

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

Continuing A Majority Party Action Committee (CAMPAC)

ADDRESS (number and street) 5915 Eastman Avenue Suite 100

Check if different than previously reported. (ACC) Midland MI 48640

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00350462

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 09 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jacqueline M. Medema

Signature of Treasurer Electronically Filed by Jacqueline M. Medema Date 10 20 2006

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">35442.03</td></tr></table>	35442.03
Y	Y	Y	Y									
2	0	0	6									
35442.03												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">109880.58</td></tr></table>	109880.58										
109880.58												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">20250.00</td></tr></table>	20250.00	<table border="1" style="width: 100%;"><tr><td align="center">181568.00</td></tr></table>	181568.00								
20250.00												
181568.00												
(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="center">130130.58</td></tr></table>	130130.58	<table border="1" style="width: 100%;"><tr><td align="center">217010.03</td></tr></table>	217010.03								
130130.58												
217010.03												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">67858.79</td></tr></table>	67858.79	<table border="1" style="width: 100%;"><tr><td align="center">154738.24</td></tr></table>	154738.24								
67858.79												
154738.24												
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="center">62271.79</td></tr></table>	62271.79	<table border="1" style="width: 100%;"><tr><td align="center">62271.79</td></tr></table>	62271.79								
62271.79												
62271.79												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">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
Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5750.00	72918.00
(i) Itemized (use Schedule A)	0.00	2150.00
(ii) Unitemized	5750.00	75068.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	14500.00	106500.00
(c) Other Political Committees (such as PACs)	20250.00	181568.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20250.00	181568.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20250.00	181568.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1358.79	42238.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1358.79	42238.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	112500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67858.79	154738.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	67858.79	154738.24

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)	20250.00	181568.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20250.00	181568.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1358.79	42238.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1358.79	42238.24

**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 / 24
	<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	

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)
Continuing A Majority Party Action Committee (CAMPAC)

A. Full Name (Last, First, Middle Initial)
ADAM B. FRANKEL

Mailing Address 69 HARDING RD

City State Zip Code
GREENWICH CT 06870

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

Name of Employer Occupation
GENESEE & WYOMING SENIOR VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006

Transaction ID: SA11A1.6394

Amount of Each Receipt this Period
750.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SAGINAW CHIPPEWA INDIAN TRIBE

Mailing Address 7070 E. Broadway

City State Zip Code
Mt. Pleasant MI 48858

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006

Transaction ID: SA11A1.6396

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
TOTAL This Period (last page this line number only)	▶	5750.00

**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 7 / 24
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. BROOKE HOLDINGS-SEP.SEG.FD		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 5901 EXECUTIVE DR		Transaction ID: SA11C.6398	
City State Zip Code LANSING MI 48911	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00254953		CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1201 15TH STREET NW		Transaction ID: SA11C.6399	
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00000901		CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DTE ENERGY CO. PAC - FEDERAL		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006	
Mailing Address 2000 SECOND AVENUE 1079 WCB		Transaction ID: SA11C.6392	
City State Zip Code DETROIT MI 48226	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00081547		CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. REAL ESTATE INVESTMENT TRUSTS PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 1875 I STREET, N.W.		Transaction ID: SA11C.6401	
City State Zip Code WASHINGTON DC 20006-5413	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. WELLS REAL ESTATE FUNDS INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 6200 THE CORNERS PARKWAY SUITE 250		Transaction ID: SA11C.6402	
City State Zip Code NORCROSS GA 30092	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00403915		CONTRIBUTION	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. WELLS REAL ESTATE FUNDS INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 6200 THE CORNERS PARKWAY SUITE 250		Transaction ID: SA11C.6404	
City State Zip Code NORCROSS GA 30092	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00403915		CONTRIBUTION	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	14500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. BURNSIDE & LANG, PC		Transaction ID: SB21B.6311 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 5915 EASTMAN AVE SUITE 100		Amount of Each Disbursement this Period 559.69
City MIDLAND State MI Zip Code 48640	Purpose of Disbursement ACCOUNTING FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) B. PLATINUM PLUS		Transaction ID: SB21B.6374 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO BOX 15469		Amount of Each Disbursement this Period 758.80
City WILMINGTON State DE Zip Code 19886-5469	Purpose of Disbursement CREDIT CARD - SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

Full Name (Last, First, Middle Initial) C. ST. IVES GOLF CLUB		Transaction ID: SB21B.6374.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 9900 ST. IVES DR.		Amount of Each Disbursement this Period 758.80
City STANWOOD State MI Zip Code 49346	Purpose of Disbursement CATERING FOR EVENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1318.49
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 24

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

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. PLATINUM PLUS		Transaction ID: SB21B.6391	
Mailing Address PO BOX 15469		Date of Disbursement 09 / 30 / 2006	
City WILMINGTON	State DE	Zip Code 19886-5469	
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 40.30	
Candidate Name		001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	40.30
TOTAL This Period (last page this line number only)	1358.79

**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 11 / 24

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. AMERICANS NATIONWIDE DEDICATED TO ELECTING REPUBLICANS		Transaction ID: SB23.6329
Mailing Address Post Office Box 523383		Date of Disbursement 09 / 25 / 2006
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement CONTRIBUTION	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period 5000.00

Full Name (Last, First, Middle Initial) B. ANNE NORTHUP FOR CONGRESS		Transaction ID: SB23.6321
Mailing Address PO BOX 7313		Date of Disbursement 09 / 18 / 2006
City LOUISVILLE	State KY	Zip Code 40257
Purpose of Disbursement CONTRIBUTION	011 Category/ Type	
Candidate Name ANNE M NORTHUP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 03		
		Amount of Each Disbursement this Period 500.00

Full Name (Last, First, Middle Initial) C. BLASDEL FOR CONGRESS		Transaction ID: SB23.6333
Mailing Address PO BOX 2021		Date of Disbursement 09 / 25 / 2006
City EAST LIVERPOOL	State OH	Zip Code 43920
Purpose of Disbursement CONTRIBUTION	011 Category/ Type	
Candidate Name CHUCK BLASDEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 06		
		Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. CHRIS CHOCOLA FOR CONGRESS INC		Transaction ID: SB23.6347 Date of Disbursement
Mailing Address PO BOX 6728		<input type="text" value="09"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City SOUTH BEND	State IN	Zip Code 46660
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name JOSEPH CHRISTOPHER CHOCOLA	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 02	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. CHRIS CHOCOLA FOR CONGRESS INC		Transaction ID: SB23.6378 Date of Disbursement
Mailing Address PO BOX 6728		<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City SOUTH BEND	State IN	Zip Code 46660
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name JOSEPH CHRISTOPHER CHOCOLA	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 02	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. CUBIN FOR CONGRESS INC		Transaction ID: SB23.6326 Date of Disbursement
Mailing Address POST OFFICE BOX 4657 P O BOX 4657		<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City CASPER	State WY	Zip Code 82604
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name BARBARA L CUBIN	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WY District: 01	

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. DAVID MCSWEENEY FOR CONGRESS 2006 INC		Transaction ID: SB23.6370
Mailing Address 8 Hubbell Court		Date of Disbursement 09 / 25 / 2006
City Barrington	State IL	Zip Code 60010
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name S. DAVID MCSWEENEY		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 8	

Full Name (Last, First, Middle Initial) B. DEVIN NUNES CAMPAIGN COMMITTEE		Transaction ID: SB23.6367
Mailing Address PO BOX 6545		Date of Disbursement 09 / 25 / 2006
City VISALIA	State CA	Zip Code 93290
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name DEVIN GERALD NUNES		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 21	

Full Name (Last, First, Middle Initial) C. FRIENDS OF CLAY SHAW		Transaction ID: SB23.6355
Mailing Address 2600 N E 14TH STREET CAUSEWAY		Date of Disbursement 09 / 25 / 2006
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name E. CLAY JR. SHAW		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 22	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. FRIENDS OF CLAY SHAW		Transaction ID: SB23.6381 Date of Disbursement
Mailing Address 2600 N E 14TH STREET CAUSEWAY		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement CONTRIBUTION		<input type="text" value="011"/> Category/ Type
Candidate Name E. CLAY JR. SHAW		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 22	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN HOSTETTLER COMMITTEE		Transaction ID: SB23.6351 Date of Disbursement
Mailing Address P.O. Box 3676		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City Evansville	State IN	Zip Code 47735
Purpose of Disbursement CONTRIBUTION		<input type="text" value="011"/> Category/ Type
Candidate Name JOHN NATHAN HOSTETTLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 08	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARK FOLEY		Transaction ID: SB23.6317 Date of Disbursement
Mailing Address 1316 LAKE VICTORIA DR 1316 Lake Victoria Dr		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City LAKE WORTH	State FL	Zip Code 33461
Purpose of Disbursement CONTRIBUTION		<input type="text" value="011"/> Category/ Type
Candidate Name MARK FOLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 16	

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. FRIENDS OF MIKE SODREL		Transaction ID: SB23.6353 Date of Disbursement 09 / 25 / 2006
Mailing Address 702 NORTH SHORE DRIVE SUITE 500		Amount of Each Disbursement this Period 2000.00
City JEFFERSONVILLE State IN Zip Code 47130	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL E SODREL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GARD FOR CONGRESS		Transaction ID: SB23.6354 Date of Disbursement 09 / 25 / 2006
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 1000.00
City GREEN BAY State WI Zip Code 54305	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION Candidate Name JOHN G GARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HEATHER WILSON FOR CONGRESS		Transaction ID: SB23.6325 Date of Disbursement 09 / 18 / 2006
Mailing Address PO BOX 14070		Amount of Each Disbursement this Period 1000.00
City ALBUQUERQUE State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION Candidate Name HEATHER A WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 24

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. JD HAYWORTH FOR CONGRESS		Transaction ID: SB23.6358 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name J D HAYWORTH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JD HAYWORTH FOR CONGRESS		Transaction ID: SB23.6382 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 4000.00
City Scottsdale State AZ Zip Code 85260	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name J D HAYWORTH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JERRY WELLER FOR CONGRESS INC.		Transaction ID: SB23.6362 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 1000.00
City Joliet State IL Zip Code 60434	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name GERALD C JERRY WELLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. JIM GERLACH FOR CONGRESS COMMITTEE		Transaction ID: SB23.6337 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 911 WELSH AYRES WAY		Amount of Each Disbursement this Period 1000.00
City DOWNINGTOWN State PA Zip Code 19335	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JIM GERLACH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.6318 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name NANCY L. JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.6357 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name NANCY L. JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 24

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.6379 Date of Disbursement
Mailing Address P. O. Box 1986		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City New Britain	State CT	Zip Code 06050
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name NANCY L. JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 05	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) B. JOHN T DOOLITTLE FOR CONGRESS		Transaction ID: SB23.6338 Date of Disbursement
Mailing Address 400 CAPITOL MALL SUITE 1560		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name JOHN T DOOLITTLE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 04	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. JOY PADGETT FOR CONGRESS		Transaction ID: SB23.6334 Date of Disbursement
Mailing Address 871 WALNUT STREET		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City COSHOCOTON	State OH	Zip Code 43812
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name JOY PADGETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 18	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. KNOLLENBERG FOR CONGRESS COMMITTEE		Transaction ID: SB23.6346 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 27867 Orchard Lake Road 27867 Orchard Lake Road		Amount of Each Disbursement this Period 1000.00
City Farmington Hills State MI Zip Code 48334		
Purpose of Disbursement CONTRIBUTION Candidate Name JOSEPH K. KNOLLENBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 9	011 Category/Type	

Full Name (Last, First, Middle Initial) B. MARK KENNEDY FOR CONGRESS		Transaction ID: SB23.6372 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 5000.00
City Blaine State MN Zip Code 55449		
Purpose of Disbursement CONTRIBUTION Candidate Name MARK RAYMOND KENNEDY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	011 Category/Type	

Full Name (Last, First, Middle Initial) C. MARTHA RAINVILLE FOR CONGRESS		Transaction ID: SB23.6386 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Williston State VT Zip Code 05495		
Purpose of Disbursement CONTRIBUTION Candidate Name MARTHA MS. RAINVILLE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District: 00	011 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 24

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. MCCOTTER CONGRESSIONAL COMMITTEE		Transaction ID: SB23.6345 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 39202 LYNDON		Amount of Each Disbursement this Period 1000.00
City LIVONIA	State MI Zip Code 48154	
Purpose of Disbursement CONTRIBUTION		
Candidate Name THADDEUS G MCCOTTER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 00		

Full Name (Last, First, Middle Initial) B. MICHIGAN REPUBLICAN PARTY		Transaction ID: SB23.6313 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 520 Seymour St.		Amount of Each Disbursement this Period 5000.00
City Lansing	State MI Zip Code 48933	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MUSGRAVE FOR CONGRESS		Transaction ID: SB23.6320 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 5401 STONE CREEK CIRCLE SUITE 777		Amount of Each Disbursement this Period 1000.00
City LOVELAND	State CO Zip Code 80538	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MARILYN N MUSGRAVE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<input 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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. PEOPLE WITH HART INC		Transaction ID: SB23.6363 Date of Disbursement 09 / 25 / 2006
Mailing Address PO BOX 435		Amount of Each Disbursement this Period 1000.00
City WEXFORD State PA Zip Code 15090	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MELISSA A. HART		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PEOPLE WITH HART INC		Transaction ID: SB23.6377 Date of Disbursement 09 / 29 / 2006
Mailing Address PO BOX 435		Amount of Each Disbursement this Period 4000.00
City WEXFORD State PA Zip Code 15090	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MELISSA A. HART		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PRYCE FOR CONGRESS		Transaction ID: SB23.6322 Date of Disbursement 09 / 18 / 2006
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DEBORAH PRYCE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. REYNOLDS FOR CONGRESS		Transaction ID: SB23.6359 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 15388 PITTSFORD		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name THOMAS M REYNOLDS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ROSKAM FOR CONGRESS COMMITTEE		Transaction ID: SB23.6369 Date of Disbursement 09 / 25 / 2006
Mailing Address 1919 BRIARCLIFFE BLVD		Amount of Each Disbursement this Period 1000.00
City WHEATON State IL Zip Code 60187	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name PETER ROSKAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. STEVE CHABOT FOR CONGRESS		Transaction ID: SB23.6332 Date of Disbursement 09 / 25 / 2006
Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45211	011 Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name STEVE CHABOT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. SUE KELLY FOR CONGRESS		Transaction ID: SB23.6319 Date of Disbursement 09 / 18 / 2006
Mailing Address PO BOX 599		Amount of Each Disbursement this Period 1000.00
City KATONAH State NY Zip Code 10536	Purpose of Disbursement CONTRIBUTION Category/Type 011	
Candidate Name SUE W KELLY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. SWEENEY FOR CONGRESS INC		Transaction ID: SB23.6383 Date of Disbursement 09 / 29 / 2006
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 1000.00
City Clifton Park State NY Zip Code 12065	Purpose of Disbursement CONTRIBUTION Category/Type 011	
Candidate Name JOHN E. SWEENEY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. THELMA DRAKE FOR CONGRESS		Transaction ID: SB23.6316 Date of Disbursement 09 / 18 / 2006
Mailing Address PO BOX 61480		Amount of Each Disbursement this Period 1000.00
City VIRGINIA BEACH State VA Zip Code 23466	Purpose of Disbursement CONTRIBUTION Category/Type 011	
Candidate Name THELMA DRAKE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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PAGE 24 / 24

<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)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. WALBERG FOR CONGRESS		Transaction ID: SB23.6342 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 6769 Teachout Road		Amount of Each Disbursement this Period 1000.00
City Tipton	State MI Zip Code 49287	
Purpose of Disbursement CONTRIBUTION		011 Category/ Type
Candidate Name TIMOTHY WALBERG		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 07		

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

66500.00