

**SCHEDULE 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Mrs. Cheryl J. Wyly		Transaction ID: SB28A.35648 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 300 Crescent Ct Ste 1000		Amount of Each Disbursement this Period 5000.00
City Dallas State TX Zip Code 75201	Purpose of Disbursement Contribution Refund - Indiv Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Contribution Refund - Indiv Candidate Name		

Full Name (Last, First, Middle Initial) B. Mr. Sam Wyly		Transaction ID: SB28A.35649 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 300 Crescent Ct Ste 1000		Amount of Each Disbursement this Period 5000.00
City Dallas State TX Zip Code 75201	Purpose of Disbursement Contribution Refund - Indiv Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Contribution Refund - Indiv Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

22425.00