



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
All America PAC

Report Covering the Period: From: 

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

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| Y | Y | Y | Y |
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|   | COLUMN A<br>This Period  | COLUMN B<br>Calendar Year-to-Date |  |            |   |   |   |   |   |  |   |           |
|---|--|-----------------------------------|--|------------|---|---|---|---|---|--|---|-----------|
| 6. (a) Cash on Hand<br>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 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> |  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">819652.36</td></tr></table> | 819652.36 |
| Y   | Y  | Y                                 | Y  |            |   |   |   |   |   |  |   |           |
| 2   | 0  | 0                                 | 6  |            |   |   |   |   |   |  |   |           |
|   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 819652.36   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">819652.36</td></tr></table>  | 819652.36                         |  |            |   |   |   |   |   |  |   |           |
| 819652.36   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| (c) Total Receipts (from Line 19) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">434075.70</td></tr></table>  | 434075.70                         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">434075.70</td></tr></table>  | 434075.70  |   |   |   |   |   |  |   |           |
| 434075.70   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 434075.70   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">1253728.06</td></tr></table> | 1253728.06                        | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">1253728.06</td></tr></table> | 1253728.06 |   |   |   |   |   |  |   |           |
| 1253728.06  |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 1253728.06  |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 7. Total Disbursements (from Line 31) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">286274.13</td></tr></table>  | 286274.13                         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">286274.13</td></tr></table>  | 286274.13  |   |   |   |   |   |  |   |           |
| 286274.13   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 286274.13   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">967453.93</td></tr></table>  | 967453.93                         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">967453.93</td></tr></table>  | 967453.93  |   |   |   |   |   |  |   |           |
| 967453.93   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 967453.93   |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>       | 0.00                              |  |            |   |   |   |   |   |  |   |           |
| 0.00  |  |                                   |  |            |   |   |   |   |   |  |   |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>       | 0.00                              |  |            |   |   |   |   |   |  |   |           |
| 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  
All America PAC

Report Covering the Period: From: 

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

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 388198.53                     | 388198.53                         |
| (i) Itemized (use Schedule A) .....  | 723.47                        | 723.47                            |
| (ii) Unitemized .....  |                               |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 388922.00                     | 388922.00                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 34500.00                      | 34500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 423422.00                     | 423422.00                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 4607.56                       | 4607.56                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 6046.14                       | 6046.14                           |
| 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)) .....                          | 434075.70                     | 434075.70                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 434075.70                     | 434075.70                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 21. Operating Expenditures:   |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                                       |   |
| (i) Federal Share.....  | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....   | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....   | 259024.13                             | 259024.13                                 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                         | 259024.13                             | 259024.13                                 |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 20500.00                              | 20500.00                                  |
| 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) .....   | 2500.00                               | 2500.00                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 2500.00                               | 2500.00                                   |
| 29. Other Disbursements.....  | 4250.00                               | 4250.00                                   |
| 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))..        | 286274.13                             | 286274.13                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 286274.13                             | 286274.13                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 423422.00                     | 423422.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 2500.00                       | 2500.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 420922.00                     | 420922.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 259024.13                     | 259024.13                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 4607.56                       | 4607.56                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 254416.57                     | 254416.57                         |

**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 / 158 |
|  | <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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Robert V. Alvarado   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 41 Santa Catalina Drive   |  | <b>Transaction ID:</b> C1532                             |  |
| City State Zip Code<br>Rancho Palos Verde CA 90275  |  | Amount of Each Receipt this Period<br>800.00             |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer Occupation<br>Court Call CEO   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>800.00                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Cesar Alvarez  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 23 / 2006 |  |
| Mailing Address 1221 Brickell Avenue  |  | <b>Transaction ID:</b> C1570                             |  |
| City State Zip Code<br>Miami FL 33131   |  | Amount of Each Receipt this Period<br>4200.00            |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer Occupation<br>Greenberg Traurig Partner  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>4200.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Anne R. Avis   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 08 / 2006 |  |
| Mailing Address 1545 Waverly Street   |  | <b>Transaction ID:</b> C1510                             |  |
| City State Zip Code<br>Palo Alto CA 94301   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer Occupation<br>Information Requested Homemaker  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |   |                              |                              |                             |                             |                             |                             |                             |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 7 / 158                 |                              |                             |                             |                             |                             |                             |
|  | (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)  
All America PAC

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Gregory M. Avis  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6 |
| Mailing Address 1545 Waverley Street  |   | <b>Transaction ID:</b> C1509                                  |
| City State Zip Code<br>Palo Alto CA 94301   | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Summit Partners   | Occupation<br>Venture Capitalist              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Emily M. Banks   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 0 8 / 2 0 0 6 |
| Mailing Address P.O. Box 19   |   | <b>Transaction ID:</b> C1565                                  |
| City State Zip Code<br>Marshfield Hills MA 02051  | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer Information Requested  | Occupation<br>Student                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Cheryl N. Baxter   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 1 7 / 2 0 0 6 |
| Mailing Address 1772 Ballejo Street   |   | <b>Transaction ID:</b> C1540                                  |
| City State Zip Code<br>San Francisco CA 94123   | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer Information Requested  | Occupation<br>Homemaker                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 158                 |
|  | <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)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Ralph H. Baxter

Mailing Address 1772 Vallejo Street

City San Francisco State CA Zip Code 94123

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

Name of Employer Orrick Herrington Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
03 / 17 / 2006

Transaction ID: C1539

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 5406 Goldsboro Road

City Bethesda State MD Zip Code 20817

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

Name of Employer Gray Television Group Occupation General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
03 / 18 / 2006

Transaction ID: C1557

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Carolyn F. Belfer

Mailing Address 767 Fifth Avenue

City New York State NY Zip Code 10153

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

Name of Employer Information Requested Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
01 / 31 / 2006

Transaction ID: C1496

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 158                 |
|  | <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)  
All America PAC

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Laurence D. Belfer   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 767 Fifth Avenue  |   | <b>Transaction ID: C1497</b>                                  |
| City State Zip Code<br>New York NY 10153  | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Belfer Management, LLC  | Occupation<br>President                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Stephen H. Bittel  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 801 Arthur Godfrey Road Suite 500   |   | <b>Transaction ID: C1571</b>                                  |
| City State Zip Code<br>Miami Beach FL 33140   | Amount of Each Receipt this Period<br>2500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Terranova   | Occupation<br>Chairman                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Edward Blank   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 435 E 87th St   |   | <b>Transaction ID: C1639</b>                                  |
| City State Zip Code<br>New York NY 10128  | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Self-Employed   | Occupation<br>Investor                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 12500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 10 / 158 |
|  | <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)  
All America PAC

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. David M. Brodsky</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |  |
| Mailing Address 4 Burgess Road  |  | <b>Transaction ID: C1498</b>                                  |  |
| City State Zip Code<br>Scarsdale Park NY 10583  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Latham & Watkins Partner   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Lael A. Brodsky</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6 |  |
| Mailing Address 5543 Waneta Drive   |  | <b>Transaction ID: C1515</b>                                  |  |
| City State Zip Code<br>Dallas TX 75209  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation Requested<br>Information Requested Homemaker  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Peter S. Brodsky</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6 |  |
| Mailing Address 5543 Waneta Drive   |  | <b>Transaction ID: C1514</b>                                  |  |
| City State Zip Code<br>Dallas TX 75209  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Hicks, Muse, Tate & Furst Attorney   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

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

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

|  |   |
|--|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 11 / 158</span> |
|  | (check only one)  |
| <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)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Kelly J. Bronfman

Mailing Address 30 Atherton Avenue

City State Zip Code  
Atherton CA 94027

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

Name of Employer Information Requested 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  
03 / 08 / 2006

**Transaction ID: C1627**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Samuel Bronfman, II

Mailing Address 30 Atherton Avenue

City State Zip Code  
Atherton CA 94027

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

Name of Employer Self-Employed Occupation  
Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID: C1663**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Jonathan C. Bunge

Mailing Address 382 Ridge Avenue

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Kirkland & Ellis Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

**Transaction ID: C1541**

Amount of Each Receipt this Period  
500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 12 / 158                |
|  | (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)  
All America PAC

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mark Chandler<br>Mailing Address 528 Tennyson Avenue<br>City Palo Alto State CA Zip Code 94301<br>FEC ID number of contributing federal political committee. <b>C</b>    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6<br><b>Transaction ID: C1512</b><br>Amount of Each Receipt this Period<br>5000.00 |
| Name of Employer Cisco Systems Occupation General Counsel<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>5000.00 |  |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Chris Christensen<br>Mailing Address 7030 Masonvells<br>City Dallas State TX Zip Code 75230<br>FEC ID number of contributing federal political committee. <b>C</b>    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6<br><b>Transaction ID: C1625</b><br>Amount of Each Receipt this Period<br>5000.00 |
| Name of Employer Pierson Patterson Occupation Attorney<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>5000.00 |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>John C. Corrigan<br>Mailing Address 4934 S. Cornell Unit J<br>City Chicago State IL Zip Code 60615<br>FEC ID number of contributing federal political committee. <b>C</b>    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 1 7 / 2 0 0 6<br><b>Transaction ID: C1542</b><br>Amount of Each Receipt this Period<br>1000.00 |
| Name of Employer Dykema Gossett Occupation Government Affairs<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |  |  |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>11000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 13 / 158                |
|  | (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)  
All America PAC

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Phoebe Crane</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6 |  |
| Mailing Address 1585 North US 421   |  | <b>Transaction ID: C1517</b>                                  |  |
| City State Zip Code<br>Whitestown IN 46075  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer Information Requested<br>Occupation<br>Homemaker   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Steven C. Crane</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6 |  |
| Mailing Address 1585 North US 421   |  | <b>Transaction ID: C1516</b>                                  |  |
| City State Zip Code<br>Whitestown IN 46075  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer<br>Crane Capital Management<br>Occupation<br>Chairman & CEO  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Scott M. Delman</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 6 |  |
| Mailing Address 54 Thompson Street  |  | <b>Transaction ID: C1503</b>                                  |  |
| City State Zip Code<br>New York NY 10012  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer<br>Capital Z Partners<br>Occupation<br>President   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 158                |
|  | <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)  
All America PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Britt K. Dougall   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |
| Mailing Address 378 Mississippi River Boulevard No  |   | <b>Transaction ID:</b> C1519                             |
| City State Zip Code<br>Saint Paul MN 55104  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer Information Requested<br>Receipt For:  | Occupation<br>Homemaker                       |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Christopher R. Dougall                                     |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |
| Mailing Address 378 Mississippi River Boulevard No  |   | <b>Transaction ID:</b> C1518                             |
| City State Zip Code<br>Saint Paul MN 55104  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>C.C. Dunnavan & Company   | Occupation<br>Portfolio Manager               |  |
| Receipt For:  | Aggregate Year-to-Date ▼<br>5000.00           |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Denise M. Dupre  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 08 / 2006 |
| Mailing Address 61 Farm Street  |   | <b>Transaction ID:</b> C1566                             |
| City State Zip Code<br>Dover MA 02030   | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Harvard University  | Occupation<br>Professor                       |  |
| Receipt For:  | Aggregate Year-to-Date ▼<br>5000.00           |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 158                |
|  | <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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kevin Evanich</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |  |
| Mailing Address 200 E. Randolph, 56th Floor   |  | <b>Transaction ID: C1543</b>                             |  |
| City State Zip Code<br>Chicago IL 60601   | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer<br>Kirkland & Ellis  | Occupation<br>Attorney                       |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. R. Scott Falk</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |  |
| Mailing Address 370 Sheridan Road   |  | <b>Transaction ID: C1544</b>                             |  |
| City State Zip Code<br>Winnetka IL 60093  | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer<br>Kirkland & Ellis  | Occupation<br>Attorney                       |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Harold Fetner</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |  |
| Mailing Address 115 Westwood Drive  |   | <b>Transaction ID: C1528</b>                             |  |
| City State Zip Code<br>Mount Kisco NY 10549   | Amount of Each Receipt this Period<br>5000.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |  |
| Name of Employer<br>Sidney Fetner & Associates  | Occupation<br>President                       |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 158                |
|  | <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)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Nina Fetner

Mailing Address 115 Westwood Drive

City State Zip Code  
Mount Kisco NY 10549

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

Name of Employer Information Requested 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  
03 / 03 / 2006

**Transaction ID: C1529**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce W. Fleming

Mailing Address 1616 Shakespeare Street

City State Zip Code  
Baltimore MD 21231

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

Name of Employer Occupation  
Canusa Corporation Paper Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006

**Transaction ID: C1572**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Claude G.B. Fontheim

Mailing Address 3054 Davenport Street, NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Fontheim International 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  
02 / 16 / 2006

**Transaction ID: C1505**

Amount of Each Receipt this Period  
5000.00

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 11000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 158                |
|  | <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)  
All America PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jonathan Foster</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2006 |
| Mailing Address 940 Park Avenue Apt. 6B   |                                     | Transaction ID: C1613                               |
| City<br>New York  | State Zip Code<br>NY 10028          |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>2000.00       |
| Name of Employer<br>The Cypress Group   | Occupation<br>Managing Director     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dana Gelb</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 07 / 2006 |
| Mailing Address 100 Copa de Oro   |                                     | Transaction ID: C1638                               |
| City<br>Los Angeles   | State Zip Code<br>CA 90077          |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00       |
| Name of Employer Information Requested  | Occupation<br>Homemaker             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Gardner F. Gillespie</b>   |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2006 |
| Mailing Address 2414 Ridge Road Drive   |                                     | Transaction ID: C1555                               |
| City<br>Alexandria  | State Zip Code<br>VA 22302          |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00       |
| Name of Employer<br>Hogan & Hartson   | Occupation<br>Attorney              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 158                |
|  | <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)  
All America PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Roger S. Goldman   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 5404 Trent Street   |   | <b>Transaction ID:</b> C1626                             |
| City State Zip Code<br>Chevy Chase MD 20815   | Amount of Each Receipt this Period<br>2500.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Latham & Watkins  | Occupation<br>Partner                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Richard S Goldstein  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 6814 Tommy Ct   |   | <b>Transaction ID:</b> C1629                             |
| City State Zip Code<br>Bethesda MD 20817  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Nixon Peabody LLP   | Occupation<br>Attorney                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Michael J. Granoff   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 59 Bliss Avenue   |   | <b>Transaction ID:</b> C1610                             |
| City State Zip Code<br>Tenafly NJ 07670   | Amount of Each Receipt this Period<br>2000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Maniv Energy Capital, LLC   | Occupation<br>President                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 9500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 158                |
|  | <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)  
All America PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Bradford I. Hearsh   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 06 / 2006 |
| Mailing Address 120 E. 62 Street<br>No. 5C  |   | <b>Transaction ID:</b> C1562                             |
| City State Zip Code<br>New York NY 10021  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>UBS Warburg   | Occupation<br>Managing Director               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Malcolm Heinicke   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 23 / 2006 |
| Mailing Address 1738 14th Avenue  |  | <b>Transaction ID:</b> C1577                             |
| City State Zip Code<br>San Francisco CA 94122   | Amount of Each Receipt this Period<br>245.90 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>Munger Tolles & Olson   | Occupation<br>Attorney                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>245.90           |  |

\* In-Kind: Travel & Catering

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Robert S. Held   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |
| Mailing Address 3142 Redwood Court  |  | <b>Transaction ID:</b> C1545                             |
| City State Zip Code<br>Flossmoor IL 60422   | Amount of Each Receipt this Period<br>500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>Kirkland & Ellis  | Occupation<br>Attorney                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 5745.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 158                |
|  | <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)  
All America PAC

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Jeremy Henderson   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |
| Mailing Address 660 Steamboat Road<br>3rd Floor   |                                     | <b>Transaction ID:</b> C1520                             |
| City Greenwich  | State CT                            | Zip Code 06830   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00            |
| Name of Employer Societe Generale   | Occupation Managing Director        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Daniel M. Holtz  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |
| Mailing Address 4040 NE 2nd Avenue<br>Suite 414   |                                     | <b>Transaction ID:</b> C1521                             |
| City Miami  | State FL                            | Zip Code 33137   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00            |
| Name of Employer Walden Capital   | Occupation Managing Principal       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Toni A. Holtz  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |
| Mailing Address 4040 N.E. 2nd Avenue<br>Suite 414   |                                     | <b>Transaction ID:</b> C1522                             |
| City Miami  | State FL                            | Zip Code 33137   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00            |
| Name of Employer Information Requested  | Occupation Homemaker                |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |  |

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

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 / 158 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
All America PAC

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Jerald S. Howe, Jr.  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 1 6 / 2 0 0 6 |  |
| Mailing Address 4007 Bradley Lane   |   | Transaction ID: C1506   |  |
| City State Zip Code<br>Chevy Chase MD 20815   | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>Argotyche, Inc.   | Occupation<br>Business Executive              |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Brian B. Hughes  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |  |
| Mailing Address 6132 Lake Street  |  | Transaction ID: C1530   |  |
| City State Zip Code<br>Houston TX 77005   | Amount of Each Receipt this Period<br>500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested          |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ralph H. Isham   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 6 |  |
| Mailing Address 1215 Fifth Avenue   |   | Transaction ID: C1738   |  |
| City State Zip Code<br>New York NY 10029  | Amount of Each Receipt this Period<br>2003.84 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>GH Venture Partners, LLC  | Occupation<br>President & Managing Director   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2003.84           |   |  |

\* In-Kind: Catering

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 7503.84 |
| <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 22 / 158                |
|  | <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)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
David G. Johnson

Mailing Address 365 N Rockingham Avenue

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Occupation  
Goldman Sachs & Company Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

Transaction ID: C1533

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 75 Rockefeller Plaza  
9th Floor

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Palladium Equify Partners General Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: C1609

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1201 Tower Grove Drive

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
Oaktree Capital President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

Transaction ID: C1534

Amount of Each Receipt this Period  
5000.00

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

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 23 / 158 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Martha Karsh   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 1201 Tower Grove  |  | <b>Transaction ID:</b> C1536                             |  |
| City State Zip Code<br>Beverly Hills CA 90210   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Information Requested<br>Occupation<br>Homemaker   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Christina Kenrick  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 08 / 2006 |  |
| Mailing Address 528 Tennyson Avenue   |  | <b>Transaction ID:</b> C1513                             |  |
| City State Zip Code<br>Palo Alto CA 94301   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Information Requested<br>Occupation<br>Homemaker   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Stuart S. Kurlander  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 06 / 2006 |  |
| Mailing Address 2601 Foxhall Road, N.W.   |  | <b>Transaction ID:</b> C1573                             |  |
| City State Zip Code<br>Washington DC 20007  |  | Amount of Each Receipt this Period<br>1250.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Information Requested<br>Occupation<br>Attorney  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1250.00                      |  |

\* In-Kind: Catering

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 11250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 / 158 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Martin D. Levion   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |  |
| Mailing Address 660 Steamboat Road  |  | <b>Transaction ID: C1523</b>                             |  |
| City State Zip Code<br>Greenwich CT 06830   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Societe Generale<br>Occupation Managing Director   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Kim M. Lewis   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |  |
| Mailing Address 5835 Sentinel Ridge Lane  |  | <b>Transaction ID: C1619</b>                             |  |
| City State Zip Code<br>Cincinnati OH 45243  |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Dinsmore & Shohl, LLP<br>Occupation Attorney   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Charles H. Lichtman  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |  |
| Mailing Address 3411 Ottawa Lane  |  | <b>Transaction ID: C1568</b>                             |  |
| City State Zip Code<br>Cooper City FL 33026   |  | Amount of Each Receipt this Period<br>1000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Berger Singerman<br>Occupation Partner   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00                      |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 11000.00 |
| <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 25 / 158                |
|  | <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)  
All America PAC

|   |   |   |
|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Neal Manne   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 8 / 2 0 0 6 |
| Mailing Address 1000 Louisiana Suite 500  |   | <b>Transaction ID:</b> C1652                                  |
| City State Zip Code<br>Houston TX 77002   | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Susman, Godfrey, LLP  | Occupation<br>Partner                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Nancy McGregor   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 8 / 2 0 0 6 |
| Mailing Address 1000 Louisiana St   |   | <b>Transaction ID:</b> C1653                                  |
| City State Zip Code<br>Houston TX 77002   | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Susman, Godfrey LLP   | Occupation<br>Attorney                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Neill F. Merck   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 705 Mount Hope Street   |   | <b>Transaction ID:</b> C1564                                  |
| City State Zip Code<br>Saint Paul MN 55107  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>C.C. Dunnavan & Company   | Occupation<br>Vice President                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00           |   |

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|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 11000.00 |
| <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 26 / 158                |
|  | <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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Gregory R. Metz  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |  |
| Mailing Address 616 W. Fulton Apt. 207  |  | <b>Transaction ID:</b> C1547                             |  |
| City State Zip Code<br>Chicago IL 60661   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer<br>Kirkland & Ellis  | Occupation<br>Attorney                       |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Kenneth P. Morrison  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |  |
| Mailing Address 822 Forest Avenue   |  | <b>Transaction ID:</b> C1548                             |  |
| City State Zip Code<br>Wilmette IL 60091  | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer<br>Kirkland & Ellis  | Occupation<br>Attorney                       |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Wendy Moskowitz  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |  |
| Mailing Address 11 Pilgrim Road   |   | <b>Transaction ID:</b> C1737                             |  |
| City State Zip Code<br>Rye NY 10580   | Amount of Each Receipt this Period<br>1094.51 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |  |
| Name of Employer<br>The Areo Corporation  | Occupation<br>Attorney                        |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1094.51           |  |  |

\* In-Kind: Catering

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1844.51 |
| <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 27 / 158                |
|  | <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)  
All America PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Edward J. Nalbantian</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 21 Tudor Street   |   | <b>Transaction ID: C1618</b>                             |
| City State Zip Code<br>London UK  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Jones Day Reavis & Pogue  | Occupation<br>Partner                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Suzanne M. Nora Johnson</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 11 / 2006 |
| Mailing Address 365 N. Rockingham Avenue  |   | <b>Transaction ID: C1470</b>                             |
| City State Zip Code<br>Los Angeles CA 90049   | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Goldman Sachs   | Occupation<br>Vice Chairman                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mark E. Nunnely</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 08 / 2006 |
| Mailing Address 49 Shaw Street  |   | <b>Transaction ID: C1567</b>                             |
| City State Zip Code<br>West Newton MA 02465   | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Bain Capital  | Occupation<br>Managing Director               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

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

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 28 / 158 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
All America PAC

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Cynthia C. Olds  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 03 / 2006 |  |
| Mailing Address 727 South Warmock Street  |   | <b>Transaction ID:</b> C1524                               |  |
| City State Zip Code<br>Philadelphia PA 19147  | Amount of Each Receipt this Period<br>1000.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |  |
| Name of Employer Information Requested<br>Receipt For:  | Occupation<br>Homemaker                       | Aggregate Year-to-Date ▼<br>1000.00                        |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Richard Pachulski  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 100 Copa de Oro   |   | <b>Transaction ID:</b> C1640                               |  |
| City State Zip Code<br>Los Angeles CA 90077   | Amount of Each Receipt this Period<br>5000.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |  |
| Name of Employer<br>Klee, Tuchin, Bogdanoff, & Stern LLP<br>Receipt For:  | Occupation<br>Attorney                        | Aggregate Year-to-Date ▼<br>5000.00                        |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Kirk Pasich  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 21 / 2006 |  |
| Mailing Address 10419 Lindbrook Drive   |  | <b>Transaction ID:</b> C1575                               |  |
| City State Zip Code<br>Los Angeles CA 90024   | Amount of Each Receipt this Period<br>210.45 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer<br>Dickstein Shapiro Morin & Oshinsky LLP<br>Receipt For:                                      | Occupation<br>Attorney                       | Aggregate Year-to-Date ▼<br>210.45                         |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

\* In-Kind: Catering

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|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 6210.45 |
| <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 29 / 158                |
|  | <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)  
All America PAC

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Jeffrey J. Peck  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6 |
| Mailing Address 5900 Cromwell Drive   |   | <b>Transaction ID:</b> C1511                                  |
| City State Zip Code<br>Bethesda MD 20816  | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Johnson Madigan Peck  | Occupation<br>Partner                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Gilbert R. Perry   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 1 Hannah Street   |   | <b>Transaction ID:</b> C1525                                  |
| City State Zip Code<br>Dartmouth MA 02748   | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Smith Barney  | Occupation<br>Vice President                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Craig L. Platt   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 360 Central Park West<br>Apartment 7B   |   | <b>Transaction ID:</b> C1628                                  |
| City State Zip Code<br>New York NY 10025  | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Oppenheimer   | Occupation<br>Executive Director              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

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|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 11000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |   |
|--|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 158</span> |
|  | (check only one)  |
| <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"/>   | <input type="checkbox"/> 16                                       |
| <input type="checkbox"/>   | <input type="checkbox"/> 17                                       |

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mark D. Plevin   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 10408 Bridle Lane   |   | <b>Transaction ID:</b> C1616                             |
| City State Zip Code<br>Potomac MD 20854   | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Crowell & Moring  | Occupation<br>Partner                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Richard Ravitch  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 610 Fifth Avenue Suite 420  |   | <b>Transaction ID:</b> C1620                             |
| City State Zip Code<br>New York NY 10020  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Ravich, Rice & Company  | Occupation<br>Principal                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> William R. Reid  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |
| Mailing Address 1045 Fifth Avenue 5th Floor   |   | <b>Transaction ID:</b> C1526                             |
| City State Zip Code<br>New York NY 10028  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Chartwell Investments, In-<br>c.  | Occupation<br>Partner                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

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

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 31 / 158                |
|  | (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)  
All America PAC

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Burton P. Resnick  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 110 East 59th Street<br>37th Floor  |   | <b>Transaction ID:</b> C1507                                  |
| City State Zip Code<br>New York NY 10022  | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Jack Resnick & Sons, Inc.   | Occupation<br>Chairman & CEO                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Stephen L. Ritchie   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 1 7 / 2 0 0 6 |
| Mailing Address 884 Bluff Street  |  | <b>Transaction ID:</b> C1549                                  |
| City State Zip Code<br>Glencoe IL 60022   | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer<br>Kirkland & Ellis  | Occupation<br>Attorney                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Mary Ann Ronald  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6 |
| Mailing Address 12401 Bacall Lane   |   | <b>Transaction ID:</b> C1556                                  |
| City State Zip Code<br>Potomac MD 20854   | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Information Requested   | Occupation<br>Homemaker                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |

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|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10500.00 |
| <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 32 / 158                |
|  | <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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Greg A. Rosenbaum</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |  |
| Mailing Address 9140 Vendome Drive  |  | <b>Transaction ID: C1630</b>                             |  |
| City State Zip Code<br>Bethesda MD 20817  |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Palisades Associates<br>Occupation Merchant Banker   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Daniel R. Ross</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |  |
| Mailing Address 3 Stuyvesant Avenue   |  | <b>Transaction ID: C1527</b>                             |  |
| City State Zip Code<br>Rye NY 10580   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Hooper Holmes, Inc.<br>Occupation Executive Vice President   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. A. Stuart Rubin</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 718 North Alpine Drive  |  | <b>Transaction ID: C1641</b>                             |  |
| City State Zip Code<br>Beverly Hills CA 90210   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Rubin Pachulski Properties<br>Occupation Chief Executive Officer   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 158                |
|  | <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)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Joseph F. Savage, Jr.

Mailing Address 2 Agassiz Park

City State Zip Code  
Jamaica Plain MA 02130

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

Name of Employer Occupation  
Goodwin Procter LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
299.93

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C1608

Amount of Each Receipt this Period  
299.93

\* In-Kind: Catering

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey R. Sechrest

Mailing Address 850 Park Avenue #2B

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Lazard Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2006

Transaction ID: C1499

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Bui Simon

Mailing Address 1482 East Valley Road Suite 400

City State Zip Code  
Santa Barbara CA 93108

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

Name of Employer Occupation  
Information Requested Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: C1550

Amount of Each Receipt this Period  
5000.00

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 10299.93 |
| <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 34 / 158 |
|  | <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)  
All America PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Herb Simon   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |
| Mailing Address 8765 Pine Ridge Drive   |   | <b>Transaction ID:</b> C1551                             |
| City State Zip Code<br>Indianapolis IN 46260  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer Occupation<br>Simon Property Group CEO   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Heather Smulyan  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 5101 Green Braes E. Drive   |   | <b>Transaction ID:</b> C1531                             |
| City State Zip Code<br>Indianapolis IN 46234  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer Occupation<br>Information Requested Homemaker  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Jeffrey H. Smulyan   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 31 / 2006 |
| Mailing Address 5101 Green Braes East Drive   |   | <b>Transaction ID:</b> C1500                             |
| City State Zip Code<br>Indianapolis IN 46234  | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer Occupation<br>Emmis Communications Chairman  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 158                |
|  | <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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Natalie Smulyan</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |  |
| Mailing Address 438 Sugar Tree Lane   |  | <b>Transaction ID: C1569</b>                             |  |
| City State Zip Code<br>Indianapolis IN 46260  |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Information Requested<br>Occupation<br>Retired   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David M. Solomon</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 27 / 2006 |  |
| Mailing Address 145 Central Park West Apt. 4C   |  | <b>Transaction ID: C1504</b>                             |  |
| City State Zip Code<br>New York NY 10023  |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Goldman Sachs & Company<br>Occupation<br>Managing Director   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stacy A. Steinberg</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |  |
| Mailing Address 536 Charlemagne Drive   |  | <b>Transaction ID: C1552</b>                             |  |
| City State Zip Code<br>Northbrook IL 60062  |  | Amount of Each Receipt this Period<br>3000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Information Requested<br>Occupation<br>Homemaker   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>3000.00                      |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 13000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 36 / 158 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mark Sterling  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |  |
| Mailing Address 5845 S.W. 188th Street  |  | <b>Transaction ID:</b> C1614                             |  |
| City State Zip Code<br>Coral Gables FL 33156  |  | Amount of Each Receipt this Period<br>500.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>Mellon Financial Center Partner  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Barbara Stern  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 3185 Stockton Place   |  | <b>Transaction ID:</b> C1538                             |  |
| City State Zip Code<br>Palo Alto CA 94303   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>Self-Employed Artist   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Michael Stern  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 3185 Stockton Place   |  | <b>Transaction ID:</b> C1537                             |  |
| City State Zip Code<br>Palo Alto CA 94303   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>Cooley Godward, LLP Attorney   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

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

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 37 / 158                |
|  | (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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Phyllis Tabachnick   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |  |
| Mailing Address 4052 N. Monticello  |  | <b>Transaction ID: C1553</b>                             |  |
| City State Zip Code<br>Chicago IL 60618   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>Bear Stearns & Company Investment Banker   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Harriet Tamen  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 01 / 2006 |  |
| Mailing Address 405 Park Avenue<br>15th Floor   |  | <b>Transaction ID: C1561</b>                             |  |
| City State Zip Code<br>New York NY 10022  |  | Amount of Each Receipt this Period<br>500.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>Rubin, Ballin, Ortoli, Mayer, Baker Attorney   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> James R. Tobin   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 06 / 2006 |  |
| Mailing Address 33 Huckleberry Hill Road  |  | <b>Transaction ID: C1563</b>                             |  |
| City State Zip Code<br>Lincoln MA 01773   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>Boston Scientific Chief Executive Officer  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10500.00 |
| <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 38 / 158                |
|  | <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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Hugh J. Totten   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2006 |  |
| Mailing Address 312 N. Euclid   |  | <b>Transaction ID:</b> C1554                             |  |
| City State Zip Code<br>Oak Park IL 60302  |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer Occupation<br>Perkins Coie, LLP Attorney   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Dan Weinstein  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 22 / 2006 |  |
| Mailing Address 9532 Cresta Drive   |  | <b>Transaction ID:</b> C1574                             |  |
| City State Zip Code<br>Los Angeles CA 90035   |  | Amount of Each Receipt this Period<br>343.90             |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer Occupation<br>Wetherly Capital Group Partner   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>343.90                       |  |

\* In-Kind: Food for Event

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Gregory W. Wendt   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 31 / 2006 |  |
| Mailing Address One Muir Loop   |  | <b>Transaction ID:</b> C1501                             |  |
| City State Zip Code<br>San Francisco CA 94129   |  | Amount of Each Receipt this Period<br>5000.00            |  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |  |
| Name of Employer Occupation<br>Capital Research Company Senior Vice President   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                      |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10343.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

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

FOR LINE NUMBER: PAGE 39 / 158  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Lisa Wendt

Mailing Address One Muir Loop

City State Zip Code  
San Francisco CA 94129

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

Name of Employer Occupation  
W.R. Hambrecht Finance

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

Date of Receipt  

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

Transaction ID: C1502

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 513 Attenburg Rd

City State Zip Code  
Villanova PA 19075

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

Name of Employer Occupation  
Stevens & Lee Attorney

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

Date of Receipt  

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

Transaction ID: C1631

Amount of Each Receipt this Period  
5000.00

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 10000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 388198.53 |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 40 / 158                           |
|  | (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)  
All America PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Allied Capital Corporation PAC</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006                      |
| Mailing Address 1919 Pennsylvania Avenue, NW<br>Suite 300   |  | <b>Transaction ID: C1617</b><br>Amount of Each Receipt this Period<br>5000.00 |
| City Washington State DC Zip Code 20006   | FEC ID number of contributing federal political committee.<br><b>C C00406884</b> |   |
| Name of Employer<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br><br>Aggregate Year-to-Date ▼<br>5000.00                            |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Bankers Association PAC</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006                      |
| Mailing Address 1120 Connecticut Avenue, NW   |  | <b>Transaction ID: C1615</b><br>Amount of Each Receipt this Period<br>5000.00 |
| City Washington State DC Zip Code 20036   | FEC ID number of contributing federal political committee.<br><b>C C00004275</b> |   |
| Name of Employer<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br><br>Aggregate Year-to-Date ▼<br>5000.00                            |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Federation of Teachers COPE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 18 / 2006                      |
| Mailing Address 555 New Jersey Avenue, N.W.   |  | <b>Transaction ID: C1560</b><br>Amount of Each Receipt this Period<br>5000.00 |
| City Washington State DC Zip Code 20001   | FEC ID number of contributing federal political committee.<br><b>C C00028860</b> |   |
| Name of Employer<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br><br>Aggregate Year-to-Date ▼<br>5000.00                            |   |

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

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

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

FOR LINE NUMBER: PAGE 41 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Massachusetts Mutual Life Insurance Co. PAC

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

**Transaction ID:** C1471

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Nelnet, Inc. PAC

Mailing Address 1726 M Street NW  
Suite 701

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00370015

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  
0 3 / 1 8 / 2 0 0 6

**Transaction ID:** C1558

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers Political Action League

Mailing Address 1750 New York Avenue, N.W.

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00007542

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  
0 2 / 2 2 / 2 0 0 6

**Transaction ID:** C1508

Amount of Each Receipt this Period  
5000.00

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

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

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

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

FOR LINE NUMBER: PAGE 42 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
UAW-V-CAP

Mailing Address 8000 East Jefferson Avenue

City State Zip Code  
Detroit MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

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  
03 / 18 / 2006

**Transaction ID:** C1559

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Wal-Mart Stores Inc. PAC For Responsible Government

Mailing Address 702 SW 8th Street

City State Zip Code  
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

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  
03 / 14 / 2006

**Transaction ID:** C1535

Amount of Each Receipt this Period  
2500.00

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 7500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 34500.00 |

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

|  |                              |  |
|--|------------------------------|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 43 / 158                          |
|  | (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)  
All America PAC

|   |   |   |  |
|---|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Paychex  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |  |
| Mailing Address 3060 Williams Drive   |   | <b>Transaction ID:</b> C1599                                    |  |
| City State Zip Code<br>Fairfax VA 22031   | Amount of Each Receipt this Period<br>887.76      |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Aggregate Year-to-Date ▼<br>4607.56 |   |  |

|   |   |   |  |
|---|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Paychex  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |  |
| Mailing Address 3060 Williams Drive   |   | <b>Transaction ID:</b> C1600                                    |  |
| City State Zip Code<br>Fairfax VA 22031   | Amount of Each Receipt this Period<br>3719.80     |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Aggregate Year-to-Date ▼<br>4607.56 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4607.56 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 4607.56 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 6  
Transaction ID: C1578  
Amount of Each Receipt this Period  
10.49  
\* Dividend Income

**B.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 6  
Transaction ID: C1584  
Amount of Each Receipt this Period  
126.00  
\* Interest Income

**C.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6  
Transaction ID: C1585  
Amount of Each Receipt this Period  
449.17  
\* Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.66**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 45 / 158 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" 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)  
All America PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Bear Stearns & Company, Inc.   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Three First National Plaza  |                                     | Transaction ID: C1586   |
| City State Zip Code<br>Chicago IL 60602   |                                     | Amount of Each Receipt this Period<br>33.85                   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | * Interest Income   |
| Name of Employer  | Occupation                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2832.41 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Bear Stearns & Company, Inc.   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address Three First National Plaza  |                                     | Transaction ID: C1587   |
| City State Zip Code<br>Chicago IL 60602   |                                     | Amount of Each Receipt this Period<br>78.99                   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | * Interest Income   |
| Name of Employer  | Occupation                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2832.41 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Bear Stearns & Company, Inc.   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Three First National Plaza  |                                     | Transaction ID: C1588   |
| City State Zip Code<br>Chicago IL 60602   |                                     | Amount of Each Receipt this Period<br>74.13                   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | * Interest Income   |
| Name of Employer  | Occupation                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2832.41 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 186.97 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

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

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

FOR LINE NUMBER: PAGE 46 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 6  
Transaction ID: C1589  
Amount of Each Receipt this Period  
72.92  
\* Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6  
Transaction ID: C1579  
Amount of Each Receipt this Period  
158.52  
\* Dividend Income

**C.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 6  
Transaction ID: C1593  
Amount of Each Receipt this Period  
72.43  
\* Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **303.87**  
**TOTAL** This Period (last page this line number only) ..... ►

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 47 / 158 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" 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)  
All America PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Bear Stearns & Company, Inc.   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 9 / 2 0 0 6 |
| Mailing Address Three First National Plaza  |  | <b>Transaction ID:</b> C1594                                  |
| City State Zip Code<br>Chicago IL 60602   | Amount of Each Receipt this Period<br>456.46 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer Occupation   |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2832.41          | * Interest Income   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Bear Stearns & Company, Inc.   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 1 0 / 2 0 0 6 |
| Mailing Address Three First National Plaza  |   | <b>Transaction ID:</b> C1595                                  |
| City State Zip Code<br>Chicago IL 60602   | Amount of Each Receipt this Period<br>74.13 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer Occupation   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2832.41         | * Interest Income   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Bear Stearns & Company, Inc.   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 1 7 / 2 0 0 6 |
| Mailing Address Three First National Plaza  |   | <b>Transaction ID:</b> C1596                                  |
| City State Zip Code<br>Chicago IL 60602   | Amount of Each Receipt this Period<br>74.13 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer Occupation   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2832.41         | * Interest Income   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 604.72 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 48 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 6  
Transaction ID: C1597  
Amount of Each Receipt this Period  
118.61  
\* Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6  
Transaction ID: C1598  
Amount of Each Receipt this Period  
72.92  
\* Interest Income

**C.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6  
Transaction ID: C1580  
Amount of Each Receipt this Period  
7.21  
\* Dividend Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► 198.74  
**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 49 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2006  
Transaction ID: C1655  
Amount of Each Receipt this Period  
8.18  
\* Dividend Income

**B.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006  
Transaction ID: C1656  
Amount of Each Receipt this Period  
76.56  
\* Interest Income

**C.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006  
Transaction ID: C1657  
Amount of Each Receipt this Period  
75.35  
\* Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.09**  
**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 50 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2006  
Transaction ID: C1658  
Amount of Each Receipt this Period  
447.71  
\* Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006  
Transaction ID: C1659  
Amount of Each Receipt this Period  
72.67  
\* Interest Income

**C.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2006  
Transaction ID: C1660  
Amount of Each Receipt this Period  
122.50  
\* Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► 642.88  
**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 51 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006  
Transaction ID: C1661  
Amount of Each Receipt this Period  
72.92  
\* Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.  
Mailing Address Three First National Plaza  
City State Zip Code  
Chicago IL 60602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2832.41

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2006  
Transaction ID: C1662  
Amount of Each Receipt this Period  
76.56  
\* Interest Income

**C.** Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis  
Mailing Address 107 North Pennsylvania Street Suite 700  
City State Zip Code  
Indianapolis IN 46204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
3213.73

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2006  
Transaction ID: C1601  
Amount of Each Receipt this Period  
13.85  
\* Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **163.33**  
**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 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis

Mailing Address 107 North Pennsylvania Street  
Suite 700

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3213.73

Date of Receipt  

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

**Transaction ID:** C1602

Amount of Each Receipt this Period  
851.18

\* Interest Income

**B.** Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis

Mailing Address 107 North Pennsylvania Street  
Suite 700

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3213.73

Date of Receipt  

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

**Transaction ID:** C1603

Amount of Each Receipt this Period  
276.61

\* Interest Income

**C.** Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis

Mailing Address 107 North Pennsylvania Street  
Suite 700

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3213.73

Date of Receipt  

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

**Transaction ID:** C1604

Amount of Each Receipt this Period  
5.93

\* Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1133.72**

**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 53 / 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis

Mailing Address 107 North Pennsylvania Street  
Suite 700

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3213.73

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

Transaction ID: C1605

Amount of Each Receipt this Period  
200.05

\* Interest Income

**B.** Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis

Mailing Address 107 North Pennsylvania Street  
Suite 700

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3213.73

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

Transaction ID: C1606

Amount of Each Receipt this Period  
822.57

\* Interest Income

**C.** Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis

Mailing Address 107 North Pennsylvania Street  
Suite 700

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3213.73

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

Transaction ID: C1621

Amount of Each Receipt this Period  
1.19

\* Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1023.81

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

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

|  |                              |  |
|--|------------------------------|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 54 / 158                          |
|  | (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)  
All America PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>A. National Bank of Indianapolis   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700  |  | Transaction ID: C1622                                      |
| City State Zip Code<br>Indianapolis IN 46204  | Amount of Each Receipt this Period<br>557.79 |  |
| FEC ID number of contributing federal political committee. C  |  | * Interest Income  |
| Name of Employer  | Occupation                                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3213.73          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>B. National Bank of Indianapolis   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2006 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700  |  | Transaction ID: C1623                                      |
| City State Zip Code<br>Indianapolis IN 46204  | Amount of Each Receipt this Period<br>484.56 |  |
| FEC ID number of contributing federal political committee. C  |  | * Interest Income  |
| Name of Employer  | Occupation                                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3213.73          |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1042.35 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 6046.14 |

# SCHEDULE 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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | <b>Transaction ID: D2035</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Suite 0001   |  | Amount of Each Disbursement this Period<br>162.50  |
| City Chicago State IL Zip Code 60601   |  |  |
| Purpose of Disbursement<br>Credit Card Processing Fee  | Category/<br>Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |                   |
|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |  | <b>Transaction ID: D2036</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 6 |                   |
| Mailing Address Suite 0001   |  | Amount of Each Disbursement this Period<br>197.44  |                   |
| City Chicago State IL Zip Code 60601   |  |  |                   |
| Purpose of Disbursement<br>Credit Card Processing Fee  |  |  | Category/<br>Type |
| Candidate Name   |  |  |                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |                   |

|  |  |  |                   |
|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | <b>Transaction ID: D2191</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 7 / 2 0 0 6 |                   |
| Mailing Address Suite 0001   |  | Amount of Each Disbursement this Period<br>978.25  |                   |
| City Chicago State IL Zip Code 60601   |  |  |                   |
| Purpose of Disbursement<br>Credit Card Processing Fee  |  |  | Category/<br>Type |
| Candidate Name   |  |  |                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1338.19     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Angel Food Catering, Inc.</b>  |  | <b>Transaction ID: D2126</b>           |  |
| Mailing Address 81 Depot Place  |  | Date of Disbursement<br>01 / 11 / 2006 |  |
| City<br>Nyack   | State<br>NY  | Zip Code<br>10960                      | Amount of Each Disbursement this Period<br>1194.00 |
| Purpose of Disbursement<br>Catering   |  | Category/<br>Type                      |  |
| Candidate Name  |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State:<br>District:   |  |  |  |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Paulette L. Aniskoff</b>   |  | <b>Transaction ID: D2166</b>           |   |
| Mailing Address 227 W Eleventh Street Apt. 65   |  | Date of Disbursement<br>01 / 11 / 2006 |   |
| City<br>New York  | State<br>NY  | Zip Code<br>10014                      | Amount of Each Disbursement this Period<br>172.01 |
| Purpose of Disbursement<br>Reimbursement-Travel & Shipping  |  | Category/<br>Type                      |   |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State:<br>District:   |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Paulette L. Aniskoff</b>   |  | <b>Transaction ID: D2167</b>           |   |
| Mailing Address 227 W Eleventh Street Apt. 65   |  | Date of Disbursement<br>03 / 01 / 2006 |   |
| City<br>New York  | State<br>NY  | Zip Code<br>10014                      | Amount of Each Disbursement this Period<br>101.31 |
| Purpose of Disbursement<br>Reimbursement-Postage & Office Expe  |  | Category/<br>Type                      |   |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State:<br>District:   |  |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1467.32</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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Avis Industrial</b>   |  | <b>Transaction ID: D2127</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 1909 South Main Street   |  | Amount of Each Disbursement this Period<br>817.80  |
| City Upland State IN Zip Code 46989  | Purpose of Disbursement<br>Travel on 3/3/06  |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cynthia Babak</b>   |  | <b>Transaction ID: D2141</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 3060 17th Street   |  | Amount of Each Disbursement this Period<br>210.00  |
| City Brooklyn State NY Zip Code 11215  | Purpose of Disbursement<br>Catering  |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CareFirst Blue Cross Blue Shield</b>  |  | <b>Transaction ID: D2042</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 840 First Street, NE   |  | Amount of Each Disbursement this Period<br>1499.09   |
| City Washington State DC Zip Code 20065  | Purpose of Disbursement<br>Insurance   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2526.89     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 58 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CareFirst Blue Cross Blue Shield</b>  |  | <b>Transaction ID: D2043</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 840 First Street, NE   |  | Amount of Each Disbursement this Period<br>1683.00   |
| City Washington State DC Zip Code 20065  | Purpose of Disbursement Insurance<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CareFirst Blue Cross Blue Shield</b>  |  | <b>Transaction ID: D2044</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 840 First Street, NE   |  | Amount of Each Disbursement this Period<br>3899.00   |
| City Washington State DC Zip Code 20065  | Purpose of Disbursement Insurance<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amber N. Carrier</b>  |  | <b>Transaction ID: D2034</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 3606 S Street, NW  |  | Amount of Each Disbursement this Period<br>850.00  |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement Stipend<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 6432.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Amber N. Carrier</b>  |  | <b>Transaction ID: D2123</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 3606 S Street, NW  |  | Amount of Each Disbursement this Period<br>268.00  |
| City Washington State DC Zip Code 20007  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Stipend   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amber N. Carrier</b>  |  | <b>Transaction ID: D2124</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 3606 S Street, NW  |  | Amount of Each Disbursement this Period<br>54.55   |
| City Washington State DC Zip Code 20007  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Reimbursement-Travel & Office Suppl   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amber N. Carrier</b>  |  | <b>Transaction ID: D2125</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 3606 S Street, NW  |  | Amount of Each Disbursement this Period<br>49.25   |
| City Washington State DC Zip Code 20007  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Reimbursement-Travel & Postage  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 371.80 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cingular Wireless</b>   |  | <b>Transaction ID: D2052</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address P.O. Box 17356   |  | Amount of Each Disbursement this Period<br>205.41  |
| City Baltimore State MD Zip Code 21297   | Purpose of Disbursement Telephone Service<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cingular Wireless</b>   |  | <b>Transaction ID: D2053</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address P.O. Box 17356   |  | Amount of Each Disbursement this Period<br>173.82  |
| City Baltimore State MD Zip Code 21297   | Purpose of Disbursement Telephone Service<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Brandy Coletta</b>  |  | <b>Transaction ID: D2037</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 41 Union Avenue  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Memphis State TN Zip Code 38103   | Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1379.23     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Brandy Coletta</b>  |  | <b>Transaction ID: D2128</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2006 |
| Mailing Address 41 Union Avenue  |  | Amount of Each Disbursement this Period<br>627.98   |
| City Memphis State TN Zip Code 38103   |  |   |
| Purpose of Disbursement<br>Travel  | Category/<br>Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Coletta &amp; Company, Inc.</b>   |  | <b>Transaction ID: D2054</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2006 |
| Mailing Address 41 Union Avenue  |  | Amount of Each Disbursement this Period<br>2500.00  |
| City Memphis State TN Zip Code 38103   |  |   |
| Purpose of Disbursement<br>Fundraising Consulting Services   | Category/<br>Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Coletta &amp; Company, Inc.</b>   |  | <b>Transaction ID: D2055</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 16 / 2006 |
| Mailing Address 41 Union Avenue  |  | Amount of Each Disbursement this Period<br>2500.00  |
| City Memphis State TN Zip Code 38103   |  |   |
| Purpose of Disbursement<br>Fundraising Consulting Services   | Category/<br>Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 5627.98     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Coletta &amp; Company, Inc.</b>   |  | <b>Transaction ID: D2056</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 41 Union Avenue  |  | Amount of Each Disbursement this Period<br>2500.00   |
| City Memphis State TN Zip Code 38103   |  |  |
| Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Comcast</b>   |  | <b>Transaction ID: D2057</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 900 Michigan Avenue, NE  |  | Amount of Each Disbursement this Period<br>4.73  |
| City Washington State DC Zip Code 20017  |  |  |
| Purpose of Disbursement Cable<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Comcast</b>   |  | <b>Transaction ID: D2058</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 900 Michigan Avenue, NE  |  | Amount of Each Disbursement this Period<br>291.75  |
| City Washington State DC Zip Code 20017  |  |  |
| Purpose of Disbursement Cable<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2796.48 |
| <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 63 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dean &amp; Deluca</b>   |   | <b>Transaction ID: D2143</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address P.O. Box 2399  |   | Amount of Each Disbursement this Period<br>268.68  |
| City<br>Wichita  | State<br>KS   |  |
| Zip Code<br>67201  | Category/<br>Type   |  |
| Purpose of Disbursement<br>Catering  |   |  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Deer Park</b>   |   | <b>Transaction ID: D2062</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address P.O. Box 52271   |   | Amount of Each Disbursement this Period<br>45.72   |
| City<br>Phoenix  | State<br>AZ   |  |
| Zip Code<br>85072  | Category/<br>Type   |  |
| Purpose of Disbursement<br>Office Expense  |   |  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Fairbanks Maslin Maullin &amp; Associates</b>                         |   | <b>Transaction ID: D2092</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 2425 Colorado Avenue<br>Suite 180  |   | Amount of Each Disbursement this Period<br>4000.00   |
| City<br>Santa Monica   | State<br>CA   |  |
| Zip Code<br>90404  | Category/<br>Type   |  |
| Purpose of Disbursement<br>Political Consulting Services   |   |  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4314.40 |
| <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 64 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Fairbanks Maslin Maullin &amp; Associates</b>                                       |   | <b>Transaction ID: D2145</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 2425 Colorado Avenue<br>Suite 180  |   | Amount of Each Disbursement this Period<br>899.52  |
| City Santa Monica State CA Zip Code 90404  | Purpose of Disbursement<br>Travel<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marc Farinella</b>  |   | <b>Transaction ID: D2159</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 7979 Bradwick Way  |   | Amount of Each Disbursement this Period<br>5438.74   |
| City Melbourne State FL Zip Code 32940   | Purpose of Disbursement<br>Political Consulting Services & Tra<br>Candidate Name<br>Category/Type                                 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael Farris</b>  |   | <b>Transaction ID: D1813</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 918 Huntington Road  |   | Amount of Each Disbursement this Period<br>632.62  |
| City Ducanville State TX Zip Code 75157  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6970.88 |
| <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 65 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Farris</b>  |  | <b>Transaction ID: D1823</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 918 Huntington Road  |  | Amount of Each Disbursement this Period<br>632.62  |
| City Ducanville State TX Zip Code 75157  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael Farris</b>  |  | <b>Transaction ID: D2023</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 918 Huntington Road  |  | Amount of Each Disbursement this Period<br>632.62  |
| City Ducanville State TX Zip Code 75157  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael Farris</b>  |  | <b>Transaction ID: D2071</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 918 Huntington Road  |  | Amount of Each Disbursement this Period<br>632.62  |
| City Ducanville State TX Zip Code 75157  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1897.86 |
| <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)  
All America PAC

|  |   |  |                   |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Farris</b>  |   | <b>Transaction ID: D2072</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |                   |
| Mailing Address 918 Huntington Road  |   | Amount of Each Disbursement this Period<br>632.62  |                   |
| City<br>Ducanville   | State<br>TX   | Zip Code<br>75157  | Category/<br>Type |
| Purpose of Disbursement<br>Payroll   |   | <input type="checkbox"/>   |                   |
| Candidate Name   |   |  |                   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: _____<br>District: _____  |   |  |                   |

|  |   |  |                   |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael Farris</b>  |   | <b>Transaction ID: D2073</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |                   |
| Mailing Address 918 Huntington Road  |   | Amount of Each Disbursement this Period<br>632.62  |                   |
| City<br>Ducanville   | State<br>TX   | Zip Code<br>75157  | Category/<br>Type |
| Purpose of Disbursement<br>Payroll   |   | <input type="checkbox"/>   |                   |
| Candidate Name   |   |  |                   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: _____<br>District: _____  |   |  |                   |

|  |   |  |                   |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Julie Fitzgerald</b>  |   | <b>Transaction ID: D1814</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |                   |
| Mailing Address 938 4th Street<br>Apt. 107   |   | Amount of Each Disbursement this Period<br>754.94  |                   |
| City<br>Santa Monica   | State<br>CA   | Zip Code<br>90403  | Category/<br>Type |
| Purpose of Disbursement<br>Payroll   |   | <input type="checkbox"/>   |                   |
| Candidate Name   |   |  |                   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: _____<br>District: _____  |   |  |                   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2020.18 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Julie Fitzgerald  |  | <b>Transaction ID:</b> D1824<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>754.94   |
| City Santa Monica State CA Zip Code 90403  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Julie Fitzgerald  |  | <b>Transaction ID:</b> D2024<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>1121.69  |
| City Santa Monica State CA Zip Code 90403  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Julie Fitzgerald  |  | <b>Transaction ID:</b> D2064<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>754.94   |
| City Santa Monica State CA Zip Code 90403  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2631.57 |
| <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 68 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Julie Fitzgerald</b>  |  | <b>Transaction ID: D2065</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 938 4th Street<br>Apt. 107   |  | Amount of Each Disbursement this Period<br>754.94  |
| City Santa Monica State CA Zip Code 90403  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Julie Fitzgerald</b>  |  | <b>Transaction ID: D2066</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 938 4th Street<br>Apt. 107   |  | Amount of Each Disbursement this Period<br>2406.41   |
| City Santa Monica State CA Zip Code 90403  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Julie Fitzgerald</b>  |  | <b>Transaction ID: D2149</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 938 4th Street<br>Apt. 107   |  | Amount of Each Disbursement this Period<br>310.39  |
| City Santa Monica State CA Zip Code 90403  | Purpose of Disbursement Reimbursement-Telephone<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 3471.74 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Julie Fitzgerald</b>  |  | <b>Transaction ID: D2150</b><br>Date of Disbursement<br>01 / 03 / 2006 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>649.87                      |
| City Santa Monica  | State CA Zip Code 90403  |  |
| Purpose of Disbursement Reimbursement-Travel & Telephone<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Julie Fitzgerald</b>  |  | <b>Transaction ID: D2151</b><br>Date of Disbursement<br>01 / 11 / 2006 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>154.03                      |
| City Santa Monica  | State CA Zip Code 90403  |  |
| Purpose of Disbursement Reimbursement-Travel<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Julie Fitzgerald</b>  |  | <b>Transaction ID: D2152</b><br>Date of Disbursement<br>03 / 01 / 2006 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>378.96                      |
| City Santa Monica  | State CA Zip Code 90403  |  |
| Purpose of Disbursement Reimbursement-Postage & Office Expe<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1182.86     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Julie Fitzgerald</b>  |  | <b>Transaction ID: D2153</b><br>Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2006 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>463.93  |
| City Santa Monica State CA Zip Code 90403  | Purpose of Disbursement Reimbursement-Travel & Office Expen<br>Candidate Name<br>Category/Type                                 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Stefanie Freeman</b>  |  | <b>Transaction ID: D1815</b><br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 13 / 2006 |
| Mailing Address 2120 16th Street, NW Apt. 311  |  | Amount of Each Disbursement this Period<br>1456.96                                       |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stefanie Freeman</b>  |  | <b>Transaction ID: D1825</b><br>Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2006 |
| Mailing Address 2120 16th Street, NW Apt. 311  |  | Amount of Each Disbursement this Period<br>1456.96                                       |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 3377.85 |
| <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)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stefanie Freeman</b>  |   | <b>Transaction ID: D2025</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 2120 16th Street, NW<br>Apt. 311   |   | Amount of Each Disbursement this Period<br>1456.96   |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement<br>Payroll<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Stefanie Freeman</b>  |   | <b>Transaction ID: D2106</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 2120 16th Street, NW<br>Apt. 311   |   | Amount of Each Disbursement this Period<br>1456.96   |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement<br>Payroll<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stefanie Freeman</b>  |   | <b>Transaction ID: D2107</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 2120 16th Street, NW<br>Apt. 311   |   | Amount of Each Disbursement this Period<br>1456.96   |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement<br>Payroll<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4370.88 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stefanie Freeman</b>  |  | <b>Transaction ID: D2108</b><br>Date of Disbursement<br>03 / 15 / 2006 |
| Mailing Address 2120 16th Street, NW<br>Apt. 311   |  | Amount of Each Disbursement this Period<br>1456.96                     |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher Hayler</b>  |  | <b>Transaction ID: D2026</b><br>Date of Disbursement<br>03 / 31 / 2006 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>1749.71                     |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher Hayler</b>  |  | <b>Transaction ID: D2049</b><br>Date of Disbursement<br>02 / 28 / 2006 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>1749.71                     |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4956.38 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher Hayler</b>  |  | <b>Transaction ID: D2050</b><br>Date of Disbursement<br>03 / 15 / 2006 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>1331.63                     |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher Hayler</b>  |  | <b>Transaction ID: D2051</b><br>Date of Disbursement<br>03 / 15 / 2006 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>1749.71                     |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher Hayler</b>  |  | <b>Transaction ID: D2133</b><br>Date of Disbursement<br>03 / 31 / 2006 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>1024.67                     |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Reimbursement-Moving Expenses<br>Candidate Name<br>Category/Type                                       |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>4106.01</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)

PAGE 74 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher Hayler</b>  |  | <b>Transaction ID: D2134</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>475.33  |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement<br>Reimbursement-Travel<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher Hayler</b>  |  | <b>Transaction ID: D2135</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>316.96  |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement<br>Reimbursement-Travel & Office Expen<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher Hayler</b>  |  | <b>Transaction ID: D2136</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>337.39  |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement<br>Reimbursement-Travel & Office Expen<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1129.68     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Malcolm Heinicke</b>  |                    | <b>Transaction ID: D1842</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 1738 14th Avenue   |                    | Amount of Each Disbursement this Period<br>245.90  |
| City San Francisco State CA Zip Code 94122   | * in-kind received |  |
| Purpose of Disbursement Travel & Catering<br>Candidate Name  |                    | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                    |  |

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ralph H. Isham</b>  |                    | <b>Transaction ID: D2222</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 6 |
| Mailing Address 1215 Fifth Avenue  |                    | Amount of Each Disbursement this Period<br>2003.84   |
| City New York State NY Zip Code 10029  | * in-kind received |  |
| Purpose of Disbursement Catering<br>Candidate Name   |                    | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                    |  |

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Johnny Howard Designs, Inc.</b>   |                    | <b>Transaction ID: D2147</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 8609 Sanford Drive   |                    | Amount of Each Disbursement this Period<br>136.28  |
| City Richmond State VA Zip Code 23228  | * in-kind received |  |
| Purpose of Disbursement Printing<br>Candidate Name   |                    | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                    |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2386.02</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box)    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Johnny Howard Designs, Inc.</b>                                       |   | <b>Transaction ID: D2148</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 8609 Sanford Drive   |   | Amount of Each Disbursement this Period<br>446.94  |
| City Richmond  | State VA  |  |
| Zip Code 23228   |   |  |
| Purpose of Disbursement Printing   |   |  |
| Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Natalie Jones</b>   |   | <b>Transaction ID: D1816</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 1325 18th Street, NW Suite 708   |   | Amount of Each Disbursement this Period<br>975.99  |
| City Washington  | State DC  |  |
| Zip Code 20007   |   |  |
| Purpose of Disbursement Payroll  |   |  |
| Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Natalie Jones</b>   |   | <b>Transaction ID: D1826</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 1325 18th Street, NW Suite 708   |   | Amount of Each Disbursement this Period<br>975.99  |
| City Washington  | State DC  |  |
| Zip Code 20007   |   |  |
| Purpose of Disbursement Payroll  |   |  |
| Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2398.92 |
| <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 77 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Natalie Jones</b>   |   | <b>Transaction ID: D2027</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 1325 18th Street, NW<br>Suite 708  |   | Amount of Each Disbursement this Period<br>1314.58   |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Natalie Jones</b>   |   | <b>Transaction ID: D2079</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 1325 18th Street, NW<br>Suite 708  |   | Amount of Each Disbursement this Period<br>975.99  |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Natalie Jones</b>   |   | <b>Transaction ID: D2080</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 1325 18th Street, NW<br>Suite 708  |   | Amount of Each Disbursement this Period<br>975.99  |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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

**3266.56**

**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)

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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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Natalie Jones</b>   |  | <b>Transaction ID: D2081</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 1325 18th Street, NW<br>Suite 708  |  | Amount of Each Disbursement this Period<br>1314.58   |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Byron L. Kantrow</b>  |  | <b>Transaction ID: D1817</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>1187.70   |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Byron L. Kantrow</b>  |  | <b>Transaction ID: D1827</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>1187.70   |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 3689.98 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Byron L. Kantrow</b>  |  | <b>Transaction ID: D2028</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>1187.70   |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Byron L. Kantrow</b>  |  | <b>Transaction ID: D2038</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>1187.70   |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Byron L. Kantrow</b>  |  | <b>Transaction ID: D2039</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>1187.70   |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>3563.10</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Byron L. Kantrow</b>  |  | <b>Transaction ID: D2040</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>1187.70   |
| City New York State NY Zip Code 10019  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Byron L. Kantrow</b>  |  | <b>Transaction ID: D2129</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>239.80  |
| City New York State NY Zip Code 10019  | Purpose of Disbursement<br>Reimbursement-Travel & Office Expen<br>Candidate Name<br>Category/Type                              |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Byron L. Kantrow</b>  |  | <b>Transaction ID: D2130</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>432.39  |
| City New York State NY Zip Code 10019  | Purpose of Disbursement<br>Reimbursement-Travel & Office Expen<br>Candidate Name<br>Category/Type                              |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1859.89 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Byron L. Kantrow</b>  |  | <b>Transaction ID: D2131</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>367.36  |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Reimbursement-Travel & Telephone<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cathy King</b>  |  | <b>Transaction ID: D2132</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 29 Beech Street  |  | Amount of Each Disbursement this Period<br>210.00  |
| City Jersey City State NJ Zip Code 07307   | Purpose of Disbursement Catering<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stuart S. Kurlander</b>   |  | <b>Transaction ID: D1838</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 2601 Foxhall Road, N.W.  |  | Amount of Each Disbursement this Period<br>1250.00   |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement Catering<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | * in-kind received   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1827.36 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dana Magliola</b>   |  | <b>Transaction ID: D1818</b><br>Date of Disbursement<br>01 / 13 / 2006 |
| Mailing Address 475 Commonwealth Avenue  |  | Amount of Each Disbursement this Period<br>805.37                      |
| City Boston State MA Zip Code 02215  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dana Magliola</b>   |  | <b>Transaction ID: D1828</b><br>Date of Disbursement<br>02 / 15 / 2006 |
| Mailing Address 475 Commonwealth Avenue  |  | Amount of Each Disbursement this Period<br>805.37                      |
| City Boston State MA Zip Code 02215  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dana Magliola</b>   |  | <b>Transaction ID: D2059</b><br>Date of Disbursement<br>01 / 31 / 2006 |
| Mailing Address 475 Commonwealth Avenue  |  | Amount of Each Disbursement this Period<br>805.37                      |
| City Boston State MA Zip Code 02215  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>2416.11</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dana Magliola</b>   |  | <b>Transaction ID: D2060</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 475 Commonwealth Avenue  |  | Amount of Each Disbursement this Period<br>805.37  |
| City Boston State MA Zip Code 02215  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dana Magliola</b>   |  | <b>Transaction ID: D2061</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 475 Commonwealth Avenue  |  | Amount of Each Disbursement this Period<br>381.22  |
| City Boston State MA Zip Code 02215  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Merchant Services</b>   |  | <b>Transaction ID: D2069</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |
| Mailing Address P.O. Box 13305   |  | Amount of Each Disbursement this Period<br>79.60   |
| City Spokane State WA Zip Code 99213   | Purpose of Disbursement<br>Credit Card Processing Fee  |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1266.19 |
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Merchant Services</b>   |  | <b>Transaction ID:</b> D2070<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address P.O. Box 13305   |  | Amount of Each Disbursement this Period<br>226.87   |
| City Spokane State WA Zip Code 99213   | Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Merchant Services</b>   |  | <b>Transaction ID:</b> D2189<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 2 / 2 0 0 6 |
| Mailing Address P.O. Box 13305   |  | Amount of Each Disbursement this Period<br>76.67  |
| City Spokane State WA Zip Code 99213   | Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Wendy Moskowitz</b>   |  | <b>Transaction ID:</b> D2221<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 11 Pilgrim Road  |  | Amount of Each Disbursement this Period<br>1094.51  |
| City Rye State NY Zip Code 10580   | Purpose of Disbursement<br>Catering<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | * in-kind received  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1398.05     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2074</b><br>Date of Disbursement<br>01 / 03 / 2006 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>5000.00                     |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2075</b><br>Date of Disbursement<br>01 / 20 / 2006 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>5000.00                     |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2076</b><br>Date of Disbursement<br>02 / 16 / 2006 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>5000.00                     |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 15000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2077</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>5000.00   |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement<br>Fundraising Consulting Services<br>Candidate Name<br>Category/Type                                  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2078</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>10000.00  |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement<br>Fundraising Consulting Services<br>Candidate Name<br>Category/Type                                  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2160</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>1199.78   |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement<br>Telephone/Rent/Shipping<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 16199.78 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2161</b><br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 03 / 2006 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>1701.47                                       |
| City Washington State DC Zip Code 20008  |  |  |
| Purpose of Disbursement Telephone/Travel/Rent/Shipping<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2162</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 14 / 2006 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>927.84  |
| City Washington State DC Zip Code 20008  |  |  |
| Purpose of Disbursement Rent/Postage/Telephone<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Nancy Jacobson Consulting, Inc.</b>   |  | <b>Transaction ID: D2163</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 22 / 2006 |
| Mailing Address 1730 Connecticut Avenue, N.W.<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>858.36  |
| City Washington State DC Zip Code 20008  |  |  |
| Purpose of Disbursement Rent/Telephone<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 3487.67 |
| <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)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |   | <b>Transaction ID: D1837</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |   | Amount of Each Disbursement this Period<br>6167.35   |
| City Indianapolis State IN Zip Code 46204  |   |  |
| Purpose of Disbursement Federal Income Taxes<br>Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Bank of Indianapolis</b>   |   | <b>Transaction ID: D2082</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |   | Amount of Each Disbursement this Period<br>25.00   |
| City Indianapolis State IN Zip Code 46204  |   |  |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |   | <b>Transaction ID: D2083</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |   | Amount of Each Disbursement this Period<br>25.00   |
| City Indianapolis State IN Zip Code 46204  |   |  |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6217.35 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |  | <b>Transaction ID: D2084</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>3.00  |
| City Indianapolis State IN Zip Code 46204  |  |  |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Bank of Indianapolis</b>   |  | <b>Transaction ID: D2095</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>3.00  |
| City Indianapolis State IN Zip Code 46204  |  |  |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |  | <b>Transaction ID: D2186</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>3.00  |
| City Indianapolis State IN Zip Code 46204  |  |  |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 9.00        |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |  | <b>Transaction ID: D2187</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>12.00   |
| City Indianapolis State IN Zip Code 46204  | Category/<br>Type  |  |
| Purpose of Disbursement Bank Fee   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Bank of Indianapolis</b>   |  | <b>Transaction ID: D2188</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>25.00   |
| City Indianapolis State IN Zip Code 46204  | Category/<br>Type  |  |
| Purpose of Disbursement Bank Fee   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kirk Pasich</b>   |  | <b>Transaction ID: D1840</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 1 / 2 0 0 6 |
| Mailing Address 10419 Lindbrook Drive  |  | Amount of Each Disbursement this Period<br>210.45  |
| City Los Angeles State CA Zip Code 90024   | Category/<br>Type  |  |
| Purpose of Disbursement Catering   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | * in-kind received   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 247.45 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex</b>   |  | <b>Transaction ID: D1822</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>8621.65   |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex</b>   |  | <b>Transaction ID: D1832</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>4014.09   |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Paychex</b>   |  | <b>Transaction ID: D2033</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>5354.55   |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 17990.29 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex</b>   |  | <b>Transaction ID: D2085</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>4014.09   |
| City Fairfax State VA Zip Code 22031   |  |  |
| Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex</b>   |  | <b>Transaction ID: D2086</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |  |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>5448.52   |  |
| City Fairfax State VA Zip Code 22031   |  |  |  |
| Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |  |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Paychex</b>   |  | <b>Transaction ID: D2087</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |  |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>6137.73   |  |
| City Fairfax State VA Zip Code 22031   |  |  |  |
| Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |  |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 15600.34 |
| <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 93 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex</b>   |  | <b>Transaction ID: D2088</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>1029.04   |
| City Fairfax State VA Zip Code 22031   | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll Taxes   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex</b>   |  | <b>Transaction ID: D2089</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>164.75  |
| City Fairfax State VA Zip Code 22031   | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll Services  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Paychex</b>   |  | <b>Transaction ID: D2090</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 0 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>336.21  |
| City Fairfax State VA Zip Code 22031   | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll Services  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1530.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |  |  |
|---|--|--|
| <b>A. Paychex</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3060 Williams Drive<br>City Fairfax State VA Zip Code 22031<br>Purpose of Disbursement Payroll Services<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D2091</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>216.06<br>Category/Type |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>B. Pepco</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 97275<br>City Washington State DC Zip Code 20090<br>Purpose of Disbursement Utilities<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D2093</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>156.69<br>Category/Type |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>C. Pepco</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 97275<br>City Washington State DC Zip Code 20090<br>Purpose of Disbursement Utilities<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D2094</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>110.08<br>Category/Type |
|--|--|--|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>482.83</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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PoliTemps</b>   |  | <b>Transaction ID: D2096</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 2000 P Street, N.W.<br>Suite 400   |  | Amount of Each Disbursement this Period<br>1270.00   |
| City Washington State DC Zip Code 20036  |  |  |
| Purpose of Disbursement Temporary Office Assistance<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Quick Messenger Service</b>   |  | <b>Transaction ID: D2097</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 4829 Fairmont Avenue   |  | Amount of Each Disbursement this Period<br>119.19  |
| City Bethesda State MD Zip Code 20814  |  |  |
| Purpose of Disbursement Courier Services<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Quick Messenger Service</b>   |  | <b>Transaction ID: D2098</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 6 |
| Mailing Address 4829 Fairmont Avenue   |  | Amount of Each Disbursement this Period<br>677.00  |
| City Bethesda State MD Zip Code 20814  |  |  |
| Purpose of Disbursement Courier Services<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2066.19 |
| <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)  
All America PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Quick Messenger Service</b>  |  | <b>Transaction ID: D2099</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6                           |
| Mailing Address 4829 Fairmont Avenue  |  | Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: right;">8.75</div> |
| City Bethesda   | State MD Zip Code 20814  |  |
| Purpose of Disbursement<br>Courier Services   |  | Category/<br>Type<br><div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>                 |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Quick Messenger Service</b>  |  | <b>Transaction ID: D2100</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6                             |
| Mailing Address 4829 Fairmont Avenue  |  | Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: right;">600.72</div> |
| City Bethesda   | State MD Zip Code 20814  |  |
| Purpose of Disbursement<br>Courier Services   |  | Category/<br>Type<br><div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>                   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Quick Messenger Service</b>  |  | <b>Transaction ID: D2101</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6                             |
| Mailing Address 4829 Fairmont Avenue  |  | Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: right;">105.36</div> |
| City Bethesda   | State MD Zip Code 20814  |  |
| Purpose of Disbursement<br>Courier Services   |  | Category/<br>Type<br><div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>                   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <div style="border: 1px solid black; padding: 5px;">714.83</div> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <div style="border: 1px solid black; padding: 5px;"></div>       |

# SCHEDULE 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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Qwikservices, LLC</b>   |  | <b>Transaction ID: D2169</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 3101 East Shea Suite 201   |  | Amount of Each Disbursement this Period<br>201.22  |
| City Phoenix State AZ Zip Code 85028   | Purpose of Disbursement Telephone Services<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Qwikservices, LLC</b>   |  | <b>Transaction ID: D2170</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 3101 East Shea Suite 201   |  | Amount of Each Disbursement this Period<br>640.96  |
| City Phoenix State AZ Zip Code 85028   | Purpose of Disbursement Telephone Services<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. REA Associates, LLC</b>   |  | <b>Transaction ID: D2102</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 900 2nd Street, NE Suite 114   |  | Amount of Each Disbursement this Period<br>1600.00   |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement Rent<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2442.18 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. REA Associates, LLC</b>   |  | <b>Transaction ID: D2103</b><br>Date of Disbursement<br>03 / 01 / 2006 |
| Mailing Address 900 2nd Street, NE Suite 114   |  | Amount of Each Disbursement this Period<br>1600.00                     |
| City Washington  | State DC Zip Code 20002  |  |
| Purpose of Disbursement<br>Rent  |  | Category/<br>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)<br><b>B. REA Associates, LLC</b>   |  | <b>Transaction ID: D2171</b><br>Date of Disbursement<br>02 / 06 / 2006 |
| Mailing Address 900 2nd Street, NE Suite 114   |  | Amount of Each Disbursement this Period<br>2591.97                     |
| City Washington  | State DC Zip Code 20002  |  |
| Purpose of Disbursement<br>Rent & Parking  |  | Category/<br>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)<br><b>C. REA Associates, LLC</b>   |  | <b>Transaction ID: D2172</b><br>Date of Disbursement<br>03 / 06 / 2006 |
| Mailing Address 900 2nd Street, NE Suite 114   |  | Amount of Each Disbursement this Period<br>1269.27                     |
| City Washington  | State DC Zip Code 20002  |  |
| Purpose of Disbursement<br>Parking & Maintenance Fees  |  | Category/<br>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>5461.24</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)

PAGE 99 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Julie Reeder</b>  |   | <b>Transaction ID: D2154</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 750 North Rush Street<br>No. 1405  |   | Amount of Each Disbursement this Period<br>426.46  |
| City Chicago State IL Zip Code 60611   |   |  |
| Purpose of Disbursement Office Equipment & Travel<br>Candidate Name  |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Julie Reeder</b>  |   | <b>Transaction ID: D2155</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 750 North Rush Street<br>No. 1405  |   | Amount of Each Disbursement this Period<br>246.07  |
| City Chicago State IL Zip Code 60611   |   |  |
| Purpose of Disbursement Travel<br>Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Julie Reeder</b>  |   | <b>Transaction ID: D2156</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 750 North Rush Street<br>No. 1405  |   | Amount of Each Disbursement this Period<br>2500.00   |
| City Chicago State IL Zip Code 60611   |   |  |
| Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3172.53</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)

PAGE 100 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Julie Reeder</b>  |  | <b>Transaction ID: D2157</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 750 North Rush Street<br>No. 1405  |  | Amount of Each Disbursement this Period<br>2500.00   |
| City Chicago State IL Zip Code 60611   |  |  |
| Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Julie Reeder</b>  |  | <b>Transaction ID: D2158</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 750 North Rush Street<br>No. 1405  |  | Amount of Each Disbursement this Period<br>2500.00   |
| City Chicago State IL Zip Code 60611   |  |  |
| Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name  |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. David Rozmanich</b>   |  | <b>Transaction ID: D2142</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 23 Gleneagles Drive  |  | Amount of Each Disbursement this Period<br>353.06  |
| City Schererville State IN Zip Code 46375  |  |  |
| Purpose of Disbursement Reimbursement-Travel<br>Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>5353.06</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)

PAGE 101 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Joseph F. Savage, Jr.</b>   |   | <b>Transaction ID: D2185</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2006 |
| Mailing Address 2 Agassiz Park   |   | Amount of Each Disbursement this Period<br>299.93  |
| City Jamaica Plain   | State MA Zip Code 02130   |  |
| Purpose of Disbursement Catering   |   | * in-kind received   |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marc D. Schloss</b>   |   | <b>Transaction ID: D2029</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2006 |
| Mailing Address 450 Massachusetts Avenue, NW<br>Apartment 407  |   | Amount of Each Disbursement this Period<br>975.99  |
| City Washington  | State DC Zip Code 20001   |  |
| Purpose of Disbursement Payroll  |   | * in-kind received   |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marc D. Schloss</b>   |   | <b>Transaction ID: D2067</b><br>Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2006 |
| Mailing Address 450 Massachusetts Avenue, NW<br>Apartment 407  |   | Amount of Each Disbursement this Period<br>975.99  |
| City Washington  | State DC Zip Code 20001   |  |
| Purpose of Disbursement Payroll  |   | * in-kind received   |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2251.91 |
| <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 102 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marc D. Schloss</b>   |  | <b>Transaction ID: D2068</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 450 Massachusetts Avenue, NW<br>Apartment 407  |  | Amount of Each Disbursement this Period<br>975.99  |
| City Washington State DC Zip Code 20001  |  |  |
| Purpose of Disbursement Payroll<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher D. Smith</b>  |  | <b>Transaction ID: D1819</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1167.19   |
| City Alexandria State VA Zip Code 22315  |  |  |
| Purpose of Disbursement Payroll<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher D. Smith</b>  |  | <b>Transaction ID: D1829</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1167.19   |
| City Alexandria State VA Zip Code 22315  |  |  |
| Purpose of Disbursement Payroll<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>3310.37</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box)    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher D. Smith</b>  |  | <b>Transaction ID: D2030</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1167.19   |
| City Alexandria State VA Zip Code 22315  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher D. Smith</b>  |  | <b>Transaction ID: D2046</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1167.19   |
| City Alexandria State VA Zip Code 22315  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher D. Smith</b>  |  | <b>Transaction ID: D2047</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1167.19   |
| City Alexandria State VA Zip Code 22315  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3501.57 |
| <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 104 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher D. Smith</b>  |  | <b>Transaction ID: D2048</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 15 / 2006 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1167.19  |
| City Alexandria State VA Zip Code 22315  | Purpose of Disbursement<br>Payroll   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher D. Smith</b>  |  | <b>Transaction ID: D2137</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 11 / 2006 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>198.59   |
| City Alexandria State VA Zip Code 22315  | Purpose of Disbursement<br>Reimbursement-Travel & Postage  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher D. Smith</b>  |  | <b>Transaction ID: D2138</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 11 / 2006 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>99.90  |
| City Alexandria State VA Zip Code 22315  | Purpose of Disbursement<br>Reimbursement-Postage   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1465.68 |
| <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 105 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher D. Smith</b>  |  | <b>Transaction ID: D2139</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>463.96  |
| City Alexandria State VA Zip Code 22315  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Reimbursement-Office Equipment, Sup   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sonic One Strategies, Inc.</b>  |  | <b>Transaction ID: D2105</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 1637 NW 100th Drive  |  | Amount of Each Disbursement this Period<br>633.15  |
| City Coral Springs State FL Zip Code 33071   | Category/<br>Type  |  |
| Purpose of Disbursement<br>Telephone Service   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Squier Knapp &amp; Dunn Communications, Inc.</b>                                    |  | <b>Transaction ID: D2176</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 1818 N Street, NW Suite 450  |  | Amount of Each Disbursement this Period<br>8172.86   |
| City Washington State DC Zip Code 20036  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Communications Consulting & Expense   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 9269.97 |
| <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 106 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Thomas Sugar</b>  |  | <b>Transaction ID: D1820</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |  |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57  |  |
| City Zionsville<br>State IN<br>Zip Code 46077  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Thomas Sugar</b>  |  | <b>Transaction ID: D1830</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57  |  |
| City Zionsville<br>State IN<br>Zip Code 46077  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Thomas Sugar</b>  |  | <b>Transaction ID: D2031</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |  |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57  |  |
| City Zionsville<br>State IN<br>Zip Code 46077  | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2533.71 |
| <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 107 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Thomas Sugar</b>  |  | <b>Transaction ID: D2112</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57  |
| City Zionsville State IN Zip Code 46077  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Thomas Sugar</b>  |  | <b>Transaction ID: D2113</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57  |
| City Zionsville State IN Zip Code 46077  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Thomas Sugar</b>  |  | <b>Transaction ID: D2114</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57  |
| City Zionsville State IN Zip Code 46077  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2533.71 |
| <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 108 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Thomas Sugar</b>  |  | <b>Transaction ID: D2180</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>17.46   |
| City Zionsville State IN Zip Code 46077  | Purpose of Disbursement Reimbursement-Postage<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Thomas Sugar</b>  |  | <b>Transaction ID: D2181</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>20.00   |
| City Zionsville State IN Zip Code 46077  | Purpose of Disbursement Reimbursement-Travel<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stephanie C. Sutton</b>   |  | <b>Transaction ID: D1821</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>423.21  |
| City Dallas State TX Zip Code 75214  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 460.67 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stephanie C. Sutton</b>   |  | <b>Transaction ID: D1831</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>423.21  |
| City Dallas State TX Zip Code 75214  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Stephanie C. Sutton</b>   |  | <b>Transaction ID: D2032</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>423.21  |
| City Dallas State TX Zip Code 75214  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stephanie C. Sutton</b>   |  | <b>Transaction ID: D2109</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>423.21  |
| City Dallas State TX Zip Code 75214  | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1269.63 |
| <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 110 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stephanie C. Sutton</b>   |  | <b>Transaction ID: D2110</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>423.21  |
| City Dallas State TX Zip Code 75214  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Stephanie C. Sutton</b>   |  | <b>Transaction ID: D2111</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>423.21  |
| City Dallas State TX Zip Code 75214  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stephanie C. Sutton</b>   |  | <b>Transaction ID: D2177</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>92.57   |
| City Dallas State TX Zip Code 75214  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Reimbursement-Shipping  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 938.99 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SVP, LLC</b>  |  | <b>Transaction ID: D2178</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 5600 General Washington Drive<br>Suite B-202   |  | Amount of Each Disbursement this Period<br>319.60  |
| City Alexandria State VA Zip Code 22312  | Purpose of Disbursement Webhosting Services<br>Candidate Name <input type="text"/> Category/Type                               |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tomorrow's Strategies</b>   |  | <b>Transaction ID: D2115</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1428 West Avenue   |  | Amount of Each Disbursement this Period<br>1017.50   |
| City Miami State FL Zip Code 33139   | Purpose of Disbursement Fundraising Consulting Services<br>Candidate Name <input type="text"/> Category/Type                   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. United Parcel Service</b>   |  | <b>Transaction ID: D2116</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244   |  | Amount of Each Disbursement this Period<br>181.34  |
| City Philadelphia State PA Zip Code 19170  | Purpose of Disbursement Overnight Service<br>Candidate Name <input type="text"/> Category/Type                                 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1518.44              |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <input type="text"/> |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United Parcel Service</b>   |  | <b>Transaction ID: D2117</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244   |  | Amount of Each Disbursement this Period<br>50.57   |
| City Philadelphia State PA Zip Code 19170  | Purpose of Disbursement<br>Overnight Service<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. United Parcel Service</b>   |  | <b>Transaction ID: D2118</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244   |  | Amount of Each Disbursement this Period<br>243.20  |
| City Philadelphia State PA Zip Code 19170  | Purpose of Disbursement<br>Overnight Service<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. United Parcel Service</b>   |  | <b>Transaction ID: D2119</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244   |  | Amount of Each Disbursement this Period<br>202.57  |
| City Philadelphia State PA Zip Code 19170  | Purpose of Disbursement<br>Overnight Service<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 496.34 |
| <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 113 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>   |  | <b>Transaction ID: D2120</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 2 / 2 0 0 6 |
| Mailing Address PO Box 17577   |  | Amount of Each Disbursement this Period<br>489.28  |
| City Baltimore State MD Zip Code 21297   | Purpose of Disbursement Telephone Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>   |  | <b>Transaction ID: D2121</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 17577   |  | Amount of Each Disbursement this Period<br>515.03  |
| City Baltimore State MD Zip Code 21297   | Purpose of Disbursement Telephone Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |  | <b>Transaction ID: D2122</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 17577   |  | Amount of Each Disbursement this Period<br>34.37   |
| City Baltimore State MD Zip Code 21297   | Purpose of Disbursement Telephone Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1038.68 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dan Weinstein</b>   |  | <b>Transaction ID: D1839</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 2 / 2 0 0 6 |
| Mailing Address 9532 Cresta Drive  |  | Amount of Each Disbursement this Period<br>343.90  |
| City Los Angeles   | State CA Zip Code 90035  |  |
| Purpose of Disbursement<br>Food for Event  |  | * in-kind received   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cary B. Young</b>   |  | <b>Transaction ID: D2045</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 2 Lord Fairfax Drive   |  | Amount of Each Disbursement this Period<br>211.50  |
| City Fredericksbg  | State VA Zip Code 22405  |  |
| Purpose of Disbursement<br>Janitorial Services   |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>                                     |  | <b>Transaction ID: D1843</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>3928.75   |
| City Indianapolis  | State IN Zip Code 46204  |  |
| Purpose of Disbursement<br>Credit Card Payment, See Below  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4484.15</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)

PAGE 115 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Trans Air</b>  |   | <b>Transaction ID: D1860</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2006 |
| Mailing Address National Airport   |   | Amount of Each Disbursement this Period<br>96.90<br><br><b>[MEMO ITEM]</b>               |
| City Washington  | State DC  |  |
| Zip Code 20000   |   |  |
| Purpose of Disbursement<br>Travel  |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amtrak</b>  |   | <b>Transaction ID: D1850</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2006 |
| Mailing Address 50 Massachusetts Avenue, NE  |   | Amount of Each Disbursement this Period<br>116.00<br><br><b>[MEMO ITEM]</b>              |
| City Washington  | State DC  |  |
| Zip Code 20002   |   |  |
| Purpose of Disbursement<br>Travel  |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amtrak</b>  |   | <b>Transaction ID: D1851</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2006 |
| Mailing Address 50 Massachusetts Avenue, NE  |   | Amount of Each Disbursement this Period<br>320.00<br><br><b>[MEMO ITEM]</b>              |
| City Washington  | State DC  |  |
| Zip Code 20002   |   |  |
| Purpose of Disbursement<br>Travel  |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Amtrak</b> |  | Transaction ID: D1852<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2006 |  |
| Mailing Address 50 Massachusetts Avenue, NE                 |  | Amount of Each Disbursement this Period<br>320.00                                 |  |
| City Washington State DC Zip Code 20002                     | Purpose of Disbursement<br>Travel  | Category/Type   |  |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>B. Amtrak</b> |  | Transaction ID: D1853<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2006 |  |
| Mailing Address 50 Massachusetts Avenue, NE                 |  | Amount of Each Disbursement this Period<br>336.00                                 |  |
| City Washington State DC Zip Code 20002                     | Purpose of Disbursement<br>Travel  | Category/Type   |  |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>C. Carroll Travel</b> |  | Transaction ID: D1849<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2006 |  |
| Mailing Address 201 Massachusetts Avenue, NE                        |  | Amount of Each Disbursement this Period<br>295.00                                 |  |
| City Washington State DC Zip Code 20002                             | Purpose of Disbursement<br>Travel Agent Fee  | Category/Type   |  |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |
| State: District:  | [MEMO ITEM]  |   |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cingular Wireless</b>   |             | <b>Transaction ID: D1859</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6                                |
| Mailing Address P.O. Box 17356   |             | Amount of Each Disbursement this Period<br>594.80   |
| City Baltimore State MD Zip Code 21297   | [MEMO ITEM] |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Deer Park</b>   |             | <b>Transaction ID: D1857</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6                                |
| Mailing Address P.O. Box 52271   |             | Amount of Each Disbursement this Period<br>26.47  |
| City Phoenix State AZ Zip Code 85072   | [MEMO ITEM] |   |
| Purpose of Disbursement Office Expense<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Deer Park</b>   |             | <b>Transaction ID: D1858</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6                                |
| Mailing Address P.O. Box 52271   |             | Amount of Each Disbursement this Period<br>59.39  |
| City Phoenix State AZ Zip Code 85072   | [MEMO ITEM] |   |
| Purpose of Disbursement Office Expense<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |             | Transaction ID: D1854<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address P.O. Box 20706   |             | Amount of Each Disbursement this Period<br>287.70   |
| City Atlanta State GA Zip Code 30320   | [MEMO ITEM] |   |
| Purpose of Disbursement<br>Travel  |             | Category/<br>Type   |
| Candidate Name   |             |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |             | Transaction ID: D1855<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address P.O. Box 20706   |             | Amount of Each Disbursement this Period<br>140.20   |
| City Atlanta State GA Zip Code 30320   | [MEMO ITEM] |   |
| Purpose of Disbursement<br>Travel  |             | Category/<br>Type   |
| Candidate Name   |             |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Loews Regency Hotel</b>   |             | Transaction ID: D1848<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 540 Park Avenue  |             | Amount of Each Disbursement this Period<br>148.93   |
| City New York State NY Zip Code 10021  | [MEMO ITEM] |   |
| Purpose of Disbursement<br>Travel  |             | Category/<br>Type   |
| Candidate Name   |             |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |             |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

**A. United Airlines**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1555 K Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1856  
**Date of Disbursement**  
03 / 01 / 2006

Amount of Each Disbursement this Period  
346.40

[MEMO ITEM]

**B. US Airways**

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address One Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1844  
**Date of Disbursement**  
03 / 01 / 2006

Amount of Each Disbursement this Period  
40.20

[MEMO ITEM]

**C. US Airways**

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address One Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1845  
**Date of Disbursement**  
03 / 01 / 2006

Amount of Each Disbursement this Period  
349.20

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |  | <b>Transaction ID: D1861</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>6248.19   |
| City Indianapolis State IN Zip Code 46204  |  |  |
| Purpose of Disbursement<br>Credit Card Payment, See Below  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. 701 Restaurant</b>  |  | <b>Transaction ID: D1864</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 701 Pennsylvania Avenue, N.W.  |  | Amount of Each Disbursement this Period<br>392.95  |
| City Washington State DC Zip Code 20004  |  |  |
| Purpose of Disbursement<br>Catering  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

[MEMO ITEM]

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Capital Cafe &amp; Salad Bar</b>  |  | <b>Transaction ID: D1879</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 101 Constitution Avenue, N.W.  |  | Amount of Each Disbursement this Period<br>95.37   |
| City Washington State DC Zip Code 20001  |  |  |
| Purpose of Disbursement<br>Meals   |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

[MEMO ITEM]

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6248.19 |
| <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 121 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| <b>A. Carroll Travel</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 201 Massachusetts Avenue, NE<br>City Washington State DC Zip Code 20002<br>Purpose of Disbursement Travel Agent Fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D1866</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 14 / 2006<br>Amount of Each Disbursement this Period<br>25.00<br><b>[MEMO ITEM]</b> |
|--|--|--|

|   |  |   |
|---|--|---|
| <b>B. Comcast</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 900 Michigan Avenue, NE<br>City Washington State DC Zip Code 20017<br>Purpose of Disbursement Cable<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D1883</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 14 / 2006<br>Amount of Each Disbursement this Period<br>573.46<br><b>[MEMO ITEM]</b> |
|---|--|---|

|  |  |  |
|--|--|--|
| <b>C. Deer Park</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 52271<br>City Phoenix State AZ Zip Code 85072<br>Purpose of Disbursement Office Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D1862</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 14 / 2006<br>Amount of Each Disbursement this Period<br>96.57<br><b>[MEMO ITEM]</b> |
|--|--|--|

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

# 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 122 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Deer Park</b>   |  | <b>Transaction ID: D1863</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address P.O. Box 52271   |  | Amount of Each Disbursement this Period<br>70.75   |
| City Phoenix State AZ Zip Code 85072   | [MEMO ITEM]  |  |
| Purpose of Disbursement Office Expense<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Loews Regency Hotel</b>   |  | <b>Transaction ID: D1880</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 540 Park Avenue  |  | Amount of Each Disbursement this Period<br>1571.54   |
| City New York State NY Zip Code 10021  | [MEMO ITEM]  |  |
| Purpose of Disbursement Catering & Room Rental<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Journal Group, Inc.</b>  |  | <b>Transaction ID: D1867</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 600 New Hampshire Avenue, N.W.   |  | Amount of Each Disbursement this Period<br>232.99  |
| City Washington State DC Zip Code 20037  | [MEMO ITEM]  |  |
| Purpose of Disbursement Reference Materials<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

**A. United Airlines**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1555 K Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1868  
**Date of Disbursement**  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 4 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period  

|         |
|---------|
| 1609.60 |
|---------|

[MEMO ITEM]

**B. National Bank of Indianapolis**

Full Name (Last, First, Middle Initial)  
National Bank of Indianapolis

Mailing Address 107 North Pennsylvania Street Suite 700

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Credit Card Payment, See Below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1885  
**Date of Disbursement**  

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

Amount of Each Disbursement this Period  

|         |
|---------|
| 7494.84 |
|---------|

**C. American Airlines**

Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address National Airport

City Washington State DC Zip Code 20000

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1915  
**Date of Disbursement**  

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

Amount of Each Disbursement this Period  

|        |
|--------|
| 569.40 |
|--------|

[MEMO ITEM]

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

|         |
|---------|
| 7494.84 |
|---------|

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

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|--|

# SCHEDULE 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 124 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>   |  | <b>Transaction ID: D1916</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address National Airport   |  | Amount of Each Disbursement this Period<br>176.90<br><br><b>[MEMO ITEM]</b>                        |
| City Washington State DC Zip Code 20000  |  |  |
| Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Trans Air</b>  |  | <b>Transaction ID: D1908</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address National Airport   |  | Amount of Each Disbursement this Period<br>166.90<br><br><b>[MEMO ITEM]</b>                        |
| City Washington State DC Zip Code 20000  |  |  |
| Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Trans Air</b>  |  | <b>Transaction ID: D1909</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address National Airport   |  | Amount of Each Disbursement this Period<br>166.90<br><br><b>[MEMO ITEM]</b>                        |
| City Washington State DC Zip Code 20000  |  |  |
| Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Trans Air</b>  |             | Transaction ID: D1910<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address National Airport   |             | Amount of Each Disbursement this Period<br>550.00   |
| City Washington State DC Zip Code 20000  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Trans Air</b>  |             | Transaction ID: D1911<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address National Airport   |             | Amount of Each Disbursement this Period<br>175.60   |
| City Washington State DC Zip Code 20000  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Amtrak</b>  |             | Transaction ID: D1912<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 50 Massachusetts Avenue, NE  |             | Amount of Each Disbursement this Period<br>15.80  |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Carroll Travel</b>  |  | <b>Transaction ID:</b> D1914<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 201 Massachusetts Avenue, NE   |  | Amount of Each Disbursement this Period<br>50.00   |
| City Washington State DC Zip Code 20002  | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Travel Agent Fee  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |  | <b>Transaction ID:</b> D1902<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address P.O. Box 20706   |  | Amount of Each Disbursement this Period<br>289.20  |
| City Atlanta State GA Zip Code 30320   | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Travel  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>C. Delta Airlines</b>  |  | <b>Transaction ID:</b> D1903<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address P.O. Box 20706   |  | Amount of Each Disbursement this Period<br>289.20  |
| City Atlanta State GA Zip Code 30320   | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Travel  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Digby's Cafe</b>  |  | <b>Transaction ID: D1905</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 666 Fifth Avenue   |  | Amount of Each Disbursement this Period<br>578.66<br><br><b>[MEMO ITEM]</b>                        |
| City New York State NY Zip Code 10103  |  |  |
| Purpose of Disbursement Catering<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Kinko's</b>   |  | <b>Transaction ID: D1897</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 13155 Noel Road Suite 1600   |  | Amount of Each Disbursement this Period<br>728.62<br><br><b>[MEMO ITEM]</b>                        |
| City Dallas State TX Zip Code 75240  |  |  |
| Purpose of Disbursement Copying<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Kinko's</b>   |  | <b>Transaction ID: D1898</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 13155 Noel Road Suite 1600   |  | Amount of Each Disbursement this Period<br>7.10<br><br><b>[MEMO ITEM]</b>                          |
| City Dallas State TX Zip Code 75240  |  |  |
| Purpose of Disbursement Copying<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FedEx Kinko's</b>   |             | <b>Transaction ID: D1899</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6                                |
| Mailing Address 13155 Noel Road<br>Suite 1600  |             | Amount of Each Disbursement this Period<br>130.96   |
| City Dallas State TX Zip Code 75240  | [MEMO ITEM] |   |
| Purpose of Disbursement Copying<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Kinko's</b>   |             | <b>Transaction ID: D1900</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6                                |
| Mailing Address 13155 Noel Road<br>Suite 1600  |             | Amount of Each Disbursement this Period<br>27.47  |
| City Dallas State TX Zip Code 75240  | [MEMO ITEM] |   |
| Purpose of Disbursement Copying<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Loews Regency Hotel</b>   |             | <b>Transaction ID: D1896</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6                                |
| Mailing Address 540 Park Avenue  |             | Amount of Each Disbursement this Period<br>300.00   |
| City New York State NY Zip Code 10021  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |             | <b>Transaction ID: D1886</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6                                |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>485.18   |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. National Bank of Indianapolis</b>   |             | <b>Transaction ID: D1887</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6                                |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>442.07   |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |             | <b>Transaction ID: D1888</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6                                |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>411.25   |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |  | Transaction ID: D1907<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 901 15th Street, NW  |  | Amount of Each Disbursement this Period<br>216.90   |
| City Washington State DC Zip Code 20005  | [MEMO ITEM]  |   |
| Purpose of Disbursement Travel<br>Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Staples</b>   |  | Transaction ID: D1901<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 500 Staples Drive  |  | Amount of Each Disbursement this Period<br>46.74  |
| City Framingham State MA Zip Code 01702  | [MEMO ITEM]  |   |
| Purpose of Disbursement Office Supplies<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Transamerica Limo</b>   |  | Transaction ID: D1890<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 164 Westervelt Place   |  | Amount of Each Disbursement this Period<br>217.00   |
| City Lodi State NJ Zip Code 07644  | [MEMO ITEM]  |   |
| Purpose of Disbursement Travel<br>Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Transamerica Limo</b>   |             | Transaction ID: D1891<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 164 Westervelt Place   |             | Amount of Each Disbursement this Period<br>123.00   |
| City Lodi State NJ Zip Code 07644  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Transamerica Limo</b>   |             | Transaction ID: D1892<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 164 Westervelt Place   |             | Amount of Each Disbursement this Period<br>367.50   |
| City Lodi State NJ Zip Code 07644  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Triserve Party Rentals</b>  |             | Transaction ID: D1913<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 2350 Lafayette Avenue  |             | Amount of Each Disbursement this Period<br>640.23   |
| City Bronx State NY Zip Code 10473   | [MEMO ITEM] |   |
| Purpose of Disbursement Event Rental Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>                                     |  | <b>Transaction ID: D1917</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>8640.90   |
| City Indianapolis State IN Zip Code 46204  |  |  |
| Purpose of Disbursement<br>Credit Card Payment, See Below  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amtrak</b>  |  | <b>Transaction ID: D1946</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 50 Massachusetts Avenue, NE  |  | Amount of Each Disbursement this Period<br>42.00   |
| City Washington State DC Zip Code 20002  |  |  |
| Purpose of Disbursement<br>Travel  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

[MEMO ITEM]

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cafe Di Scala</b>   |  | <b>Transaction ID: D1923</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 644 18th Street  |  | Amount of Each Disbursement this Period<br>608.00  |
| City Des Moines State IA Zip Code 50314  |  |  |
| Purpose of Disbursement<br>Catering  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

[MEMO ITEM]

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 8640.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capital Cafe &amp; Salad Bar</b>  |             | <b>Transaction ID:</b> D1927<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 101 Constitution Avenue, N.W.  |             | Amount of Each Disbursement this Period<br>172.87   |
| City Washington State DC Zip Code 20001  | [MEMO ITEM] |   |
| Purpose of Disbursement Meals<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Carroll Travel</b>  |             | <b>Transaction ID:</b> D1920<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 201 Massachusetts Avenue, NE   |             | Amount of Each Disbursement this Period<br>150.00   |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel Agent Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CompUSA</b>   |             | <b>Transaction ID:</b> D1931<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 5901 Stevenson Avenue  |             | Amount of Each Disbursement this Period<br>414.70   |
| City Alexandria State VA Zip Code 22304  | [MEMO ITEM] |   |
| Purpose of Disbursement Office Equipment<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Computer Show.com</b>   |             | <b>Transaction ID: D1933</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6                                |
| Mailing Address 4114 North Pecos Road<br>Suite 102   |             | Amount of Each Disbursement this Period<br>424.00   |
| City Las Vegas State NV Zip Code 89115   | [MEMO ITEM] |   |
| Purpose of Disbursement Office Equipment<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Continental Airlines</b>  |             | <b>Transaction ID: D1922</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6                                |
| Mailing Address 1625 L Street NW   |             | Amount of Each Disbursement this Period<br>329.40   |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Emmis Books</b>   |             | <b>Transaction ID: D1947</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6                                |
| Mailing Address 193 Edward Drive   |             | Amount of Each Disbursement this Period<br>307.54   |
| City Jackson State TN Zip Code   | [MEMO ITEM] |   |
| Purpose of Disbursement Gifts for Donors<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |                |   |
|---|----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Enterprise Rent-a-Car</b>  |                | <b>Transaction ID:</b> D1939<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address   |                | Amount of Each Disbursement this Period<br><br>225.13   |
| City<br>St. Louis   | State<br>MO    |   |
| Purpose of Disbursement<br>Travel   | Candidate Name | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |   |
| State: District:  |                |   |

[MEMO ITEM]

|   |                |   |
|---|----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Kinko's</b>  |                | <b>Transaction ID:</b> D1944<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address<br>13155 Noel Road<br>Suite 1600  |                | Amount of Each Disbursement this Period<br><br>78.87  |
| City<br>Dallas  | State<br>TX    |   |
| Purpose of Disbursement<br>Copying  | Candidate Name | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |   |
| State: District:  |                |   |

[MEMO ITEM]

|   |                |   |
|---|----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Four Points Hotel</b>  |                | <b>Transaction ID:</b> D1932<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address<br>55 John Devine Drive   |                | Amount of Each Disbursement this Period<br><br>198.72   |
| City<br>Manchester  | State<br>NH    |   |
| Purpose of Disbursement<br>Travel   | Candidate Name | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |   |
| State: District:  |                |   |

[MEMO ITEM]

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
All America PAC

|  |  |   |
|--|--|---|
| <b>A. Four Points Hotel</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 55 John Devine Drive<br>City Manchester State NH Zip Code 03103<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: D1941<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>117.72<br>[MEMO ITEM] |
|--|--|---|

|   |  |   |
|---|--|---|
| <b>B. Merchants Rent-a-Car</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1180 Hooksett Road<br>City Hooksett State NH Zip Code 03106<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: D1938<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>554.86<br>[MEMO ITEM] |
|---|--|---|

|  |  |   |
|--|--|---|
| <b>C. Radisson Hotels</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 11340 Blondo Street<br>City Omaha State NE Zip Code 68164<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: D1942<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>263.50<br>[MEMO ITEM] |
|--|--|---|

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Radisson Hotels</b>   |             | <b>Transaction ID: D1943</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 11340 Blondo Street  |             | Amount of Each Disbursement this Period<br>304.24  |
| City Omaha State NE Zip Code 68164   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Southwest Airlines</b>  |             | <b>Transaction ID: D1928</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address Baltimore Washington International   |             | Amount of Each Disbursement this Period<br>200.90  |
| City Glen Burnie State MD Zip Code 21061   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Southwest Airlines</b>  |             | <b>Transaction ID: D1929</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address Baltimore Washington International   |             | Amount of Each Disbursement this Period<br>185.90  |
| City Glen Burnie State MD Zip Code 21061   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Southwest Airlines</b>  |  | <b>Transaction ID: D1930</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address Baltimore Washington International   |  | Amount of Each Disbursement this Period<br>185.90<br><br><b>[MEMO ITEM]</b>                        |
| City State Zip Code<br>Glen Burnie MD 21061  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Travel  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Southwest Airlines</b>  |  | <b>Transaction ID: D1935</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address Baltimore Washington International   |  | Amount of Each Disbursement this Period<br>40.00<br><br><b>[MEMO ITEM]</b>                         |
| City State Zip Code<br>Glen Burnie MD 21061  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Travel  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. United Parcel Service</b>   |  | <b>Transaction ID: D1924</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244   |  | Amount of Each Disbursement this Period<br>191.10<br><br><b>[MEMO ITEM]</b>                        |
| City State Zip Code<br>Philadelphia PA 19170   | Category/<br>Type  |  |
| Purpose of Disbursement<br>Overnight Service   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |  | <b>Transaction ID: D1950</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>7166.18                     |
| City Indianapolis State IN Zip Code 46204  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Credit Card Payment, See Below  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Carroll Travel</b>  |  | <b>Transaction ID: D1963</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 201 Massachusetts Avenue, NE   |  | Amount of Each Disbursement this Period<br>50.00                       |
| City Washington State DC Zip Code 20002  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Travel Agent Fee  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b>   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>  |  | <b>Transaction ID: D1968</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address P.O. Box 20706   |  | Amount of Each Disbursement this Period<br>529.20                      |
| City Atlanta State GA Zip Code 30320   | Category/<br>Type  |  |
| Purpose of Disbursement<br>Travel  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b>   |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7166.18 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hotel At Gateway Center</b>   |             | <b>Transaction ID:</b> D1962<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 2100 Green Hills Drive   |             | Amount of Each Disbursement this Period<br>154.56   |
| City Ames State IA Zip Code 50010  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hotel Crescent Court</b>  |             | <b>Transaction ID:</b> D1972<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 400 Crescent Court   |             | Amount of Each Disbursement this Period<br>303.44   |
| City Dallas State TX Zip Code 75201  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hotel Fort Des Moines</b>   |             | <b>Transaction ID:</b> D1961<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 1000 Walnut Street   |             | Amount of Each Disbursement this Period<br>466.49   |
| City Des Moines State IA Zip Code 50309  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Monocle</b>   |             | Transaction ID: D1973<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 107 D Street, NE   |             | Amount of Each Disbursement this Period<br>82.39  |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |   |
| Purpose of Disbursement Meals<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. National Bank of Indianapolis</b>   |             | Transaction ID: D1951<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street Suite 700  |             | Amount of Each Disbursement this Period<br>442.07   |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Radisson Hotels</b>   |             | Transaction ID: D1954<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 11340 Blondo Street  |             | Amount of Each Disbursement this Period<br>1006.66  |
| City Omaha State NE Zip Code 68164   | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Radisson Hotels</b>   |             | <b>Transaction ID:</b> D1955<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6                      |
| Mailing Address 11340 Blondo Street  |             | Amount of Each Disbursement this Period<br>3095.55   |
| City Omaha State NE Zip Code 68164   | [MEMO ITEM] |  |
| Purpose of Disbursement Catering<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Radisson Hotels</b>   |             | <b>Transaction ID:</b> D1969<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6                      |
| Mailing Address 11340 Blondo Street  |             | Amount of Each Disbursement this Period<br>41.82   |
| City Omaha State NE Zip Code 68164   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Southwest Airlines</b>  |             | <b>Transaction ID:</b> D1967<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6                      |
| Mailing Address Baltimore Washington International   |             | Amount of Each Disbursement this Period<br>104.70  |
| City Glen Burnie State MD Zip Code 21061   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| <b>A. Staples</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 500 Staples Drive<br>City Framingham State MA Zip Code 01702<br>Purpose of Disbursement Office Supplies<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D1956</b><br>Date of Disbursement<br>01 / 27 / 2006<br>Amount of Each Disbursement this Period<br>30.56<br><b>[MEMO ITEM]</b> |
|--|--|--|

|   |  |   |
|---|--|---|
| <b>B. United Airlines</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1555 K Street, NW<br>City Washington State DC Zip Code 20002<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D1964</b><br>Date of Disbursement<br>01 / 27 / 2006<br>Amount of Each Disbursement this Period<br>207.70<br><b>[MEMO ITEM]</b> |
|---|--|---|

|   |  |   |
|---|--|---|
| <b>C. United Parcel Service</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 7247-0244<br>City Philadelphia State PA Zip Code 19170<br>Purpose of Disbursement Overnight Service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D1959</b><br>Date of Disbursement<br>01 / 27 / 2006<br>Amount of Each Disbursement this Period<br>100.41<br><b>[MEMO ITEM]</b> |
|---|--|---|

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |   | <b>Transaction ID: D1974</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |   | Amount of Each Disbursement this Period<br>11734.11                    |
| City Indianapolis State IN Zip Code 46204  |   |  |
| Purpose of Disbursement<br>Credit Card Payment, See Below  |   | Category/<br>Type  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amtrak</b>  |   | <b>Transaction ID: D1980</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 50 Massachusetts Avenue, NE  |   | Amount of Each Disbursement this Period<br>320.00                      |
| City Washington State DC Zip Code 20002  |   |  |
| Purpose of Disbursement<br>Travel  |   | Category/<br>Type  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

**[MEMO ITEM]**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amtrak</b>  |   | <b>Transaction ID: D2016</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 50 Massachusetts Avenue, NE  |   | Amount of Each Disbursement this Period<br>128.00                      |
| City Washington State DC Zip Code 20002  |   |  |
| Purpose of Disbursement<br>Travel  |   | Category/<br>Type  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

**[MEMO ITEM]**

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 11734.11 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Amtrak</b>  |  | Transaction ID: D2017<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 50 Massachusetts Avenue, NE  |  | Amount of Each Disbursement this Period<br>157.00<br><br><b>[MEMO ITEM]</b>                 |
| City Washington State DC Zip Code 20002  |  |   |
| Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capital Cafe &amp; Salad Bar</b>  |  | Transaction ID: D1976<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 101 Constitution Avenue, N.W.  |  | Amount of Each Disbursement this Period<br>525.11<br><br><b>[MEMO ITEM]</b>                 |
| City Washington State DC Zip Code 20001  |  |   |
| Purpose of Disbursement Catering<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Carroll Travel</b>  |  | Transaction ID: D1981<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 201 Massachusetts Avenue, NE   |  | Amount of Each Disbursement this Period<br>280.00<br><br><b>[MEMO ITEM]</b>                 |
| City Washington State DC Zip Code 20002  |  |   |
| Purpose of Disbursement Travel Agent Fee<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cingular Wireless</b>   |             | Transaction ID: D2011<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address P.O. Box 17356   |             | Amount of Each Disbursement this Period<br>513.29   |
| City Baltimore State MD Zip Code 21297   | [MEMO ITEM] |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name  |             | Category/ Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Kinko's</b>   |             | Transaction ID: D1979<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 13155 Noel Road Suite 1600   |             | Amount of Each Disbursement this Period<br>1378.81  |
| City Dallas State TX Zip Code 75240  | [MEMO ITEM] |   |
| Purpose of Disbursement Copying<br>Candidate Name  |             | Category/ Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Kinko's</b>   |             | Transaction ID: D1999<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 13155 Noel Road Suite 1600   |             | Amount of Each Disbursement this Period<br>9.78   |
| City Dallas State TX Zip Code 75240  | [MEMO ITEM] |   |
| Purpose of Disbursement Office Supplies<br>Candidate Name  |             | Category/ Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hotel At Gateway Center</b>   |             | <b>Transaction ID: D1988</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 2100 Green Hills Drive   |             | Amount of Each Disbursement this Period<br>231.84  |
| City Ames State IA Zip Code 50010  | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. La Brasserie</b>  |             | <b>Transaction ID: D2006</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 239 Massachusetts Avenue, NE   |             | Amount of Each Disbursement this Period<br>443.82  |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |  |
| Purpose of Disbursement Catering<br>Candidate Name   |             | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. La Colline</b>  |             | <b>Transaction ID: D2014</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 400 North Capitol Street, N.W.   |             | Amount of Each Disbursement this Period<br>342.50  |
| City Washington State DC Zip Code 20001  | [MEMO ITEM] |  |
| Purpose of Disbursement Catering<br>Candidate Name   |             | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |  |   |
|---|--|---|
| <b>A. Monocle</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 107 D Street, NE<br>City Washington State DC Zip Code 20002<br>Purpose of Disbursement Catering<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: D1990<br>Date of Disbursement<br>01 / 27 / 2006<br>Amount of Each Disbursement this Period<br>542.21<br>[MEMO ITEM] |
|---|--|---|

|   |  |  |
|---|--|--|
| <b>B. Monocle</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 107 D Street, NE<br>City Washington State DC Zip Code 20002<br>Purpose of Disbursement Catering<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: D2018<br>Date of Disbursement<br>01 / 27 / 2006<br>Amount of Each Disbursement this Period<br>1013.65<br>[MEMO ITEM] |
|---|--|--|

|   |  |   |
|---|--|---|
| <b>C. New Hampshire Political Library</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 2512<br>City Concord State NH Zip Code 03302<br>Purpose of Disbursement Gifts for Supporters<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: D1977<br>Date of Disbursement<br>01 / 27 / 2006<br>Amount of Each Disbursement this Period<br>375.00<br>[MEMO ITEM] |
|---|--|---|

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 149 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |             | <b>Transaction ID: D1983</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6                             |
| Mailing Address 901 15th Street, NW  |             | Amount of Each Disbursement this Period<br>374.20  |
| City Washington State DC Zip Code 20005  | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |             | <b>Transaction ID: D1984</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6                             |
| Mailing Address 901 15th Street, NW  |             | Amount of Each Disbursement this Period<br>374.20  |
| City Washington State DC Zip Code 20005  | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |             | <b>Transaction ID: D1985</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6                             |
| Mailing Address 901 15th Street, NW  |             | Amount of Each Disbursement this Period<br>476.10  |
| City Washington State DC Zip Code 20005  | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 158

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Omni Hotels Parker House</b>  |             | <b>Transaction ID: D2012</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 60 School Street   |             | Amount of Each Disbursement this Period<br>315.56                      |
| City Boston State MA Zip Code 02108  | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Southwest Airlines</b>  |             | <b>Transaction ID: D2001</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address Baltimore Washington International   |             | Amount of Each Disbursement this Period<br>210.90                      |
| City Glen Burnie State MD Zip Code 21061   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Staples</b>   |             | <b>Transaction ID: D1978</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 500 Staples Drive  |             | Amount of Each Disbursement this Period<br>465.29                      |
| City Framingham State MA Zip Code 01702  | [MEMO ITEM] |  |
| Purpose of Disbursement Office Supplies<br>Candidate Name  |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>   |  | Transaction ID: D2005<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 500 Staples Drive  |  | Amount of Each Disbursement this Period<br>130.89   |
| City Framingham  | State MA Zip Code 01702  |   |
| Purpose of Disbursement Office Supplies  |  | [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)<br><b>B. The BusBank</b>   |  | Transaction ID: D1993<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 155 North Wacker Drive Suite 620   |  | Amount of Each Disbursement this Period<br>1037.65  |
| City Chicago   | State IL Zip Code 60606  |   |
| Purpose of Disbursement Transportation   |  | [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)<br><b>C. The BusBank</b>   |  | Transaction ID: D1994<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 155 North Wacker Drive Suite 620   |  | Amount of Each Disbursement this Period<br>109.25   |
| City Chicago   | State IL Zip Code 60606  |   |
| Purpose of Disbursement Transportation   |  | [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:   |  |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

**A. United Airlines**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1555 K Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1996  
Date of Disbursement  
01 / 27 / 2006

Amount of Each Disbursement this Period  
246.90

[MEMO ITEM]

**B. United Airlines**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1555 K Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1997  
Date of Disbursement  
01 / 27 / 2006

Amount of Each Disbursement this Period  
246.90

[MEMO ITEM]

**C. United Parcel Service**

Full Name (Last, First, Middle Initial)  
United Parcel Service

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement Overnight Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1975  
Date of Disbursement  
01 / 27 / 2006

Amount of Each Disbursement this Period  
8.15

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
All America PAC

**A.** US Airways

Full Name (Last, First, Middle Initial)

Mailing Address One Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** D2010

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|        |
|--------|
| 253.20 |
|--------|

[MEMO ITEM]

**B.** Hotel Crescent Court

Full Name (Last, First, Middle Initial)

Mailing Address 400 Crescent Court

City Dallas State TX Zip Code 75201

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** D1884

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 4 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|        |
|--------|
| 365.90 |
|--------|

[MEMO ITEM]

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

|      |
|------|
| 0.00 |
|------|

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

|           |
|-----------|
| 258775.14 |
|-----------|

**SCHEDULE 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 154 / 158

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Congressional Black Caucus PAC</b>  |  | <b>Transaction ID: D1835</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 509 C Street NE  |  | Amount of Each Disbursement this Period<br>5000.00   |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>2006 Contribution<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Senatorial Campaign Committee</b>  |  | <b>Transaction ID: D1833</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 120 Maryland Avenue, N.E.  |  | Amount of Each Disbursement this Period<br>15000.00  |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>2006 Contribution<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Paul Hodes For Congress</b>  |  | <b>Transaction ID: D2165</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 26 South Main Street  |  | Amount of Each Disbursement this Period<br>500.00  |
| City Concord State NH Zip Code 03301  | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Paul Hodes<br>Category/Type   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NH District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 20500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 20500.00 |

**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 155 / 158

|                              |                              |                              |   |                             |                              |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|
| <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 checked="" type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Roche Inc. Good Government Fund</b>  |  | <b>Transaction ID: D2174</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 6 |  |
| Mailing Address 340 Kingsland Street  |  | Amount of Each Disbursement this Period<br>2500.00   |  |
| City Nutley<br>State NJ<br>Zip Code 07110   | Purpose of Disbursement<br>Refund  | Category/<br>Type  |  |
| Candidate Name  | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: |  |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
All America PAC

|  |  |  |
|--|--|--|
| <b>A. Burling 06</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 20 Lang Road<br>City Cornish State NH Zip Code 03745<br>Purpose of Disbursement Nonfederal Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D2175</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>250.00<br>Category/Type |
|--|--|--|

|   |  |  |
|---|--|--|
| <b>B. Committee To Elect House Democrats</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 1292<br>City Concord State NH Zip Code 03301<br>Purpose of Disbursement Nonfederal Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D2140</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>500.00<br>Category/Type |
|---|--|--|

|   |  |   |
|---|--|---|
| <b>C. DeVries 2006</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 16 Old Orchard Way<br>City Manchester State NH Zip Code 03103<br>Purpose of Disbursement Nonfederal Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D2144</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1000.00<br>Category/Type |
|---|--|---|

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input 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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Franklin City Democrats</b>   |  | <b>Transaction ID: D2146</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 9 / 2 0 0 6 |
| Mailing Address 211 Carver Street  |  | Amount of Each Disbursement this Period<br>250.00  |
| City Franklin State NH Zip Code 03235  | Purpose of Disbursement<br>Nonfederal Contribution<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mitch Landrieu for Mayor</b>  |  | <b>Transaction ID: D1834</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 1100 Poydras Street Suite 2950, Unit 20  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City New Orleans State LA Zip Code 70163   | Purpose of Disbursement<br>Nonfederal Contribution<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. New Hampshire Democrats Senate Caucus</b>   |  | <b>Transaction ID: D2164</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 2 1/2 Beacon Street  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Concord State NH Zip Code 03301   | Purpose of Disbursement<br>Nonfederal Contribution<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input 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)  
All America PAC

|  |   |   |                   |
|--|---|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Portsmouth Democrats</b>  |   | <b>Transaction ID: D2168</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2006 |                   |
| Mailing Address 195 Hillside Drive   |   | Amount of Each Disbursement this Period<br>250.00   |                   |
| City<br>Portsmouth   | State<br>NH   | Zip Code<br>03801   | Category/<br>Type |
| Purpose of Disbursement<br>Nonfederal Contribution   |   |   |                   |
| Candidate Name   |   |   |                   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State:   | District:   |   |                   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>250.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>4250.00</b> |