

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 Fraternity & Sorority Political Action Committee

ADDRESS (number and street) PO Box 50731 Washington DC 20091-0731 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00410068 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 05 01 2006 through 05 31 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 Margee Clancy

Signature of Treasurer Electronically Filed by Margee Clancy Date 06 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Fraternity & Sorority Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		50239.94
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	41893.83									
(c) Total Receipts (from Line 19) .....	12305.00	61915.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54198.83	112154.94								
7. Total Disbursements (from Line 31) .....	13317.74	71273.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40881.09	40881.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Fraternity & Sorority Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

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	11500.00	54525.00
(i) Itemized (use Schedule A) .....	805.00	6890.00
(ii) Unitemized .....	12305.00	61415.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	500.00
(c) Other Political Committees (such as PACs) .....	12305.00	61915.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12305.00	61915.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12305.00	61915.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	14317.74	23273.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14317.74	23273.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	48000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13317.74	71273.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13317.74	71273.85

**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) .....	12305.00	61915.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12305.00	61915.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14317.74	23273.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14317.74	23273.85

# SCHEDULE A (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 / 17
	<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)  
Fraternity & Sorority Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Samuel C. Bessey

Mailing Address 147 Maple Row Boulevard Suite 200

City Hendersonville State TN Zip Code 37075

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

Name of Employer Chi Psi Fraternity Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.6010

Amount of Each Receipt this Period  
 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lynn J. Bower

Mailing Address 5753G Santa Ana Canyon Road

City Anaheim Hills State CA Zip Code 92807

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

Name of Employer Self-Employed Occupation Investment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6027

Amount of Each Receipt this Period  
 500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Carlson

Mailing Address 424 5th Avenue Street, SE

City Minneapolis State MN Zip Code 55414

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

Name of Employer MPC 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 Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6026

Amount of Each Receipt this Period  
 1000.00

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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)  
Fraternity & Sorority Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Daniel DiLella

Mailing Address 980 Idlewood Road

City Gladwyne State PA Zip Code 19035

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

Name of Employer BPG Properties, LTD. Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
05 / 05 / 2006

Transaction ID: SA11A1.6036

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sara S. Estes

Mailing Address 9151 W. Terrapin Hills Road

City Columbia State MD Zip Code 65203

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

Name of Employer Gaslight Properties - GMAC Real Estat Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
05 / 23 / 2006

Transaction ID: SA11A1.6016

Amount of Each Receipt this Period  
1500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ben C. Fisher

Mailing Address 5118 Cammack Drive

City Bethesda State MD Zip Code 20816

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

Name of Employer Pillsbury Winthrop Shaw Pittmar Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 22 / 2006

Transaction ID: SA11A1.6014

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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)  
Fraternity & Sorority Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeremy Hammerton

Mailing Address 1101 Collier Road, Apt V-3

City Atlanta State GA Zip Code 30318

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

Name of Employer Batson-Cook Development Occupation Sales Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 23 / 2006

Transaction ID: SA11A1.6042

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lonnie Justice

Mailing Address 1264 Townsend Terrace

City Sunnyvale State CA Zip Code 94087

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

Name of Employer Agilent Technologies Occupation Sales Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 23 / 2006

Transaction ID: SA11A1.6020

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Gregory Karmazin

Mailing Address 26110 Harbour Pointe Drive South

City Harrison Township State MI Zip Code 48045

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 05 / 2006

Transaction ID: SA11A1.6032

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<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)  
Fraternity & Sorority Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Darren Kay</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 14281 West 115th Terrace		<b>Transaction ID: SA11A1.6034</b>	
City Olathe	State KS	Zip Code 66062	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Ernst and Young	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Nancy LaForge</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1850 M Street, NW Suite 800		<b>Transaction ID: SA11A1.6040</b>	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. William N. LaForge</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1850 M Street, NW Suite 800		<b>Transaction ID: SA11A1.6013</b>	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Winstead Fehrest & Minich	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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)  
Fraternity & Sorority Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin M. Mayeux

Mailing Address 4842 Sheehan Place

City State Zip Code  
Indianapolis IN 46254

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

Name of Employer Occupation  
Tau Kappa Epsilon Associate Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2006

Transaction ID: SA11A1.6025

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald A. Neville

Mailing Address 3541 E. Kingswood Drive

City State Zip Code  
Springfield MO 65809

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

Name of Employer Occupation  
Self-Employed Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: SA11A1.6028

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. Vicki Nixon

Mailing Address 5220 - 85th Street

City State Zip Code  
Lubbock TX 79424-3408

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

Name of Employer Occupation  
Commercial Property Services Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.6011

Amount of Each Receipt this Period  
250.00

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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)  
Fraternity & Sorority Political Action Committee

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

Mailing Address 6825 Oak Street

City State Zip Code  
Kansas City MO 64113

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

Name of Employer Occupation  
The Farm Home Foundation Non-Profit Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: SA11A1.6029

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Howard C. Pickett

Mailing Address 412 Rutherglen Drive

City State Zip Code  
Cary NC 27511

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

Name of Employer Occupation  
George E. Pickett Jr. & Assoc. Inc. President/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2006

Transaction ID: SA11A1.6015

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. Melanie M. Shain

Mailing Address 401 Windsor Avenue

City State Zip Code  
Wayne PA 19087

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

Name of Employer Occupation  
Finance & Trade Corporation Financial Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2006

Transaction ID: SA11A1.6017

Amount of Each Receipt this Period  
500.00

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:	PAGE 12 / 17
	(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)  
Fraternity & Sorority Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Wynn R. Smiley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 8463 Pinetree Blvd.		Transaction ID: SA11A1.6023
City State Zip Code Indianapolis IN 46256	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Alpha Tau Omega Executive	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Perry R. Swanson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1700 Grandview Avenue		Transaction ID: SA11A1.6022
City State Zip Code Pittsburgh PA 15211	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Swanson Group, Ltd. Salesman	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1150.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Fraternity & Sorority Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.6054	
Mailing Address P.O. Box 1270		Date of Disbursement MM / DD / YYYY 05 / 09 / 2006	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 133.00
Purpose of Disbursement Credit Card Processing Fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>		<b>Transaction ID:</b> SB21B.6058	
Mailing Address 815 Slaters Lane		Date of Disbursement MM / DD / YYYY 05 / 16 / 2006	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Gen. Fund., Event Exp., Speaker		003 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CardMember Services</b>		<b>Transaction ID:</b> SB21B.6062	
Mailing Address PO Box 15153		Date of Disbursement MM / DD / YYYY 05 / 16 / 2006	
City Wilmington	State DE	Zip Code 19886	Amount of Each Disbursement this Period 8123.85
Purpose of Disbursement Credit Card, See Below		003 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8506.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Fraternity & Sorority Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Inn and Conference Center - College Park</b>		<b>Transaction ID:</b> SB21B.6062.0 <b>Date of Disbursement</b> MM / DD / YYYY 05 / 16 / 2006	
Mailing Address University of Maryland University Boulevard & Adelphi Roa		Amount of Each Disbursement this Period 8123.85  <b>[MEMO ITEM]</b>	
City College Park	State MD		Zip Code 20742
Purpose of Disbursement Gen. Fund., Event Exp., Catering			003 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Inn and Conference Center - College Park</b>		<b>Transaction ID:</b> SB21B.6060 <b>Date of Disbursement</b> MM / DD / YYYY 05 / 16 / 2006	
Mailing Address University of Maryland University Boulevard & Adelphi Roa		Amount of Each Disbursement this Period 837.90	
City College Park	State MD		Zip Code 20742
Purpose of Disbursement Gen. Fund., Event Exp., Audio Visual			003 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. NOVA Information Systems, Inc.</b>		<b>Transaction ID:</b> SB21B.6050 <b>Date of Disbursement</b> MM / DD / YYYY 05 / 01 / 2006	
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 56.94	
City Knoxville	State TN		Zip Code 37920
Purpose of Disbursement Credit Card Processing Fee			001 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	894.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 17

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

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NAME OF COMMITTEE (In Full)  
Fraternity & Sorority Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. PattonBoggs, LLP</b>		<b>Transaction ID:</b> SB21B.6070 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 2550 M Street, NW		Amount of Each Disbursement this Period 5079.11
City Washington State DC Zip Code 20037	Purpose of Disbursement Legal Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. PattonBoggs, LLP</b>		<b>Transaction ID:</b> SB21B.6071 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 2550 M Street, NW		Amount of Each Disbursement this Period -456.08
City Washington State DC Zip Code 20037	Purpose of Disbursement Legal Fees - VOID/State Check - 8/1/05 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Rob Williamson</b>		<b>Transaction ID:</b> SB21B.6056 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 6431 South Heritage Place East		Amount of Each Disbursement this Period 250.00
City Centennial State CO Zip Code 80111	Purpose of Disbursement Gen. Fund., Event Exp., Photographer Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4873.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>14274.72</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<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)  
Fraternity & Sorority Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. BILL NELSON FOR U S SENATE</b>		<b>Transaction ID: SB23.6067</b> Date of Disbursement
Mailing Address 500 RED SAIL WAY		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City SATELITE BEACH	State FL	Zip Code 32937
Purpose of Disbursement Contribution		<input type="text" value="1000.00"/>
Candidate Name BILL NELSON		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 00	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR HARKIN</b>		<b>Transaction ID: SB23.6075</b> Date of Disbursement
Mailing Address P O BOX 811		<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City DES MOINES	State IA	Zip Code 50304
Purpose of Disbursement Void Contribution-State Check-12/14/05		<input type="text" value="-1000.00"/>
Candidate Name THOMAS RICHARD HARKIN		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 00	

Full Name (Last, First, Middle Initial) <b>C. FEINSTEIN FOR SENATE</b>		<b>Transaction ID: SB23.6064</b> Date of Disbursement
Mailing Address 601 S GLENOAKS BLVD #211		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City BURBANK	State CA	Zip Code 91502
Purpose of Disbursement Contribution		<input type="text" value="1000.00"/>
Candidate Name DIANNE FEINSTEIN		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
Fraternity & Sorority Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MAX BAUCUS</b>		<b>Transaction ID: SB23.6073</b>	
Mailing Address PO BOX 586		Date of Disbursement 05 / 31 / 2006	
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void Contribution-State Check-11/17/05		011 Category/ Type	
Candidate Name MAX BAUCUS			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT	District: 00		

Full Name (Last, First, Middle Initial) <b>B. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		<b>Transaction ID: SB23.6072</b>	
Mailing Address PO BOX 1859		Date of Disbursement 05 / 31 / 2006	
City SIOUX FALLS	State SD	Zip Code 57101	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void Contribution-State Check-6/27/05		011 Category/ Type	
Candidate Name TIM JOHNSON			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD	District: 00		

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

-2000.00

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

-1000.00