 300 First Street, SE | | Amount of Each Disbursement this Period 165.00 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Meeting Expense-Meals Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 735.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 170 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | Transaction ID: SB21B.90872 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 300 First Street, SE | | Amount of Each Disbursement this Period 145.20 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Meeting Expense-Meals Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Care First Blue Cross Blue Shield | | Transaction ID: SB21B.90873 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 79749 | | Amount of Each Disbursement this Period 819.20 |
| City Baltimore State MD Zip Code 21279 | Purpose of Disbursement Health Insurance Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Central Parking System | | Transaction ID: SB21B.90874 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 790402 | | Amount of Each Disbursement this Period 150.00 |
| City St. Louis State MO Zip Code 63179-0402 | Purpose of Disbursement Parking Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1114.40 |
| 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)

PAGE 171 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cingular | | Transaction ID: SB21B.90875 Date of Disbursement 10 / 24 / 2006 | |
| Mailing Address PO Box 17356 | | Amount of Each Disbursement this Period 101.04 | |
| City Baltimore State MD Zip Code 21297-1356 | Purpose of Disbursement Telephone - Cellular Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Cingular | | Transaction ID: SB21B.90876 Date of Disbursement 10 / 24 / 2006 | |
| Mailing Address PO Box 17356 | | Amount of Each Disbursement this Period 164.42 | |
| City Baltimore State MD Zip Code 21297-1356 | Purpose of Disbursement Telephone - Cellular Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Comcast | | Transaction ID: SB21B.90877 Date of Disbursement 11 / 09 / 2006 | |
| Mailing Address PO Box 3006 | | Amount of Each Disbursement this Period 348.40 | |
| City Southeastern State PA Zip Code 19398-3005 | Purpose of Disbursement Utilities Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 613.86 |
| 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 172 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Connell Donatelli, Inc. | | Transaction ID: SB21B.90878 Date of Disbursement 11 / 16 / 2006 | |
| Mailing Address PO Box 1877 | | Amount of Each Disbursement this Period 1149.73 | |
| City Alexandria State VA Zip Code 22313 | Purpose of Disbursement Website Expense Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. David Jones Custom Florist, Inc. | | Transaction ID: SB21B.90817 Date of Disbursement 11 / 09 / 2006 | |
| Mailing Address 450 N. Robertson Blvd. | | Amount of Each Disbursement this Period 290.11 | |
| City West Hollywood State CA Zip Code 90048 | Purpose of Disbursement Event Expense - Flowers Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dawson McCarthy Nelson Media, LLC | | Transaction ID: SB21B.90879 Date of Disbursement 11 / 09 / 2006 | |
| Mailing Address 1023 31st Street, NW Fourth Floor | | Amount of Each Disbursement this Period 2946.44 | |
| City Washington State DC Zip Code 20007 | Purpose of Disbursement Travel Reimbursement Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input 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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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4386.28 |
| 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 173 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. David Denton | | Transaction ID: SB21B.90818 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address PO Box 203636 | | Amount of Each Disbursement this Period 500.00 |
| City New Haven State CT Zip Code 06520 | Purpose of Disbursement Staff-Administrative Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Earthlink, Inc. | | Transaction ID: SB21B.90880 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address PO Box 6452 | | Amount of Each Disbursement this Period 52.85 |
| City Carol Stream State IL Zip Code 60197-6452 | Purpose of Disbursement Email subscription Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Earthlink, Inc. | | Transaction ID: SB21B.90881 Date of Disbursement 11 / 16 / 2006 |
| Mailing Address PO Box 6452 | | Amount of Each Disbursement this Period 52.85 |
| City Carol Stream State IL Zip Code 60197-6452 | Purpose of Disbursement Email subscription Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 605.70 |
| 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 174 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. E Donation | | Transaction ID: SB21B.90885 Date of Disbursement |
| Mailing Address 118 N. St. Asaph Street | | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement Merchant Fees | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="4075.61"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. E Donation | | Transaction ID: SB21B.90883 Date of Disbursement |
| Mailing Address 118 N. St. Asaph Street | | <input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement Merchant Fees | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="3658.21"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. E Donation | | Transaction ID: SB21B.90884 Date of Disbursement |
| Mailing Address 118 N. St. Asaph Street | | <input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement Merchant Fees | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="73.85"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="7807.67"/> |
| 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)

PAGE 175 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. EDonation | | Transaction ID: SB21B.90882 | |
| Mailing Address 118 N. St. Asaph Street | | Date of Disbursement MM / DD / YYYY 11 / 09 / 2006 | |
| City Alexandria | State VA | Zip Code 22314 | Amount of Each Disbursement this Period 25.00 |
| Purpose of Disbursement Merchant Fees | | <input type="checkbox"/> 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Carla Eudy | | Transaction ID: SB21B.90819 | |
| Mailing Address 4200 Massachusetts Ave. NW, Apt. 3 | | Date of Disbursement MM / DD / YYYY 10 / 24 / 2006 | |
| City Washington | State DC | Zip Code 20016 | Amount of Each Disbursement this Period 84.00 |
| Purpose of Disbursement Travel Reimbursement | | <input type="checkbox"/> 002 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. Carla Eudy | | Transaction ID: SB21B.90820 | |
| Mailing Address 4200 Massachusetts Ave. NW, Apt. 3 | | Date of Disbursement MM / DD / YYYY 11 / 16 / 2006 | |
| City Washington | State DC | Zip Code 20016 | Amount of Each Disbursement this Period 216.00 |
| Purpose of Disbursement Travel Reimbursement | | <input type="checkbox"/> 002 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: | | | |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 325.00 |
| 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)
STRAIGHT TALK AMERICA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ExcelAire, LLC | | Transaction ID: SB21B.90887 Date of Disbursement 11 / 16 / 2006 |
| Mailing Address 200 Hering Drive L.I. Mac Arthur Airport | | Amount of Each Disbursement this Period 63197.25 |
| City Ronkonkoma State NY Zip Code 11779 | Purpose of Disbursement Travel-Charter Air Candidate Name <input type="checkbox"/> 002 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input 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: SB21B.90888 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 672.87 |
| City Pittsburgh State PA Zip Code 15250-7461 | Purpose of Disbursement Shipping Candidate Name <input type="checkbox"/> 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Federal Express | | Transaction ID: SB21B.90889 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 279.74 |
| City Pittsburgh State PA Zip Code 15250-7461 | Purpose of Disbursement Shipping Candidate Name <input type="checkbox"/> 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 64149.86 |
| 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 177 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Federal Express | | Transaction ID: SB21B.90890 Date of Disbursement |
| Mailing Address PO Box 371461 | | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City Pittsburgh | State PA | Zip Code 15250-7461 |
| Purpose of Disbursement Shipping | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="637.61"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Federal Express | | Transaction ID: SB21B.90891 Date of Disbursement |
| Mailing Address PO Box 371461 | | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City Pittsburgh | State PA | Zip Code 15250-7461 |
| Purpose of Disbursement Shipping | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="232.01"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Nicole C. Fenwick | | Transaction ID: SB21B.90822 Date of Disbursement |
| Mailing Address 631 D Street, NW #435 | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City Washington | State DC | Zip Code 20004 |
| Purpose of Disbursement Salaries | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="2493.17"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3362.79"/> |
| 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)

PAGE 178 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nicole C. Fenwick | | Transaction ID: SB21B.90823 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 631 D Street, NW #435 | | Amount of Each Disbursement this Period 22.00 | |
| City Washington State DC Zip Code 20004 | Purpose of Disbursement Parking Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Nicole C. Fenwick | | Transaction ID: SB21B.90821 Date of Disbursement 11 / 15 / 2006 | |
| Mailing Address 631 D Street, NW #435 | | Amount of Each Disbursement this Period 2493.17 | |
| City Washington State DC Zip Code 20004 | Purpose of Disbursement Salaries Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nicole C. Fenwick | | Transaction ID: SB21B.90824 Date of Disbursement 11 / 16 / 2006 | |
| Mailing Address 631 D Street, NW #435 | | Amount of Each Disbursement this Period 27.00 | |
| City Washington State DC Zip Code 20004 | Purpose of Disbursement Parking Candidate Name | 002 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input 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) ▶ | 2542.17 |
| 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 179 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
Travel-Charter Air

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.90892

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

29398.61

Full Name (Last, First, Middle Initial)

B. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
Travel Expense - Charter Air

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.90946

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

69380.17

Full Name (Last, First, Middle Initial)

C. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
Travel-Charter Air In Kind Contributions

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.96372

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

24099.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

98778.78

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 180 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
Travel-Charter Air

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.90893

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

49501.64

Full Name (Last, First, Middle Initial)

B. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contributions Travel-Charter Air

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.96394

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

12111.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
Travel-Charter Air

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.90894

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

45623.88

SUBTOTAL of Disbursements This Page (optional)

95125.52

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)
STRAIGHT TALK AMERICA

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|----------|---|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB21B.90895 | | | | | | | | | | | | | | | | | | | | | |
| A. Flight Options | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</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 | 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Cleveland State OH Zip Code 44143 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Travel-Charter Air | | <table border="1"> <tr> <td colspan="10">27873.80</td> </tr> </table> | | 27873.80 | | | | | | | | | | | | | | | | | | | |
| 27873.80 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td colspan="2">002</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table> | | 002 | | Category/Type | | | | | | | | | | | | | | | | | |
| 002 | | | | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|---|----------|---|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB21B.96404 | | | | | | | | | | | | | | | | | | | | | |
| B. Flight Options | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</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 | 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Cleveland State OH Zip Code 44143 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement In Kind Contribution Travel-Charter Air | | <table border="1"> <tr> <td colspan="10">10559.36</td> </tr> </table> | | 10559.36 | | | | | | | | | | | | | | | | | | | |
| 10559.36 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td colspan="2">011</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table> | | 011 | | Category/Type | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | | | |

[MEMO ITEM]

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---------|---|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB21B.90826 | | | | | | | | | | | | | | | | | | | | | |
| C. Kathryn Fox | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 100 Luna Park Drive, #339 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | / | 3 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Alexandria State VA Zip Code 22305 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Salaries | | <table border="1"> <tr> <td colspan="10">1279.54</td> </tr> </table> | | 1279.54 | | | | | | | | | | | | | | | | | | | |
| 1279.54 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table> | | 001 | | Category/Type | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

29153.34

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)

PAGE 182 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Kathryn Fox | | Transaction ID: SB21B.90825 Date of Disbursement 11 / 15 / 2006 | |
| Mailing Address 100 Luna Park Drive, #339 | | Amount of Each Disbursement this Period 1279.54 | |
| City Alexandria State VA Zip Code 22305 | Purpose of Disbursement Salaries Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Geechie Communications | | Transaction ID: SB21B.90896 Date of Disbursement 11 / 01 / 2006 | |
| Mailing Address PO Box 21115 | | Amount of Each Disbursement this Period 5000.00 | |
| City Charleston State SC Zip Code 29413 | Purpose of Disbursement Political Consultant Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Craig A. Goldman | | Transaction ID: SB21B.90828 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 5747 Sherier Place NW | | Amount of Each Disbursement this Period 4244.14 | |
| City Washington State DC Zip Code 20016 | Purpose of Disbursement Salaries Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10523.68 |
| 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 183 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Craig A. Goldman | | Transaction ID: SB21B.90829 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 5747 Sherier Place NW | | Amount of Each Disbursement this Period 55.00 |
| City Washington State DC Zip Code 20016 | Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Craig A. Goldman | | Transaction ID: SB21B.90827 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 5747 Sherier Place NW | | Amount of Each Disbursement this Period 4244.14 |
| City Washington State DC Zip Code 20016 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Matthew J. Gronewald | | Transaction ID: SB21B.90832 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 5129 Hawthorne Drive, Apt. C | | Amount of Each Disbursement this Period 1636.03 |
| City West Des Moines State IA Zip Code 50265 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5935.17 |
| 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)
STRAIGHT TALK AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Matthew J. Gronewald | | Transaction ID: SB21B.90830 Date of Disbursement 11 / 10 / 2006 |
| Mailing Address 5129 Hawthorne Drive, Apt. C | | Amount of Each Disbursement this Period 1256.84 |
| City West Des Moines State IA Zip Code 50265 | | |
| Purpose of Disbursement Travel Reimbursement | Category/Type 001 | |
| 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. Matthew J. Gronewald | | Transaction ID: SB21B.90831 Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 5129 Hawthorne Drive, Apt. C | | Amount of Each Disbursement this Period 1636.03 |
| City West Des Moines State IA Zip Code 50265 | | |
| Purpose of Disbursement Salaries | Category/Type 001 | |
| 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. Brad Henry | | Transaction ID: SB21B.90834 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address PO Box 12091 | | Amount of Each Disbursement this Period 3500.00 |
| City Columbia State SC Zip Code 29211 | | |
| Purpose of Disbursement Political Consultant | Category/Type 001 | |
| 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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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6392.87 |
| 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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Brad Henry | | Transaction ID: SB21B.90835 Date of Disbursement 11 / 09 / 2006 | |
| Mailing Address PO Box 12091 | | Amount of Each Disbursement this Period 188.13 | |
| City Columbia State SC Zip Code 29211 | Purpose of Disbursement Travel Reimbursement Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Holloway Consulting | | Transaction ID: SB21B.90897 Date of Disbursement 11 / 01 / 2006 | |
| Mailing Address PO Box 550004 | | Amount of Each Disbursement this Period 8000.00 | |
| City Atlanta State GA Zip Code 30355 | Purpose of Disbursement Financial Consultant Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Hoon Designs | | Transaction ID: SB21B.90898 Date of Disbursement 11 / 10 / 2006 | |
| Mailing Address 1915-B Chain Bridge Rd., #529 | | Amount of Each Disbursement this Period 1100.00 | |
| City McLean State VA Zip Code 22102 | Purpose of Disbursement Printing Candidate Name | 003 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9288.13 |
| 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 186 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Huckaby Davis Lisker | | Transaction ID: SB21B.90899 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 228 S. Washington St., Suite 115 | | Amount of Each Disbursement this Period 6000.00 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Compliance Consultant Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Michael E. Jaconi | | Transaction ID: SB21B.90837 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 1615 33rd Street, NW | | Amount of Each Disbursement this Period 1143.37 |
| City Washington State DC Zip Code 20007 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Michael E. Jaconi | | Transaction ID: SB21B.90836 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 1615 33rd Street, NW | | Amount of Each Disbursement this Period 1143.37 |
| City Washington State DC Zip Code 20007 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8286.74 |
| 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 187 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Amber L. Johnson | | Transaction ID: SB21B.90839 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 1040 Hyde Park Drive | | Amount of Each Disbursement this Period 2358.60 |
| City Annapolis State MD Zip Code 21403 | 001 Category/ Type | |
| Purpose of Disbursement Salaries 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. Amber L. Johnson | | Transaction ID: SB21B.90838 Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 1040 Hyde Park Drive | | Amount of Each Disbursement this Period 2358.60 |
| City Annapolis State MD Zip Code 21403 | 001 Category/ Type | |
| Purpose of Disbursement Salaries 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. Karen L. Kessenich | | Transaction ID: SB21B.90840 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address 12186 Hickory Knoll Place | | Amount of Each Disbursement this Period 3000.00 |
| City Fairfax State VA Zip Code 22033 | 001 Category/ Type | |
| Purpose of Disbursement Financial Consultant 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7717.20 |
| 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 188 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Chuck Larson | | Transaction ID: SB21B.90841 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2214 Evergreen Street, NE | | Amount of Each Disbursement this Period 2479.79 | |
| City Cedar Rapids State IA Zip Code 52402 | Purpose of Disbursement Travel Reimbursement Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. LexisNexis | | Transaction ID: SB21B.90900 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 | |
| Mailing Address PO Box 7247-7090 | | Amount of Each Disbursement this Period 600.00 | |
| City Philadelphia State PA Zip Code 19170-7090 | Purpose of Disbursement Subscription/publication Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. McAlister Communications | | Transaction ID: SB21B.90901 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address PO Box 24197 1340 Bull Street, Ste. 200 | | Amount of Each Disbursement this Period 6000.00 | |
| City Columbia State SC Zip Code 29224 | Purpose of Disbursement Political Consultant Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 9079.79 |
| 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 189 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Becca McMullen | | Transaction ID: SB21B.90845 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address 815 A Brazos, #254 | | Amount of Each Disbursement this Period 2000.00 |
| City Austin State TX Zip Code 78701 | Purpose of Disbursement Financial Consultant Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Courtney Nahigian | | Transaction ID: SB21B.90847 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 331 Cameron Station Blvd. | | Amount of Each Disbursement this Period 3188.84 |
| City Alexandria State VA Zip Code 22304 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Courtney Nahigian | | Transaction ID: SB21B.90846 Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 331 Cameron Station Blvd. | | Amount of Each Disbursement this Period 3188.84 |
| City Alexandria State VA Zip Code 22304 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8377.68 |
| 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 190 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. National City Bank | | Transaction ID: SB21B.90902 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 5756 | | Amount of Each Disbursement this Period 693.35 |
| City Akron State OH Zip Code 44101 | Purpose of Disbursement Bank Charges Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. National City Bank | | Transaction ID: SB21B.90903 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 5756 | | Amount of Each Disbursement this Period 594.76 |
| City Akron State OH Zip Code 44101 | Purpose of Disbursement Bank Charges Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. New England Press | | Transaction ID: SB21B.90904 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 1200 Wake Forest Drive | | Amount of Each Disbursement this Period 518.50 |
| City Alexandria State VA Zip Code 22307 | 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) ▼ |
| | | Category/Type 001 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1806.61 |
| 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)
STRAIGHT TALK AMERICA

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. New Media Strategies | | Transaction ID: SB21B.90905 | |
| Mailing Address 33 Deer Street, Ste. 3A | | Date of Disbursement MM / DD / YYYY 11 / 01 / 2006 | |
| City Portsmouth | State NH | Zip Code 03801 | Amount of Each Disbursement this Period 5000.00 |
| Purpose of Disbursement Political Consultant | | 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. New Media Strategies | | Transaction ID: SB21B.90906 | |
| Mailing Address 33 Deer Street, Ste. 3A | | Date of Disbursement MM / DD / YYYY 11 / 16 / 2006 | |
| City Portsmouth | State NH | Zip Code 03801 | Amount of Each Disbursement this Period 698.00 |
| Purpose of Disbursement Website Expense | | 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paychex | | Transaction ID: SB21B.90907 | |
| Mailing Address 7450 Tilghman St., Ste. 107 | | Date of Disbursement MM / DD / YYYY 10 / 19 / 2006 | |
| City Allentown | State PA | Zip Code 18106-9037 | Amount of Each Disbursement this Period 216.00 |
| Purpose of Disbursement Payroll Taxes | | 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 5914.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Paychex | | Transaction ID: SB21B.90909 | |
| Mailing Address 7450 Tilghman St., Ste. 107 | | Date of Disbursement | |
| City Allentown State PA Zip Code 18106-9037 | | 10 / 31 / 2006 | |
| Purpose of Disbursement Payroll Taxes | | Amount of Each Disbursement this Period | |
| Candidate Name | | 12067.77 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | | Category/Type: 001 | |
| | | Other (specify) ▼ | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Paychex | | Transaction ID: SB21B.90910 | |
| Mailing Address 7450 Tilghman St., Ste. 107 | | Date of Disbursement | |
| City Allentown State PA Zip Code 18106-9037 | | 11 / 10 / 2006 | |
| Purpose of Disbursement Payroll Service Charge | | Amount of Each Disbursement this Period | |
| Candidate Name | | 121.75 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | | Category/Type: 001 | |
| | | Other (specify) ▼ | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Paychex | | Transaction ID: SB21B.90908 | |
| Mailing Address 7450 Tilghman St., Ste. 107 | | Date of Disbursement | |
| City Allentown State PA Zip Code 18106-9037 | | 11 / 15 / 2006 | |
| Purpose of Disbursement Payroll Taxes | | Amount of Each Disbursement this Period | |
| Candidate Name | | 12063.77 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | | Category/Type: 001 | |
| | | Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 24253.29 |
| 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 193 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Marc Peters | | Transaction ID: SB21B.90848 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 9308 Kenbrooke Court | | Amount of Each Disbursement this Period 504.00 |
| City Laurel State MD Zip Code 20723 | Purpose of Disbursement Staff-Administrative Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Marc Peters | | Transaction ID: SB21B.90849 Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 9308 Kenbrooke Court | | Amount of Each Disbursement this Period 504.00 |
| City Laurel State MD Zip Code 20723 | Purpose of Disbursement Staff-Administrative Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. PKL Consulting | | Transaction ID: SB21B.90912 Date of Disbursement 11 / 16 / 2006 |
| Mailing Address 621 Thornwood Lane | | Amount of Each Disbursement this Period 4550.00 |
| City Northfield State IL Zip Code 60093 | Purpose of Disbursement Financial Consultant Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5558.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 194 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. PKL Consulting | | Transaction ID: SB21B.90913 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 621 Thornwood Lane | | Amount of Each Disbursement this Period 10.80 |
| City Northfield State IL Zip Code 60093 | | |
| Purpose of Disbursement Office Supplies Candidate Name | 003 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. PKL Consulting | | Transaction ID: SB21B.90914 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 621 Thornwood Lane | | Amount of Each Disbursement this Period 234.00 |
| City Northfield State IL Zip Code 60093 | | |
| Purpose of Disbursement Postage - Administrative Candidate Name | 003 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Wendy Poole | | Transaction ID: SB21B.90850 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 40428 Spectacular Bid Pl | | Amount of Each Disbursement this Period 7500.00 |
| City Leesburg State VA Zip Code 20176 | | |
| Purpose of Disbursement Administrative Consultant Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7744.80 |
| 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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Richard Quinn & Associates | | Transaction ID: SB21B.90915 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 1600 Gervais Street | | Amount of Each Disbursement this Period 10000.00 |
| City Columbia State SC Zip Code 29201 | Purpose of Disbursement Political Consultant Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Margaret S. Scholz | | Transaction ID: SB21B.90852 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 1523 Bering Drive | | Amount of Each Disbursement this Period 878.86 |
| City Houston State TX Zip Code 77057 | Purpose of Disbursement Salaries Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Margaret S. Scholz | | Transaction ID: SB21B.90853 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 1523 Bering Drive | | Amount of Each Disbursement this Period 40.00 |
| City Houston State TX Zip Code 77057 | 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) ▼ | Category/Type 001 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 10918.86 |
| 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 196 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Margaret S. Scholz | | Transaction ID: SB21B.90851 Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 1523 Bering Drive | | Amount of Each Disbursement this Period 878.86 |
| City Houston State TX Zip Code 77057 | Purpose of Disbursement Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Parker Stephen Sims | | Transaction ID: SB21B.90854 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 8304 Kerry Road | | Amount of Each Disbursement this Period 630.00 |
| City Chevy Chase State MD Zip Code 20815 | Purpose of Disbursement Staff-Administrative Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Parker Stephen Sims | | Transaction ID: SB21B.90856 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 8304 Kerry Road | | Amount of Each Disbursement this Period 86.00 |
| City Chevy Chase State MD Zip Code 20815 | Purpose of Disbursement Parking Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1594.86 |
| 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)
STRAIGHT TALK AMERICA

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Parker Stephen Sims | | Transaction ID: SB21B.90855 Date of Disbursement 11 / 15 / 2006 | |
| Mailing Address 8304 Kerry Road | | Amount of Each Disbursement this Period 630.00 | |
| City Chevy Chase State MD Zip Code 20815 | Purpose of Disbursement Staff-Administrative Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Southern Insights, LLC | | Transaction ID: SB21B.90918 Date of Disbursement 11 / 01 / 2006 | |
| Mailing Address 3072 Sunview Drive | | Amount of Each Disbursement this Period 7500.00 | |
| City Birmingham State AL Zip Code 35243 | Purpose of Disbursement Political Consultant Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Sprint PCS | | Transaction ID: SB21B.90919 Date of Disbursement 10 / 24 / 2006 | |
| Mailing Address PO Box 1769 | | Amount of Each Disbursement this Period 68.36 | |
| City Newark State NJ Zip Code 07101-1769 | Purpose of Disbursement Telephone - Cellular Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 8198.36 |
| 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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Sterling Aviation | | Transaction ID: SB21B.96401 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 370316 | | Amount of Each Disbursement this Period 4664.65 [MEMO ITEM] |
| City Milwaukee State WI Zip Code 53237 | | |
| Purpose of Disbursement In Kind Contribution Travel-Charter Air Candidate Name | 011 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Stevens Reed Curcio | | Transaction ID: SB21B.90923 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 305 Cameron Street | | Amount of Each Disbursement this Period 375.00 |
| City Alexandria State VA Zip Code 22314 | | |
| Purpose of Disbursement Media Consultant Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Sunapee Coach, LLC | | Transaction ID: SB21B.90924 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 16395 | | Amount of Each Disbursement this Period 1862.45 |
| City Hooksett State NH Zip Code 03106 | | |
| Purpose of Disbursement Travel Candidate Name | 002 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2237.45 |
| 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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. T-Mobile | | Transaction ID: SB21B.90938 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 742596 | | Amount of Each Disbursement this Period 215.73 |
| City Cincinnati State OH Zip Code 45274-2596 | | |
| Purpose of Disbursement Telephone - Cellular Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Vernon L. Tarrance | | Transaction ID: SB21B.90858 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 400 Madison Street #209 | | Amount of Each Disbursement this Period 4667.42 |
| City Alexandria State VA Zip Code 22314 | | |
| Purpose of Disbursement Salaries Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Vernon L. Tarrance | | Transaction ID: SB21B.90857 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 400 Madison Street #209 | | Amount of Each Disbursement this Period 4667.42 |
| City Alexandria State VA Zip Code 22314 | | |
| Purpose of Disbursement Salaries Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 9550.57 |
| 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 200 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. The Chicago Club | | Transaction ID: SB21B.90926 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 81 East Van Buren | | Amount of Each Disbursement this Period 2019.16 |
| City Chicago State IL Zip Code 60605 | Purpose of Disbursement Event Expense - Catering Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 003 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Computer Workshop | | Transaction ID: SB21B.90927 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 3223 Brookings Court | | Amount of Each Disbursement this Period 472.50 |
| City Fairfax State VA Zip Code 22031 | Purpose of Disbursement Computer Services Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. The Computer Workshop | | Transaction ID: SB21B.90928 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 3223 Brookings Court | | Amount of Each Disbursement this Period 498.75 |
| City Fairfax State VA Zip Code 22031 | Purpose of Disbursement Computer Services Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2990.41 |
| 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)

PAGE 201 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. The Dennehy Group | | Transaction ID: SB21B.90929 |
| Mailing Address 11 Depot Street, Ste. 2 | | Date of Disbursement MM / DD / YYYY 11 / 01 / 2006 |
| City Concord | State NH | Zip Code 03301 |
| Purpose of Disbursement Political Consultant | Amount of Each Disbursement this Period 15000.00 | |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. The Dennehy Group | | Transaction ID: SB21B.90930 |
| Mailing Address 11 Depot Street, Ste. 2 | | Date of Disbursement MM / DD / YYYY 11 / 09 / 2006 |
| City Concord | State NH | Zip Code 03301 |
| Purpose of Disbursement Travel Reimbursement | Amount of Each Disbursement this Period 1123.39 | |
| Candidate Name | 002 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. The Eudy Company | | Transaction ID: SB21B.90932 |
| Mailing Address 211 N. Union St., Ste. 200 | | Date of Disbursement MM / DD / YYYY 10 / 24 / 2006 |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement Office Supplies | Amount of Each Disbursement this Period 85.96 | |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 16209.35 |
| 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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. The Eudy Company | | Transaction ID: SB21B.90934 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 211 N. Union St., Ste. 200 | | Amount of Each Disbursement this Period 20.11 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Shipping Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Eudy Company | | Transaction ID: SB21B.90935 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 211 N. Union St., Ste. 200 | | Amount of Each Disbursement this Period 225.00 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. The Eudy Company | | Transaction ID: SB21B.90931 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 211 N. Union St., Ste. 200 | | Amount of Each Disbursement this Period 320.45 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Equipment Maintenance Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 565.56 |
| 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 203 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. The Eudy Company | | Transaction ID: SB21B.90933 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 211 N. Union St., Ste. 200 | | Amount of Each Disbursement this Period 141.84 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Office Supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Full Name (Last, First, Middle Initial) B. The Eudy Company | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Eudy Company | | Transaction ID: SB21B.90936 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 211 N. Union St., Ste. 200 | | Amount of Each Disbursement this Period 1942.26 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Full Name (Last, First, Middle Initial) C. The Hallisey Group | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. The Hallisey Group | | Transaction ID: SB21B.90937 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 38 East 85th Street, #5 | | Amount of Each Disbursement this Period 4200.00 |
| City New York State NY Zip Code 10028 | Purpose of Disbursement Financial Consultant Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6284.10 |
| 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 204 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. US Postmaster | | Transaction ID: SB21B.90939 |
| Mailing Address 1100 Wythe Street | | Date of Disbursement 10 / 26 / 2006 |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement Direct Mail - Business Reply Account | Amount of Each Disbursement this Period 2500.00 | |
| Candidate Name | 003 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Verizon | | Transaction ID: SB21B.90940 |
| Mailing Address PO Box 17577 | | Date of Disbursement 10 / 24 / 2006 |
| City Baltimore | State MD | Zip Code 21297-0513 |
| Purpose of Disbursement Telephone-Long Distance | Amount of Each Disbursement this Period 153.37 | |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Verizon | | Transaction ID: SB21B.90941 |
| Mailing Address PO Box 17577 | | Date of Disbursement 11 / 16 / 2006 |
| City Baltimore | State MD | Zip Code 21297-0513 |
| Purpose of Disbursement Telephone-Long Distance | Amount of Each Disbursement this Period 153.31 | |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2806.68 |
| 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 205 / 258

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: SB21B.90942 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 9622 | | Amount of Each Disbursement this Period 189.04 |
| City Mission Hills State CA Zip Code 91346-9622 | Purpose of Disbursement Telephone - Cellular Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. WeatherVision | | Transaction ID: SB21B.90944 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 786 | | Amount of Each Disbursement this Period 500.00 |
| City Jackson State MS Zip Code 39205 | Purpose of Disbursement Media Production Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. John Weaver | | Transaction ID: SB21B.90859 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 337 West 12th Street | | Amount of Each Disbursement this Period 1384.16 |
| City New York State NY Zip Code 10014 | Purpose of Disbursement Travel Reimbursement Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2073.20 |
| TOTAL This Period (last page this line number only) ▶ | 588755.68 |

**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 206 / 258

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB23.96428 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 58.03 |
| City Newark State NJ Zip Code 07101-1270 | 011 Category/ Type | |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | | |
| Candidate Name BOUCHARD FOR US SENATE | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Raddisson Hotels Bloomfield | | Transaction ID: SB23.96428.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 39475 Woodward Ave. | | Amount of Each Disbursement this Period 58.03 |
| City Bloomfield Hills State MI Zip Code 48304 | 011 Category/ Type | |
| Purpose of Disbursement In Kind Contribution-Travel Lodging | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

[MEMO ITEM]

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB23.96445 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 100.79 |
| City Newark State NJ Zip Code 07101-1270 | 011 Category/ Type | |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | | |
| Candidate Name Conservative Principles PAC | | |
| Office Sought: <input type="checkbox"/> House <input 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) ▶ | 158.82 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Clarion Hotel | | Transaction ID: SB23.96445.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 1615 Gervais Street | | Amount of Each Disbursement this Period 100.79 |
| City Columbia State SC Zip Code 29201 | Purpose of Disbursement In Kind Contribution-Travel Lodging Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | [MEMO ITEM] |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB23.96460 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 195.94 |
| City Newark State NJ Zip Code 07101-1270 | Purpose of Disbursement In Kind Contribution Travel-Lodging Candidate Name CHOCOLA FOR CONGRESS INC. | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 | | [MEMO ITEM] |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Marriott South Bend | | Transaction ID: SB23.96460.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 |
| Mailing Address 123 N. St Joseph St | | Amount of Each Disbursement this Period 195.94 |
| City South Bend State IN Zip Code 46601 | Purpose of Disbursement In Kind Contribution Travel-Lodging Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | [MEMO ITEM] |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 195.94 |
| 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 208 / 258

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
Johnson for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CT District: 05

Transaction ID: SB23.96373

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2893.35

B. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
FRIENDS OF GEORGE ALLEN

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: VA District: 00

Transaction ID: SB23.96375

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

C. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
Lungren for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 03

Transaction ID: SB23.96395

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

2111.39

SUBTOTAL of Disbursements This Page (optional)

10004.74

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 209 / 258

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
HEATHER WILSON FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NM District: 01

Transaction ID: SB23.96397

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
CHAFEE FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.96407

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

1233.63

Full Name (Last, First, Middle Initial)

C. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
WELDON VICTORY COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 07

Transaction ID: SB23.96408

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

3120.24

SUBTOTAL of Disbursements This Page (optional) ▶

9353.87

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 210 / 258

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
BOUCHARD FOR US SENATE

Office Sought: House
 Senate
 President
State: MI District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.96409

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

795.37

Full Name (Last, First, Middle Initial)

B. Sterling Aviation

Mailing Address PO Box 370316

City Milwaukee State WI Zip Code 53237

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name
GARD FOR CONGRESS

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.96410

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

4664.65

Full Name (Last, First, Middle Initial)

C. TOM KEAN FOR US SENATE INC

Mailing Address 187 Mill Lane

City Mountainside State NJ Zip Code 07067

Purpose of Disbursement
Cand/Cmte Contributions-Fed

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.90808

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

10460.02

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

30173.39

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 211 / 258

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 checked="" 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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Leonard Litwin

Mailing Address 18 Broadlawn Ave

City State Zip Code
Great Neck NY 11024

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.90842

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 212 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB29.96433 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 58.03 |
| City Newark State NJ Zip Code 07101-1270 | Purpose of Disbursement In Kind Contribution Travel-Lodging Candidate Name Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mike Cox for Attorney General | | Transaction ID: SB29.96433.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 532197 | | Amount of Each Disbursement this Period 58.03 |
| City Livonia State MI Zip Code 48153 | Purpose of Disbursement In Kind Contribution Travel-Lodging Candidate Name Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB29.96435 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 58.03 |
| City Newark State NJ Zip Code 07101-1270 | Purpose of Disbursement In Kind Contribution Travel-Lodging Candidate Name Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 116.06 |
| 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 213 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. John Pappageorge for State Senate | | Transaction ID: SB29.96435.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 34901 Woodward Avenue | | Amount of Each Disbursement this Period 58.03 [MEMO ITEM] |
| City Birmingham State AL Zip Code 48009 | | |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | 011 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB29.96447 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 1270 | | Amount of Each Disbursement this Period 17.58 [MEMO ITEM] |
| City Newark State NJ Zip Code 07101-1270 | | |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | 011 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mark Hammond for Secretary of State | | Transaction ID: SB29.96447.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 223 Indian Wells Drive | | Amount of Each Disbursement this Period 17.58 [MEMO ITEM] |
| City Spartansburg State SC Zip Code 29209 | | |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | 011 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 17.58 |
| 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 214 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB29.96452 |
| Mailing Address PO Box 1270 | | Date of Disbursement MM / DD / YYYY 11 / 03 / 2006 |
| City Newark | State NJ | Zip Code 07101-1270 |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | | Amount of Each Disbursement this Period 13.75 |
| Candidate Name | | 011 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. John McMillan for State Senate | | Transaction ID: SB29.96452.0 |
| Mailing Address PO Box 290 | | Date of Disbursement MM / DD / YYYY 11 / 03 / 2006 |
| City Stockton | State AL | Zip Code 36579 |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | | Amount of Each Disbursement this Period 13.75 |
| Candidate Name | | 011 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

[MEMO ITEM]

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB29.96455 |
| Mailing Address PO Box 1270 | | Date of Disbursement MM / DD / YYYY 11 / 03 / 2006 |
| City Newark | State NJ | Zip Code 07101-1270 |
| Purpose of Disbursement In Kind Contribution Travel-Lodging | | Amount of Each Disbursement this Period 13.75 |
| Candidate Name | | 011 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) | ▶ | 27.50 |
| 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)

PAGE 215 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|---|--|--|
| <p>A. Nick Williams Campaign</p> <p>Full Name (Last, First, Middle Initial) Nick Williams Campaign</p> <p>Mailing Address PO Box 1325</p> <p>City Chatom State AL Zip Code 36518</p> <p>Purpose of Disbursement In Kind Contribution Travel-Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB29.96455.0</p> <p>Date of Disbursement 11 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 13.75</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 011</p> |

| | | |
|--|--|--|
| <p>B. American Express</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement In Kind Contribution Travel-Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB29.96457</p> <p>Date of Disbursement 11 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 17.58</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 011</p> |

| | | |
|---|--|--|
| <p>C. Jim Harrison for House</p> <p>Full Name (Last, First, Middle Initial) Jim Harrison for House</p> <p>Mailing Address 198 Preserve Lane</p> <p>City Columbia State SC Zip Code 29209</p> <p>Purpose of Disbursement In Kind Contribution Travel-Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB29.96457.0</p> <p>Date of Disbursement 11 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 17.58</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 011</p> |

| | |
|---|--------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>17.58</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)

PAGE 216 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cheshire County GOP | | Transaction ID: SB29.90810 Date of Disbursement 10 / 27 / 2006 |
| Mailing Address 87 Maple Road | | Amount of Each Disbursement this Period 2000.00 |
| City Spofford | State NH Zip Code 03462 | |
| Purpose of Disbursement Cand/Cmte Contributions-NonFed | | 011 Category/Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Flight Options | | Transaction ID: SB29.96376 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 3175.10 |
| City Cleveland | State OH Zip Code 44143 | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | 011 Category/Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Nevada Republican Party - State Account | | Transaction ID: SB29.96376.0 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address 8625 W. Sahara Ave | | Amount of Each Disbursement this Period 3175.10 |
| City Las Vegas | State NV Zip Code 89117 | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | 011 Category/Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

[MEMO ITEM]

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5175.10 |
| 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 217 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---------|---|---|---|---|---|---|---|---|---|---------------|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB29.96379 | | | | | | | | | | | | | | | | | | | | | |
| A. Flight Options | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>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 | 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Cleveland State OH Zip Code 44143 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | <table border="1"> <tr> <td colspan="10">1879.20</td> </tr> </table> | | 1879.20 | | | | | | | | | | | | | | | | | | | |
| 1879.20 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table> | | 011 | | | | | | | | | | Category/Type | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | Transaction ID: SB29.96379.0 | | | | | | | | | | | | | | | | | | | | | |
| B. Republican Party of Kentucky - State Account | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 1968 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>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 | 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Frankfort State KY Zip Code 40602 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | <table border="1"> <tr> <td colspan="10">1879.20</td> </tr> </table> | | 1879.20 | | | | | | | | | | | | | | | | | | | |
| 1879.20 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table> | | 011 | | | | | | | | | | Category/Type | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | |

[MEMO ITEM]

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---------|---|---|---|---|---|---|---|---|---|---------------|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB29.96382 | | | | | | | | | | | | | | | | | | | | | |
| C. Flight Options | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>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 | 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Cleveland State OH Zip Code 44143 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | <table border="1"> <tr> <td colspan="10">2500.09</td> </tr> </table> | | 2500.09 | | | | | | | | | | | | | | | | | | | |
| 2500.09 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table> | | 011 | | | | | | | | | | Category/Type | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| 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) ►

4379.29

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 218 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Carroll Committee | | Transaction ID: SB29.96382.0 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address 244 400th Avenue | | Amount of Each Disbursement this Period 2500.09 |
| City Grinnell State IA Zip Code 50112 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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] |
| Category/Type: 011 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Flight Options | | Transaction ID: SB29.96385 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 2883.45 |
| City Cleveland State OH Zip Code 44143 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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) ▼ | [MEMO ITEM] |
| Category/Type: 011 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Citizens for Bill Schickel | | Transaction ID: SB29.96385.0 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address 1443 East State | | Amount of Each Disbursement this Period 2883.45 |
| City Mason City State IA Zip Code 50401 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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) ▼ | [MEMO ITEM] |
| Category/Type: 011 | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2883.45 |
| 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)

PAGE 219 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name

011
Category/
Type

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

State: District:

Transaction ID: SB29.96387

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1441.73

B. Citizens for Struyk

Mailing Address 219 Carson Avenue

City Council Bluffs State IA Zip Code 51503

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name

011
Category/
Type

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

State: District:

Transaction ID: SB29.96387.0

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1441.73

[MEMO ITEM]

C. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name

011
Category/
Type

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

State: District:

Transaction ID: SB29.96389

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1441.73

SUBTOTAL of Disbursements This Page (optional) ►

2883.46

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)

PAGE 220 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Committee to Elect Scott A. Belt | | Transaction ID: SB29.96389.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 1447 Madison Avenue | | Amount of Each Disbursement this Period 1441.73 |
| City Council Bluffs | State IA Zip Code 51503-6766 | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Flight Options | | Transaction ID: SB29.96391 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 2885.10 |
| City Cleveland | State OH Zip Code 44143 | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | [MEMO ITEM] |
| 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. Republican Party of Louisiana - State Account | | Transaction ID: SB29.96391.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 11440 N. Lake Sherwood Ste A | | Amount of Each Disbursement this Period 2885.10 |
| City Baton Rouge | State LA Zip Code 70816 | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air | | [MEMO ITEM] |
| 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) ▶ | 2885.10 |
| 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 221 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Flight Options | | Transaction ID: SB29.96398 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 5000.00 |
| City Cleveland State OH Zip Code 44143 | 011 Category/ Type | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air 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. Oklahoma Republican Party - State Account | | Transaction ID: SB29.96398.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 4031 N. Lincoln Blvd | | Amount of Each Disbursement this Period 5000.00 |
| City Oklahoma City State OK Zip Code 73105 | 011 Category/ Type | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air 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] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Flight Options | | Transaction ID: SB29.96411 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 795.37 |
| City Cleveland State OH Zip Code 44143 | 011 Category/ Type | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air 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) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5795.37 |
| 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 222 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mike Cox for Attorney General | | Transaction ID: SB29.96411.0 Date of Disbursement 11 / 03 / 2006 |
| Mailing Address PO Box 532197 | | Amount of Each Disbursement this Period 793.37 |
| City Livonia State MI Zip Code 48153 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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) ▼ | [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Flight Options | | Transaction ID: SB29.96414 Date of Disbursement 11 / 03 / 2006 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 2522.98 |
| City Cleveland State OH Zip Code 44143 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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. Republican Party of Alabama - State Account | | Transaction ID: SB29.96414.0 Date of Disbursement 11 / 03 / 2006 |
| Mailing Address PO Box 55628 | | Amount of Each Disbursement this Period 2522.98 |
| City Birmingham State AL Zip Code 35255 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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] |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2522.98 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Flight Options | | Transaction ID: SB29.96417 Date of Disbursement 11 / 03 / 2006 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 795.37 |
| City Cleveland State OH Zip Code 44143 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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) ▼ | 011 Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. John Pappageorge for State Senate | | Transaction ID: SB29.96417.0 Date of Disbursement 11 / 03 / 2006 |
| Mailing Address 34901 Woodward Avenue | | Amount of Each Disbursement this Period 795.37 |
| City Birmingham State AL Zip Code 48009 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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) ▼ | 011 Category/ Type |

[MEMO ITEM]

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Flight Options | | Transaction ID: SB29.96420 Date of Disbursement 11 / 03 / 2006 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 601.65 |
| City Cleveland State OH Zip Code 44143 | Purpose of Disbursement In Kind Contribution-Travel Charter Air 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) ▼ | 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

1397.02

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)

PAGE 224 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Casey Cagle for Lieutenant Governor | | Transaction ID: SB29.96420.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 489 | | Amount of Each Disbursement this Period 601.65 [MEMO ITEM] |
| City Oakwood State GA Zip Code 30566 | | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air Candidate Name | 011 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Flight Options | | Transaction ID: SB29.96423 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | | Amount of Each Disbursement this Period 280.33 [MEMO ITEM] |
| City Cleveland State OH Zip Code 44143 | | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air Candidate Name | 011 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. Shelby County Republican Party | | Transaction ID: SB29.96423.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 180 Sequoia Street | | Amount of Each Disbursement this Period 280.33 [MEMO ITEM] |
| City Montevallo State AL Zip Code 35115 | | |
| Purpose of Disbursement In Kind Contribution-Travel Charter Air Candidate Name | 011 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 280.33 |
| 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 225 / 258

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

A. Flight Options

Mailing Address 26180 Curtiss-Wright Parkway
Cuyahoga County Airport

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.96425

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

280.33

Full Name (Last, First, Middle Initial)

B. Jefferson County Republican Party

Mailing Address 16 Brookline Drive

City Charles Town State WV Zip Code 25414

Purpose of Disbursement
In Kind Contribution-Travel Charter Air

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.96425.0

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

280.33

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

280.33

TOTAL This Period (last page this line number only)

28661.15

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ARIZONA REPUBLICAN PARTY | Nature of Debt (Purpose): Travel-Airfare |
| Mailing Address 3501 N. 24th Street | |
| City State ZIP Code Phoenix AZ 85016 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD9.96369 | |
| Amount Incurred This Period 3757.95 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3757.95 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BOB CORKER FOR SENATE | Nature of Debt (Purpose): Travel Reimbursement |
| Mailing Address PO Box 848 | |
| City State ZIP Code Chattanooga TN 37403 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD9.97055 | |
| Amount Incurred This Period 4441.21 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 4441.21 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Charlie Crist for Governor | Nature of Debt (Purpose): Travel-Airfare |
| Mailing Address 2640-A Mitcham Drive | |
| City State ZIP Code Tallahassee FL 32308 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD9.96367 | |
| Amount Incurred This Period 3036.79 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3036.79 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 11235.95 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCSWEENEY FOR CONGRESS 2006 INC | Nature of Debt (Purpose): Travel Reimbursement |
| Mailing Address 8 Hubbell Court | |
| City State ZIP Code Barrington Hills IL 60010 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD9.97056 | |
| Amount Incurred This Period 1548.13 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1548.13 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dick DeVos for Governor | Nature of Debt (Purpose): Travel - Charter Air |
| Mailing Address 721 A Kenmoor Ave SE | |
| City State ZIP Code Grand Rapids MI 49546 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD9.96469 | |
| Amount Incurred This Period 2950.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2950.00 |

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

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD9.96356 | |
| Amount Incurred This Period 12453.20 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 12453.20 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 16951.33 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

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

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

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

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KEAN-NJ VICTORY 06 | Nature of Debt (Purpose): Travel-Lodging |
| Mailing Address PO BOX 225 | |
| City State ZIP Code COLONIA NJ 07067 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD9.96365 | |
| Amount Incurred This Period 410.52 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 410.52 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1656.55 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

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

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mississippi Republican Party-STATE ACCOUNT | Nature of Debt (Purpose): Travel-Airfare |
| Mailing Address 415 Yazoo Street | |
| City State ZIP Code Jackson MS 39201 | |

| | | |
|--|----------------------------------|---|
| Outstanding Balance Beginning This Period 6650.93 | Transaction ID: SD9.77087 | |
| Amount Incurred This Period 0.00 | Payment This Period 6650.93 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCHWARZ FOR CONGRESS | Nature of Debt (Purpose): Travel-Airfare |
| Mailing Address 6123 W. Saginaw Hwy. | |
| City State ZIP Code Lansing MI 49016 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 372.20 | Transaction ID: SD9.77251 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 372.20 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 9652.03 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | | |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 230 / 258 | |
| | FOR LINE NUMBER: (check only one) | <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Washington Post | Nature of Debt (Purpose): Travel-Airfare |
| Mailing Address 1150 15th Street, NW | |
| City State ZIP Code Washington DC 20071 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: SD9.96357 | |
| 0.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 566.00 | 0.00 | 566.00 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 566.00 |
| 2) TOTALS This Period (last page this line number only)..... | 40061.86 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express | Nature of Debt (Purpose): In-Kind Contribution - Lodging |
| Mailing Address PO Box 1270 | |
| City State ZIP Code Newark NJ 07101-1270 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96660 | |
| Amount Incurred This Period 400.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 400.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T | Nature of Debt (Purpose): Telephone Expense |
| Mailing Address PO Box 9001309 | |
| City State ZIP Code Louisville KY 40290-1309 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96336 | |
| Amount Incurred This Period 610.95 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 610.95 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bryan Bernys | Nature of Debt (Purpose): Cell phone and Travel Reimbursement |
| Mailing Address 58 Mechanic Street Apt. 6 | |
| City State ZIP Code Manchester NH 03101 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96337 | |
| Amount Incurred This Period 805.56 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 805.56 |

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|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 1816.51 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96338 | |
| Amount Incurred This Period 1241.85 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1241.85 |

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

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96339 | |
| Amount Incurred This Period 9343.37 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9343.37 |

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

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96340 | |
| Amount Incurred This Period 1404.66 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1404.66 |

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| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 11989.88 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ExcelAire,LLC | Nature of Debt (Purpose): Travel - Charter Air |
| Mailing Address 200 Hering Drive L.I. Mac Arthur Airport | |
| City State ZIP Code Ronkonkoma NY 11779 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96341 | |
| Amount Incurred This Period 36573.43 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 36573.43 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 69380.17 | Transaction ID: SD10.86862 | |
| Amount Incurred This Period 0.00 | Payment This Period 69380.17 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96342 | |
| Amount Incurred This Period 34507.04 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 34507.04 |

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|--|-----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 71080.47 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96471 | |
| Amount Incurred This Period 3416.32 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3416.32 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96472 | |
| Amount Incurred This Period 3422.92 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3422.92 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96473 | |
| Amount Incurred This Period 1028.20 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1028.20 |

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|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 7867.44 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96474 | |
| Amount Incurred This Period 2562.24 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2562.24 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96475 | |
| Amount Incurred This Period 569.39 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 569.39 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96482 | |
| Amount Incurred This Period 512.69 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 512.69 |

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|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 3644.32 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96483 | |
| Amount Incurred This Period 512.69 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 512.69 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96484 | |
| Amount Incurred This Period 825.89 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 825.89 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96490 | |
| Amount Incurred This Period 825.89 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 825.89 |

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| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 2164.47 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96476 | |
| Amount Incurred This Period 1708.16 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1708.16 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96477 | |
| Amount Incurred This Period 1904.71 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1904.71 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96478 | |
| Amount Incurred This Period 1904.71 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1904.71 |

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|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 5517.58 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96479 | |
| Amount Incurred This Period 2074.01 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2074.01 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96480 | |
| Amount Incurred This Period 525.88 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 525.88 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96481 | |
| Amount Incurred This Period 3661.45 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3661.45 |

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|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 6261.34 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96487 | |
| Amount Incurred This Period 3188.56 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3188.56 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96462 | |
| Amount Incurred This Period 4821.43 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 4821.43 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96485 | |
| Amount Incurred This Period 2416.42 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2416.42 |

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|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 10426.41 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Flight Options | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport | |
| City State ZIP Code Cleveland OH 44143 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96464 | |
| Amount Incurred This Period 44520.40 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 44520.40 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy,LLC | Nature of Debt (Purpose): Consulting-Web/Internet |
| Mailing Address 4715 N. 32nd Street, Ste. 107 | |
| City State ZIP Code Phoenix AZ 85018 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96343 | |
| Amount Incurred This Period 1550.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1550.00 |

| | |
|---|-----------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Iowa Motor Truck Association | Nature of Debt (Purpose): Rent |
| Mailing Address 717 East Court Avenue | |
| City State ZIP Code Des Moines IA 50309 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96344 | |
| Amount Incurred This Period 625.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 625.00 |

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|--|-----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 46695.40 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Michael E. Jaconi | Nature of Debt (Purpose): Travel, Telephone, Office Supplies |
| Mailing Address 1615 33rd Street, NW | |
| City State ZIP Code Washington DC 20007 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96346 | |
| Amount Incurred This Period 715.06 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 715.06 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Net Jets, Inc. | Nature of Debt (Purpose): Travel Expense-Charter Air |
| Mailing Address 4111 Bridgeway Ave. | |
| City State ZIP Code Columbus OH 43219 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96489 | |
| Amount Incurred This Period 8605.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 8605.00 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Productions, Inc. | Nature of Debt (Purpose): Equipment Rental |
| Mailing Address 20570 W. 8 Mile Road | |
| City State ZIP Code Southfield MI 48075 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96349 | |
| Amount Incurred This Period 450.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 450.00 |

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| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 9770.06 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: SD10.86868 | |
| 100993.25 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 100993.25 | |

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

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

| | | | |
|---|-------|----------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic National Consulting, LLC | | | Nature of Debt (Purpose): Consulting-Strategic Planning |
| Mailing Address 531 North Capitol Ave. | | | |
| City | State | ZIP Code | |
| Lansing | MI | 48933 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: SD10.96352 | |
| 0.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 7500.00 | 0.00 | 7500.00 | |

| | | |
|--|---|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 125141.43 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 243 / 258 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96353 | |
| Amount Incurred This Period 59136.10 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 59136.10 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan Gage Catering | Nature of Debt (Purpose): Event Expense-Catering |
| Mailing Address 7411 Livingston Road | |
| City State ZIP Code Oxon Hill MD 20745 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.96354 | |
| Amount Incurred This Period 6835.52 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6835.52 |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 65971.62 |
| 2) TOTALS This Period (last page this line number only)..... | 368346.93 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

Form/Schedule: **F3XA**

Transaction ID:

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

Form/Schedule: **SB21B**

See Flight Options In Kind Contributions on Schedule B Lines 23 and 29 dated 10/24/06.

Transaction ID: **SB21B.96372**

Image# 27950049218

Form/Schedule: **SB21B** See Flight Options In Kind Contributions on Lines 23 and 29.

Transaction ID: **SB21B.96394**

Form/Schedule: **SB21B** See Gard for Congress In Kind Contribution 11/06/06 Schedule B Line 23 Transaction ID #SB23.96410.

Transaction ID: **SB21B.96401**

Image# 27950049219

Form/Schedule: **SB29** In Kind Contribtuion for travel-lodging at the Radisson Bloomfield at 39475 Woodward Ave., Bloomfield Hills
Transaction ID: **SB29.96433.0** Michigan 48304.

Form/Schedule: **SB29** In Kind Contribtuion for travel-lodging at the Radisson Bloomfield at 39475 Woodward Ave., Bloomfield Hills
Transaction ID: **SB29.96435.0** Michigan 48304.

Image# 27950049220

Form/Schedule: **SB29** In Kind Contribution for Travel-Lodging at the Marriot Columbia SC 1615 Gervais Street Columbia SC 29201
Transaction ID: **SB29.96447.0**

Form/Schedule: **SB29** In Kind Contribtuion for travel-lodging at the Marriott Mobile Alabama 3101 Airport Blvd Mobile AL 36606.
Transaction ID: **SB29.96452.0**

Image# 27950049221

Form/Schedule: **SB29** In Kind Contribtuion for travel-lodging at the Marriott Mobile Alabama 3101 Airport Blvd Mobile AL 36606.
Transaction ID: **SB29.96455.0**

Form/Schedule: **SB29** In Kind Contribution for Travel-Lodging at the Marriot Columbia SC 1615 Gervais Street Columbia SC 29201
Transaction ID: **SB29.96457.0**

Image# 27950049222

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Californians for Schwarzenegger 2006, PO Box 783, Sacramento, CA 95812. The expenditure was for a lodging expense and should be considered an in-kind contribution to Californians for Schwarzenegger 2006 for the General Election 2006. Please note that this amount is an estimate. In the event that the actual invoiced amount deviates from the estimate, that change will be reflected in an amended report. Vendor information for this in-kind: Marriott Indian Wells, 44-400 Indian Wells Lane, Indian Wells, CA 92210.
Transaction ID: **SD10.96660**

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Conservative Principles PAC, 314 Walnut Street, Early, IA 50535 (Committee ID# C00428839). The service was for charter air travel expense and should be considered an in-kind contribution to Conservative Principles PAC.
Transaction ID: **SD10.96471**

Image# 27950049223

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Mike DeWine for US Senate, 250 East Broad St, Suite 1600, Columbus, OH (Committee ID# C00364497). The service was for charter air travel expense and should be considered an in-kind contribution to Mike DeWine for US Senate for the General Election 2006.
Transaction ID: **SD10.96472**

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Mary Bono Committee, PO Box 3370, Palm Springs, CA 92263 (Committee ID# C00332890). The service was for charter air travel expense and should be considered an in-kind contribution to Mary Bono Committee for the General Election 2006.
Transaction ID: **SD10.96473**

Image# 27950049224

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Friends of John Thune, 224 N. Phillips Ave, Suite 210, Sioux Falls, 57104 (Committee ID#C00409581). The service was for charter air travel expense and should be considered an in-kind contribution to Friends of John Thune for the General Election 2006.
Transaction ID: **SD10.96474**

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Lamberti for Congress PO Box 785, Ankeny IA 50021 (Committee ID#C00410878). The service was for charter air travel expense and should be considered an in-kind contribution to Lamberti for Congress for the General Election 2006.
Transaction ID: **SD10.96475**

Image# 27950049225

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Mark Hammond for Secretary of State, 223 Indian Wells Drive,
Transaction ID: **SD10.96482** Spartanburg, SC, 29306. The service was for charter air travel expense and should be considered an in-kind contribution to Mark Hammond for Secretary of State for the General Election 2006.

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Jim Harrison for House, 198 Preserve Lane, Columbia, SC 29209.
Transaction ID: **SD10.96483** The service was for charter air travel expense and should be considered an in-kind contribution to Jim Harrison for House for the General Election 2006.

Image# 27950049226

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of John McMillan for State Senate, PO Box 290, Stockton, AL 36579.
Transaction ID: **SD10.96484** The service was for charter air travel expense and should be considered an in-kind contribution to John McMillan for State Senate for the General Election 2006.

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Nick Williams for State House, PO Box 1325, Chatom, AL 36518.
Transaction ID: **SD10.96490** The service was for charter air travel expense and should be considered an in-kind contribution to Nick Williams for State House for the General Election 2006.

Image# 27950049227

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Bass Victory Committee, PO Box 3451, Concord NH 03302 (Committee ID#C00302570). The service was for charter air travel expense and should be considered an in-kind contribution to Bass Victory Committee for the General Election 2006.
Transaction ID: **SD10.96476**

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Christopher Shays for Congress Committee, 98 East Ave Rear Bldg, Norwalk CT 06851 (Committee ID#C00215699). The service was for charter air travel expense and should be considered an in-kind contribution to Christopher Shays for Congress Committee for the General Election 2006.
Transaction ID: **SD10.96477**

Image# 27950049228

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Simmons for Congress, PO Box 268, Drawer 271 Stonington, CT 06-
Transaction ID: **SD10.96478** 378 (Committee ID#C00343921). The service was for charter air travel expense and should be considered an in-kind contribution to Simmons for Congress for the General Election 2006.

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Roskam for Congress Committee 423 W. Wesley Street, Wheaton,
Transaction ID: **SD10.96479** IL 60189 (Committee ID#C00410969). The service was for charter air travel expense and should be considered an in-kind contribution to Roskam for Congress Committee for the General Election 2006.

Image# 27950049229

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of David McSweeney for Congress 2006, 8 Hubbell Court, Barrington Hills, IL 60010 (Committee ID#C00332114). The service was for charter air travel expense and should be considered an in-kind contribution to David McSweeney for Congress 2006 for the General Election 2006.
Transaction ID: **SD10.96480**

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Chocola for Congress PO Box 6728 South Bend, IN 46660 (Committee ID#C00384958). The service was for charter air travel expense and should be considered an in-kind contribution to Chocola for Congress for the General Election 2006.
Transaction ID: **SD10.96481**

Image# 27950049230

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Friends of John Gallus, 292 Prospect Street, Berlin NH 03570.
Transaction ID: **SD10.96487** The service was for charter air travel expense and should be considered an in-kind contribution to Friends of John Gallus for the General Election 2006.

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Swann for Governor, 429 4th Avenue, Pittsburgh, PA 15219 on 11-
Transaction ID: **SD10.96462** /06. The service was for charter air travel expense and should be considered an in-kind contribution to Swann for Governor for the General Election, 2006.

Image# 27950049231

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Fitzpatrick for Congress 115 N. Broad Street Doylestown, PA 18-901 (Committee ID#C00404236). The service was for charter air travel expense and should be considered an in-kind contribution to Fitzpatrick for Congress for the General Election 2006.
Transaction ID: **SD10.96485**

Form/Schedule: **SD10** This outstanding debt was incurred on behalf of Californians for Schwarzenegger 2006, PO Box 783, Sacramento, CA 95812. The expenditure was for charter air travel expense and should be considered an in-kind contribution to Californians for Schwarzenegger 2006 for the General Election 2006.
Transaction ID: **SD10.96489**
