

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1726 M Street, N.W. Suite 501 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00196089 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer J. Michael Keeling, Esq. Signature of Treasurer Electronically Filed by J. Michael Keeling, Esq. Date 07 18 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ESOP PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">6967.99</td></tr></table>	6967.99
Y	Y	Y	Y									
2	0	0	7									
6967.99												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">6967.99</td></tr></table>	6967.99										
6967.99												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">57121.78</td></tr></table>	57121.78	<table border="1" style="width: 100%;"><tr><td align="right">57121.78</td></tr></table>	57121.78								
57121.78												
57121.78												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">64089.77</td></tr></table>	64089.77	<table border="1" style="width: 100%;"><tr><td align="right">64089.77</td></tr></table>	64089.77								
64089.77												
64089.77												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">40526.07</td></tr></table>	40526.07	<table border="1" style="width: 100%;"><tr><td align="right">40526.07</td></tr></table>	40526.07								
40526.07												
40526.07												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">23563.70</td></tr></table>	23563.70	<table border="1" style="width: 100%;"><tr><td align="right">23563.70</td></tr></table>	23563.70								
23563.70												
23563.70												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><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  
ESOP PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	53121.78	53121.78
(i) Itemized (use Schedule A) .....	3000.00	3000.00
(ii) Unitemized .....	56121.78	56121.78
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	57121.78	57121.78
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	57121.78	57121.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57121.78	57121.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	40000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	526.07	526.07
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))..	40526.07	40526.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	40526.07	40526.07

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	57121.78	57121.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57121.78	57121.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James Ahern		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 350 West Hubbard Street No. 450		<b>Transaction ID:</b> SA11A1.6155
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lakeshore Valuation Group	Occupation valuation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Victor Alam, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 431 Montwood Circle		<b>Transaction ID:</b> SA11A1.6217
City State Zip Code Redwood City CA 94061-3326	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Menke & Associates	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Victor Alam, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 431 Montwood Circle		<b>Transaction ID:</b> SA11A1.6165
City State Zip Code Redwood City CA 94061-3326	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Menke & Associates	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Bruce Armstrong		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 300 Harvard Road		Transaction ID: SA11A1.6142
City State Zip Code San Mateo CA 94402	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Menke & Associates	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr James Bado		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 12710 CR 216		Transaction ID: SA11A1.6210
City State Zip Code Findlay OH 45840	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Workplace Development Inc- orporated	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Deborah Baker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 28 Cover Road		Transaction ID: SA11A1.6160
City State Zip Code South Salem NY 10590	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Office of Deborah Baker	Occupation ESOP consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Edward M. Bixler		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 33562 Avenida Calita		Transaction ID: SA11A1.6159
City State Zip Code San Juan Capistran CA 92675	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer BCC Capital Partners, LLC	Occupation managing partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Elyse Bluth		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 311 South Wacker Drive		Transaction ID: SA11A1.6140
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Duff & Phelps	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Clifford G. Canavera		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 448 Pine Point Road		Transaction ID: SA11A1.6169
City State Zip Code Brandenburg KY 40108	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Canavera Financial Group, LLC	Occupation financial planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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



**SCHEDULE A (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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Martin J. Carmody		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007
Mailing Address 1650 Louis Avenue		<b>Transaction ID:</b> SA11A1.6153
City State Zip Code Elk Grove IL 60007	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer First American Bank	Occupation banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Robert Dagle		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address P.O. Box 60		<b>Transaction ID:</b> SA11A1.6134
City State Zip Code Selinsgrove PA 17870	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer L/B Water Service	Occupation executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert W. Edwards, Esq.		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2007
Mailing Address One Citizens Plaza		<b>Transaction ID:</b> SA11A1.6213
City State Zip Code Providence RI 02903	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nixon Peabody LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<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 10 / 44
	(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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Steven Etkind</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 551 Fifth Avenue 21st Floor		<b>Transaction ID: SA11A1.6133</b>	
City State Zip Code New York NY 10176	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sadis & Goldberg LLC	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas Feeley</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2007	
Mailing Address 200 Portland Street		<b>Transaction ID: SA11A1.6207</b>	
City State Zip Code Boston MA 02114	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Feeley & Driscoll, P.C.	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Steven R. Fischer</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 7318 Germantown Avenue		<b>Transaction ID: SA11A1.6181</b>	
City State Zip Code Philadelphia PA 19119	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Steiker & Fischer	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Laurence A. Goldberg, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 50 California Street 36th Floor		Transaction ID: SA11A1.6186
City San Francisco	State CA	Zip Code 94111
Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Ludwig Goldberg & Krenzel	Occupation Attorneys	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Robert J. Gross		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 1 Tower Lane Suite 3010		Transaction ID: SA11A1.6151
City Oakbrook Terrace	State IL	Zip Code 60181
Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Private Capital Advisors, Inc.	Occupation financial consulting & valuation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Davin R. Gustafson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address S & S Business Services, Inc. 4040 Embassy Parkway		Transaction ID: SA11A1.6175
City Akron	State OH	Zip Code 44333
Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer S & S Business Services, Inc.	Occupation Director of Valuations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Gregory M. Hansen		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 737 Bishop Street Suite 2600		<b>Transaction ID:</b> SA11A1.6183
City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Case Bigelow & Lombardi	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael J. Harden		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007
Mailing Address 19800 MacArthur Blvd. Suite 1180		<b>Transaction ID:</b> SA11A1.6163
City State Zip Code Irvine CA 92612	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BCC Capital Partners, LLC	Occupation investment banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Malcom Hartman		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2007
Mailing Address 534 Montgomery Ferry Road, North		<b>Transaction ID:</b> SA11A1.6220
City State Zip Code Atlanta GA 30324-5132	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Willamette Management Associates	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<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 13 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Colin Henderson		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007	
Mailing Address 9405 Mercer Drive		<b>Transaction ID:</b> SA11A1.6158	
City State Zip Code Dallas TX 75228	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Strategic Investment Counsel Corporati	Occupation Investment counselor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rebecca Hoffman		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007	
Mailing Address 690 Berkmar Circle		<b>Transaction ID:</b> SA11A1.6178	
City State Zip Code Charlottesville VA 22901	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BCI Group	Occupation consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John Hommel		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2007	
Mailing Address 500 West Madison Suite 3800		<b>Transaction ID:</b> SA11A1.6143	
City State Zip Code Chicago IL 60661	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer North Star Bank	Occupation banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Donald M. Israel		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 19 West 44th Street Suite 416		Transaction ID: SA11A1.6219
City State Zip Code New York NY 10036	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benefit Concepts Systems, Inc.	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> David Johanson, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 1792 Second Street		Transaction ID: SA11A1.6176
City State Zip Code Napa CA 94559	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Johanson Berenson LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David M. Jones		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 300 North Delaplaine Road		Transaction ID: SA11A1.6211
City State Zip Code Riverside IL 60546	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation investment banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David M. Jones		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 300 North Delaplaine Road		Transaction ID: SA11A1.6172
City State Zip Code Riverside IL 60546	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation investment banker	
	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Garry Karch		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address One South Broad Street 13th Floor		Transaction ID: SA11A1.6185
City State Zip Code Philadelphia PA 19107	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation banker	
	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leslie Kearns		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 23622 Calabasas Road Suite 337		Transaction ID: SA11A1.6156
City State Zip Code Calabasas CA 91302	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation consultant	
	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Judith Kornfeld</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 2221 Delancey Place		<b>Transaction ID: SA11A1.6157</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 19103			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ESOP Economics	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Carolyn Long</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 2510 Virginia Avenue, N.W. No. 712 N		<b>Transaction ID: SA11A1.6136</b>	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20037			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self-employed	Occupation heiress		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Massengill</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 6 South Street		<b>Transaction ID: SA11A1.6145</b>	
City Morristown	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 07960			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SES Advisors	Occupation consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Anthony I. Mathews</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 13101 Washington Blvd. Suite 203		<b>Transaction ID: SA11A1.6147</b>	
City State Zip Code Los Angeles CA 90066	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BCI Group, Inc.	Occupation consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John W. Menke</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 170 Estates Drive		<b>Transaction ID: SA11A1.6182</b>	
City State Zip Code Piedmont CA 94611	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Menke & Associates	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Keith A. Mericka</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 3455 Peachtree Road, N.E.		<b>Transaction ID: SA11A1.6166</b>	
City State Zip Code Atlanta GA 30326	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UBS Financial Services	Occupation financial advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Alex Meshechok		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 61 Broadway Suite 1110		<b>Transaction ID:</b> SA11A1.6214	
City State Zip Code New York NY 10006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cororate Solutions Group, Inc.	Occupation investment banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Scott D. Miller, CPA		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 394 Williamstowne Suite F		<b>Transaction ID:</b> SA11A1.6173	
City State Zip Code Delafield WI 53018	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Enterprise Services, Inc.	Occupation Business valuation consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John L. Miscione		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 150 East 52nd Street 16th Floor		<b>Transaction ID:</b> SA11A1.6139	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Valuemetrics	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Alexander P. Moss		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 8506 Germantown		<b>Transaction ID:</b> SA11A1.6144
City Philadelphia	State PA	Zip Code 19119
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Praxis Consulting	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John P. Murphy		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address Orchard Park Suite A12		<b>Transaction ID:</b> SA11A1.6174
City Portsmouth	State NH	Zip Code 03801
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Atlantic Management Company	Occupation financial analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Carl Overman, Esq.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1400 First Indiana Plaza 135 North Pennsylvania Street		<b>Transaction ID:</b> SA11A1.6148
City Indianapolis	State IN	Zip Code 46204
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Leagre Chandler & Millard LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 17	PAGE 20 / 44
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NAME OF COMMITTEE (In Full)  
ESOP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Lonnie Peppler-Moyer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address P.O. Box 1176 20 West First Street		<b>Transaction ID:</b> SA11A1.6168	
City State Zip Code Monroe MI 48161	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Monroe Publishing Company	Occupation publisher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joseph V. Rafferty		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 1701 Novato Blvd. Suite 302		<b>Transaction ID:</b> SA11A1.6164	
City State Zip Code Novato CA 94947	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Private Capital Corporation	Occupation ESOP consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Hugh Reynolds		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 10 West Broad Street Suite 1700		<b>Transaction ID:</b> SA11A1.6179	
City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Crowe Chizek & Company, LLP	Occupation consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 44
	(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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Kenneth E. Serwinski</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 111 East Main Street		<b>Transaction ID: SA11A1.6137</b>	
City State Zip Code St. Charles IL 60174-1948	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prairie Capitol Advisors, Inc.	Occupation consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms Caryn Siebert</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7	
Mailing Address 5465 Morehouse Drive Suite 150		<b>Transaction ID: SA11A1.6184</b>	
City State Zip Code San Diego CA 92121	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carl Warren & Company	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Smiley, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address P.O. Box 542		<b>Transaction ID: SA11A1.6218</b>	
City State Zip Code Logandale NV 89021-0542	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Benefit Capital Companies, Inc.	Occupation consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

# SCHEDULE A (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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert S. Socol		Date of Receipt M M / D D / Y Y Y Y Y 04 / 18 / 2007	
Mailing Address 290 Greenwood Avenue		<b>Transaction ID:</b> SA11A1.6177	
City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Stout Risius Ross, Inc.	Occupation Business financial valuation consultan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James G. Steiker		Date of Receipt M M / D D / Y Y Y Y Y 02 / 26 / 2007	
Mailing Address 7318 Germantown Avenue		<b>Transaction ID:</b> SA11A1.6216	
City State Zip Code Philadelphia PA 19119	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Steiker & Fischer	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Frieda Takaki		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 826 South King Street		<b>Transaction ID:</b> SA11A1.6180	
City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CHART Rehabilitation of Hawaii, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

# SCHEDULE A (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 / 44
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Duane Tolander		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 1601 22nd Street Suite 400		Transaction ID: SA11A1.6187
City State Zip Code West Des Moines IA 50266	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Corporate Continuity Group, Lt	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Cindy Turcot		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 128 Intervale Road		Transaction ID: SA11A1.6146
City State Zip Code Burlington VT 05401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gardener's Supply Company	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Unitemized Unitemized		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1726 M Street, N.W. Suite 501		Transaction ID: SA11A1.6132
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 24121.78	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ESOP PAC	Occupation PAC administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 24121.78	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	25121.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 44
	(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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Virginia Vanderslice		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 8506 Germantown Avenue		<b>Transaction ID:</b> SA11A1.6138
City State Zip Code Philadelphia PA 19119	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Praxis Consulting Group, Inc.	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Seymour Zilberstein		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 400 Skokie Blvd. Suite 260		<b>Transaction ID:</b> SA11A1.6149
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Consulting Fiduciaries, Inc.	Occupation fiduciary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	53121.78



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 44  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

Full Name (Last, First, Middle Initial)  
A. ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Date of Receipt

Mailing Address PO BOX 98000

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

City	State	Zip Code
LAFAYETTE	LA	70509

Transaction ID: SA11B.6212

FEC ID number of contributing federal political committee.  
**C** C00335570

Amount of Each Receipt this Period  
1000.00

Name of Employer

Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

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

**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 26 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. BAKER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.6109
Mailing Address POST OFFICE BOX 1694		Date of Disbursement 05 / 09 / 2007
City BATON ROUGE	State LA	Zip Code 70821
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 06		

Full Name (Last, First, Middle Initial) <b>B. BILIRAKIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6112
Mailing Address 610 S. Boulevard		Date of Disbursement 05 / 22 / 2007
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>C. CANTOR FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6080
Mailing Address P. O. Box 17813		Date of Disbursement 01 / 29 / 2007
City Richmond	State VA	Zip Code 23226
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</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 27 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.6107 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 500.00
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.6120 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 500.00
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.6121 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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 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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.6223 Date of Disbursement 06 / 30 / 2007
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period -2500.00
City Richmond State VA Zip Code 23226	Purpose of Disbursement chk lost in mail; 1/26/07	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR TOM PETRI</b>		Transaction ID: SB23.6106 Date of Disbursement 05 / 07 / 2007
Mailing Address PO BOX 270		Amount of Each Disbursement this Period 500.00
City FOND DU LAC State WI Zip Code 54935	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COBLE FOR CONGRESS</b>		Transaction ID: SB23.6082 Date of Disbursement 02 / 27 / 2007
Mailing Address 338 N ELM ST SUITE 204-A PO BOX 1177		Amount of Each Disbursement this Period 500.00
City GREENSBORO State NC Zip Code 27402	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1500.00
<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 29 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. DAVE CAMP FOR CONGRESS 2000</b>		Transaction ID: SB23.6125 Date of Disbursement
Mailing Address 5915 EASTMAN AVENUE SUITE 100		<input type="text" value="06"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City MIDLAND	State MI	Zip Code 48640
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 04	

Full Name (Last, First, Middle Initial) <b>B. DAVE CAMP FOR CONGRESS 2002</b>		Transaction ID: SB23.6096 Date of Disbursement
Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		<input type="text" value="04"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City MIDLAND	State MI	Zip Code 48640
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 04	

Full Name (Last, First, Middle Initial) <b>C. FOLEY, MARK A</b>		Transaction ID: SB23.6226 Date of Disbursement
Mailing Address 3507 VILLAGE BLVD APT 304		<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City WEST PALM BEACH	State FL	Zip Code 33409
Purpose of Disbursement chk lost in mail; 7-18-06		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="-1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. FREEDOM FUND</b>		Transaction ID: SB23.6224 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period -1000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement chk lost in mail; 6-28-07	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF BLANCHE LINCOLN</b>		Transaction ID: SB23.6108 Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2007
Mailing Address PO BOX 3197		Amount of Each Disbursement this Period 2500.00
City LITTLE ROCK State AR Zip Code 72203	Purpose of Disbursement	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 00		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JAY ROCKEFELLER</b>		Transaction ID: SB23.6092 Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2007
Mailing Address PO BOX 1909		Amount of Each Disbursement this Period 1000.00
City CHARLESTON State WV Zip Code 25327	Purpose of Disbursement	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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 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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MARY LANDRIEU INC</b>		Transaction ID: SB23.6099 Date of Disbursement																					
Mailing Address 650 POYDRAS ST SUITE 1434		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	9		2	0	0	7														
City NEW ORLEANS	State LA	Zip Code 70130	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: LA	District: 00																						

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MARY LANDRIEU INC</b>		Transaction ID: SB23.6130 Date of Disbursement																					
Mailing Address 650 POYDRAS ST SUITE 1434		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	0	7														
City NEW ORLEANS	State LA	Zip Code 70130	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>		500.00																			
500.00																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: LA	District: 00																						

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAURICE HINCHEY</b>		Transaction ID: SB23.6115 Date of Disbursement																					
Mailing Address PO Box 4497		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	2		2	0	0	7														
City Kingston	State NY	Zip Code 12402	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>		500.00																			
500.00																							
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 22																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</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 32 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SAM JOHNSON</b>		<b>Transaction ID:</b> SB23.6098 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address PO BOX 860096		Amount of Each Disbursement this Period 500.00
City PLANO State TX Zip Code 75086	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SAM JOHNSON</b>		<b>Transaction ID:</b> SB23.6100 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO BOX 860096		Amount of Each Disbursement this Period 500.00
City PLANO State TX Zip Code 75086	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SAM JOHNSON</b>		<b>Transaction ID:</b> SB23.6105 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address PO BOX 860096		Amount of Each Disbursement this Period 500.00
City PLANO State TX Zip Code 75086	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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 33 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. GALLEGLY FOR CONGRESS</b>		<b>Transaction ID: SB23.6128</b> Date of Disbursement 06 / 26 / 2007
Mailing Address PO BOX 940001		Amount of Each Disbursement this Period 500.00
City SIMI VALLEY	State CA Zip Code 93094	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23		

Full Name (Last, First, Middle Initial) <b>B. GLACIER PAC</b>		<b>Transaction ID: SB23.6094</b> Date of Disbursement 04 / 05 / 2007
Mailing Address 818 Connecticut Ave. NW Suite 1009		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20006	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GLACIER PAC</b>		<b>Transaction ID: SB23.6102</b> Date of Disbursement 05 / 01 / 2007
Mailing Address 818 Connecticut Ave. NW Suite 1009		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20006	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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 34 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. GLACIER PAC</b>		<b>Transaction ID:</b> SB23.6119 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 818 Connecticut Ave. NW Suite 1009		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. GOODE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6086 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 235 South Main Street		Amount of Each Disbursement this Period 500.00
City Rocky Mount State VA Zip Code 24151		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. GOODLATTE, ROBERT W.</b>		<b>Transaction ID:</b> SB23.6090 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 500.00
City Roanoke State VA Zip Code 24018		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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 35 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. GRASSLEY COMMITTEE</b>		Transaction ID: SB23.6084 Date of Disbursement																					
Mailing Address PO BOX 1000		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	7		2	0	0	7														
City DES MOINES	State IA	Zip Code 50304	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IA	District: 00																						

Full Name (Last, First, Middle Initial) <b>B. GREEN MOUNTAIN PAC</b>		Transaction ID: SB23.6103 Date of Disbursement																					
Mailing Address PO Box 1142		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	7		2	0	0	7														
City Montpelier	State VT	Zip Code 05601	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) <b>C. JIM RAMSTAD VOLUNTEER COMMITTEE</b>		Transaction ID: SB23.6110 Date of Disbursement																					
Mailing Address 1809 PLYMOUTH ROAD SOUTH #310		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	0	7														
City MINNETONKA	State MN	Zip Code 55305	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name		Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 03																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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 36 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. LEAHY FOR U.S. SENATOR COMMITTEE</b>		Transaction ID: SB23.6126 Date of Disbursement
Mailing Address PO BOX 1042		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City MONTPELIER	State VT	Zip Code 05601
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VT District: 00		

Full Name (Last, First, Middle Initial) <b>B. LEVIN FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6088 Date of Disbursement
Mailing Address 30636 DEQUINDRE		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City WARREN	State MI	Zip Code 48092
Purpose of Disbursement	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 12		

Full Name (Last, First, Middle Initial) <b>C. LEVIN FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6111 Date of Disbursement
Mailing Address 30636 DEQUINDRE		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City WARREN	State MI	Zip Code 48092
Purpose of Disbursement	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. LINC PAC</b>		Transaction ID: SB23.6079 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 818 CONNECTICUT AVENUE NW STE 1100		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20006		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LINC PAC</b>		Transaction ID: SB23.6087 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 818 CONNECTICUT AVENUE NW STE 1100		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20006		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MANZULLO, DONALD A.</b>		Transaction ID: SB23.6123 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 792 E Lightsville Rd		Amount of Each Disbursement this Period 500.00
City Egan State IL Zip Code 61047		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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 38 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. NATIONAL LEADERSHIP PAC</b>		Transaction ID: SB23.6076 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address PO box 5577		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10027	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL LEADERSHIP PAC</b>		Transaction ID: SB23.6122 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO box 5577		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10027	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. NATIONAL LEADERSHIP PAC</b>		Transaction ID: SB23.6225 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO box 5577		Amount of Each Disbursement this Period -2500.00
City New York State NY Zip Code 10027	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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)

PAGE 39 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. RANGEL FOR CONGRESS</b>		Transaction ID: SB23.6078 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address PO BOX 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10027		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ROHRABACHER, DANA</b>		Transaction ID: SB23.6083 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address P.O. BOX 823		Amount of Each Disbursement this Period 1000.00
City HUNTINGTON BEACH State CA Zip Code 92646		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 46	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. RON LEWIS FOR CONGRESS 2000</b>		Transaction ID: SB23.6117 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address PO BOX 307		Amount of Each Disbursement this Period 1000.00
City ELIZABETHTOWN State KY Zip Code 42702		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 40 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. RON LEWIS FOR CONGRESS 2000</b>		Transaction ID: SB23.6124 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2007
Mailing Address PO BOX 307		Amount of Each Disbursement this Period 1000.00
City ELIZABETHTOWN	State KY Zip Code 42702	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 02		

Full Name (Last, First, Middle Initial) <b>B. RYAN FOR CONGRESS</b>		Transaction ID: SB23.6085 Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2007
Mailing Address PO BOX 1919		Amount of Each Disbursement this Period 1000.00
City JANESVILLE	State WI Zip Code 53547	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>C. RYAN FOR CONGRESS</b>		Transaction ID: SB23.6089 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address PO BOX 1919		Amount of Each Disbursement this Period 500.00
City JANESVILLE	State WI Zip Code 53547	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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 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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. RYAN FOR CONGRESS</b>		Transaction ID: SB23.6101 Date of Disbursement
Mailing Address PO BOX 1919		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City JANESVILLE	State WI	Zip Code 53547
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>B. RYAN FOR CONGRESS</b>		Transaction ID: SB23.6114 Date of Disbursement
Mailing Address PO BOX 1919		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City JANESVILLE	State WI	Zip Code 53547
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>C. RYAN FOR CONGRESS</b>		Transaction ID: SB23.6127 Date of Disbursement
Mailing Address PO BOX 1919		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City JANESVILLE	State WI	Zip Code 53547
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. WALLY HERGER FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6097																					
Mailing Address PO BOX 1500		Date of Disbursement																					
City CHICO State CA Zip Code 95927		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	6		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																					
State: CA District: 02																							

Full Name (Last, First, Middle Initial) <b>B. WELLER, GERALD C 'JERRY'</b>		Transaction ID: SB23.6081																					
Mailing Address PO BOX 15283		Date of Disbursement																					
City WASHINGTON State DC Zip Code 20003		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	0		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																					
State: IL District: 11																							

Full Name (Last, First, Middle Initial) <b>C. WELLER, GERALD C 'JERRY'</b>		Transaction ID: SB23.6091																					
Mailing Address PO BOX 15283		Date of Disbursement																					
City WASHINGTON State DC Zip Code 20003		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	6		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																					
State: IL District: 11																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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 43 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. WELLER, GERALD C 'JERRY'</b>		Transaction ID: SB23.6118
Mailing Address PO BOX 15283		Date of Disbursement 05 / 23 / 2007
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 11	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40000.00

# 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 44 / 44

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial)		Transaction ID: SB29.6131																					
A. Bank Charges		Date of Disbursement																					
Mailing Address P.O. Box 96758 1800 M Street, N.W.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	7														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Washington	DC	20090	526.07																				
Purpose of Disbursement		Category/ Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	526.07
<b>TOTAL</b> This Period (last page this line number only) .....	526.07