

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

Forward Together PAC

ADDRESS (number and street) 201 North Union St. Suite 350

Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00412791

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 Gerald S. McGowan

Signature of Treasurer Electronically Filed by Gerald S. McGowan 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
Forward Together PAC

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="right">2492527.66</td></tr></table>	2492527.66
Y	Y	Y	Y									
2	0	0	6									
2492527.66												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">3633059.14</td></tr></table>	3633059.14										
3633059.14												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">768253.93</td></tr></table>	768253.93	<table border="1" style="width: 100%;"><tr><td align="right">6447922.18</td></tr></table>	6447922.18								
768253.93												
6447922.18												
(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">4401313.07</td></tr></table>	4401313.07	<table border="1" style="width: 100%;"><tr><td align="right">8940449.84</td></tr></table>	8940449.84								
4401313.07												
8940449.84												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">852016.85</td></tr></table>	852016.85	<table border="1" style="width: 100%;"><tr><td align="right">5391153.62</td></tr></table>	5391153.62								
852016.85												
5391153.62												
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">3549296.22</td></tr></table>	3549296.22	<table border="1" style="width: 100%;"><tr><td align="right">3549296.22</td></tr></table>	3549296.22								
3549296.22												
3549296.22												
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="right">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="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
Forward Together PAC

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	747615.00	6178045.83
(i) Itemized (use Schedule A)	6865.00	139020.62
(ii) Unitemized	754480.00	6317066.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	3000.00	76500.00
(c) Other Political Committees (such as PACs)	757480.00	6393566.45
(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)	1828.91	4473.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8945.02	49882.33
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))	768253.93	6447922.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	768253.93	6447922.18

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	464165.79	3988402.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	464165.79	3988402.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	660100.00
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	1732.14
(b) Political Party Committees	0.00	1000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2732.14
29. Other Disbursements.....	348851.06	739918.94
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))..	852016.85	5391153.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	852016.85	5391153.62

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	757480.00	6393566.45
34. Total Contribution Refunds (from Line 28(d))	0.00	2732.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	757480.00	6390834.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	464165.79	3988402.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	1828.91	4473.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	462336.88	3983929.14

**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 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Esthy Adler		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 5630 Wisconsin Ave Apt 1205		Transaction ID: C1403520	
City State Zip Code Chevy Chase MD 20815-4457	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired	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) B. James B. Adler		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 5630 Wisconsin Ave Apt 1205		Transaction ID: C1403517	
City State Zip Code Chevy Chase MD 20815-4457	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adler Associates Occupation Publisher	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. Vinod Agarwal		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006	
Mailing Address 1409 Ronald Ct		Transaction ID: C1400712	
City State Zip Code Virginia Beach VA 23455-4941	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Old Dominion University Occupation Professor	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	13000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Robert C. Alexander

Mailing Address 31 E 32nd St

City State Zip Code
New York NY 10016-5509

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

Name of Employer Occupation
Self Employed Media Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398733

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Terry Alexander

Mailing Address PO Box 1822

City State Zip Code
Florence SC 29503-1822

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

Name of Employer Occupation
Sunrise of the Pee Dee, LLC Managing Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: C1403620

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Daniel Alpert

Mailing Address 489 5th Ave
FI 33

City State Zip Code
New York NY 10017-6111

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

Name of Employer Occupation
Westwood Capital, LLC Investment Banker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398764

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Gordon M. Ambach		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address PO Box 261		Transaction ID: C1385636
City State Zip Code Bondville VT 05340-0261	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) Steven M. Anastasion		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 109 Oakbrook Dr		Transaction ID: C1384974
City State Zip Code Columbia SC 29223-8117	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baker & Baker Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Charles S. Anderson		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 200 E 61st St Apt 8A		Transaction ID: C1383630
City State Zip Code New York NY 10021-8500	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fox Point Capital Management, LLC Occupation Portfolio Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ashok K. Arora		Date of Receipt MM / DD / YYYY 09 / 16 / 2006
Mailing Address 1220 Sotheby Ct		Transaction ID: C1400711
City Virginia Beach	State VA	Zip Code 23464-5852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Nawab Indian Cuisine	Occupation Business Owner	
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. Lauren Ashley		Date of Receipt MM / DD / YYYY 09 / 25 / 2006
Mailing Address 1609 N Edgewood St		Transaction ID: C1402075
City Arlington	State VA	Zip Code 22201-3907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	
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) C. George Baker		Date of Receipt MM / DD / YYYY 09 / 26 / 2006
Mailing Address 815A Brazos St		Transaction ID: C1403572
City Austin	State TX	Zip Code 78701-9996
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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:	PAGE 10 / 297
	(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)
Forward Together PAC

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

Mailing Address 815A Brazos St

City Austin State TX Zip Code 78701-9996

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	6

Transaction ID: C1403573

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Siddhartha Banerjee

Mailing Address 5033 Eskridge Ter NW

City Washington State DC Zip Code 20016-3444

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

Name of Employer Claraview, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: C1386170

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Sanju K. Bansal

Mailing Address 8556 Westown Way

City Vienna State VA Zip Code 22182-2515

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

Name of Employer Microstrategy Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: C1386198

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 11 / 297		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Nancy F. Barbour		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 2509 Stoneridge Rd		Transaction ID: C1383650	
City Winchester	State VA	Zip Code 22601-2875	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer CACI, Inc.	Occupation Project Manager		
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. Henry C. Barkhorn		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1095 Park Ave		Transaction ID: C1401358	
City New York	State NY	Zip Code 10128-1154	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Investor		
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) C. Frances T. Barnes		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 4514 Hawthorne St NW		Transaction ID: C1383583	
City Washington	State DC	Zip Code 20016-3575	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
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 12 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Richard Bartlett		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 15 W 81st St Apt 10C		Transaction ID: C1398689	
City State Zip Code New York NY 10024-6022	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Resource Holdings, Ltd.	Occupation Private Equity		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Anson H. Beard		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 100 Morton St Apt 9A		Transaction ID: C1405288	
City State Zip Code New York NY 10014-3368	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer BlackRock	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Andy Beck		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address PO Box 4030		Transaction ID: C1384954	
City State Zip Code Vail CO 81658-4030	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Beck Building Co.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 13 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Edward Jay Beckwith

Mailing Address 1050 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20036-5318

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

Name of Employer Baker & Hostetler, LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 13 / 2006

Transaction ID: C1384937

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carolyn E. Belfer

Mailing Address 767 5th Ave
Fl 46

City New York State NY Zip Code 10153-0023

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
09 / 26 / 2006

Transaction ID: C1403174

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Robert Belfer

Mailing Address 767 5th Ave
Fl 46

City New York State NY Zip Code 10153-0023

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

Name of Employer Belfer Management, LLC Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 26 / 2006

Transaction ID: C1403180

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 14 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Elaine K. Binder		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 6704 Bradley Blvd		Transaction ID: C1384535	
City State Zip Code Bethesda MD 20817-3045		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Richard A. Binder		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 6704 Bradley Boulevard		Transaction ID: C1384536	
City State Zip Code Bethesda MD 20817-3045		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Paul S. Bird		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 60 Matthews Mill Rd		Transaction ID: C1398672	
City State Zip Code Bedford Hills NY 10507-2404		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Debevoise & Plimpton, LLP Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Elisabeth S. Bissell		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 1205 Suffield Dr		Transaction ID: C1400665	
City State Zip Code Mc Lean VA 22101-2348	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Mediator		
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. Robert J. Blackwell, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 2051 Van Tuyl Pl		Transaction ID: C1383736	
City State Zip Code Falls Church VA 22043-1700	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. William B. Blount		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address PO Box 5212		Transaction ID: C1403545	
City State Zip Code Montgomery AL 36103-5212	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blount Parrish & Co. Inc.	Occupation Investment Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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 16 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Prashanth V. Boccasam		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1950 Roland Clarke PI		Transaction ID: C1386169	
City State Zip Code Reston VA 20191-1414	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Approva Corporation	Occupation President		
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. Seema Boesky		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 340 Sarles St		Transaction ID: C1383643	
City State Zip Code Mount Kisco NY 10549-4739	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Consultant		
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) C. Robert A. Boisture		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006	
Mailing Address 3609 N Jefferson St		Transaction ID: C1397947	
City State Zip Code Arlington VA 22207-1374	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Caplin & Drysdale	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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: <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 17 / 297
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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Sonia K. Boveja

Mailing Address 10805 Balantre Ln

City State Zip Code
Potomac MD 20854-1319

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: C1386134

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Suzan D. Boyd

Mailing Address 4645 Pine Grove Ct

City State Zip Code
Columbia SC 29206-4517

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

Name of Employer SC Campaign To Prevent Teen Pregnancy Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	6

Transaction ID: C1400794

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Elizabeth J. Brantley

Mailing Address 6086 Ridge Rd
Snowhill Farm

City State Zip Code
Somerset VA 22972-2028

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

Name of Employer Self Employed Occupation Actress

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	6

Transaction ID: C1400805

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
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 18 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Fred Bratman		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 57 W 75th St Apt 9J		Transaction ID: C1384545
City State Zip Code New York NY 10023-2010	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hyde Park	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) John A. Braun		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 6374 Dockser Ter		Transaction ID: C1386111
City State Zip Code Falls Church VA 22041-1305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Teledyne	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

C. Full Name (Last, First, Middle Initial) Polly W. Bredt		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 25 Los Charros Ln		Transaction ID: C1405328
City State Zip Code Portola Valley CA 94028-7914	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 19 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Carolyn S. Brody

Mailing Address 2991 Woodland Dr NW

City Washington State DC Zip Code 20008-3542

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: C1383301

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Kenneth D. Brody

Mailing Address 2991 Woodland Dr NW

City Washington State DC Zip Code 20008-3542

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

Name of Employer Taconic Capital Advisors, LLC Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: C1383300

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Deenie M. Brosens

Mailing Address 63 E Field Dr

City Bedford State NY Zip Code 10506-1100

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Transaction ID: C1382449

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Frank P. Brosens		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 63 E Field Dr		Transaction ID: C1382431	
City State Zip Code Bedford NY 10506-1100	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Taconic Capital Advisors, LLC	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Harry Burn		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address PO Box 1810		Transaction ID: C1384554	
City State Zip Code Greenwich CT 06836-1810	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sound Shore Management, Inc.	Occupation Investor		
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) C. John F. Burton		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 11955 Freedom Dr Ste 7000		Transaction ID: C1403580	
City State Zip Code Reston VA 20190-5687	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Updata Capital, Inc.	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
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 21 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. William G. Caffray		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1024 Smith Ridge Rd		Transaction ID: C1401361
City New Canaan	State CT	Zip Code 06840-2330
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Front Point Partners	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Daniel J. Cahill		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 250 Yard Dr		Transaction ID: C1401142
City Locust Valley	State NY	Zip Code 11560-2503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Viking Global Investors	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Darryl Caldwell		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 116 Sunchaser Dr		Transaction ID: C1403674
City Columbia	State SC	Zip Code 29229-7307
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Boykin, Davis, Hawkins & Caldwell	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Darrell M. Campbell		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2000 Clemson Rd Ste 6		Transaction ID: C1403591	
City State Zip Code Columbia SC 29229-9556	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Campbell Group	Occupation Executive		
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. Kristina M. Caplin		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 8477 Portland Pl		Transaction ID: C1383606	
City State Zip Code McLean VA 22102-1730	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Ernest A. Carabillo, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 111 Silver Hill Rd		Transaction ID: C1405292	
City State Zip Code Concord MA 01742-5334	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	6300.00
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 23 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Brian Carman		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 13507 Point Pleasant Drive		Transaction ID: C1383755	
City State Zip Code Chantilly VA 20151-2442	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bare Woods & Home Furnishings, Inc.	Occupation Treasurer		
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. Jessica H. Catto		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 200 Navarro St Ste 200		Transaction ID: C1386114	
City State Zip Code San Antonio TX 78205-2942	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Crocket St. Management Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Karen S. Caufield		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 2574 Green St		Transaction ID: C1403225	
City State Zip Code San Francisco CA 94123-4629	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	9250.00
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 24 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Amanda B. Chang		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 243 S Mapleton Dr		Transaction ID: C1401499	
City State Zip Code Los Angeles CA 90024-1804	Amount of Each Receipt this Period 2415.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4915.00	* In-Kind: Catering/Events	

Full Name (Last, First, Middle Initial) B. Amanda B. Chang		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 243 S Mapleton Dr		Transaction ID: C1400778	
City State Zip Code Los Angeles CA 90024-1804	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4915.00		

Full Name (Last, First, Middle Initial) C. Sam M. Chappell, III		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 1312 Merchant Ln		Transaction ID: C1382436	
City State Zip Code McLean VA 22101-2413	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	5415.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Kevin Charlton		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 49 E 86th St Apt 4C		Transaction ID: C1398767
City State Zip Code New York NY 10028-1060	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Investcorp	Occupation Private Equity	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Helen W. Chason		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 4517 Garfield St NW		Transaction ID: C1382438
City State Zip Code Washington DC 20007-1165	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Harry Chotiner		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 291 W 12th St		Transaction ID: C1401328
City State Zip Code New York NY 10014-1946	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer New York University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
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 26 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Edward L. Cohen

Mailing Address 4915 Indian Ln NW

City State Zip Code
Washington DC 20016-3246

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

Name of Employer Lerner Enterprises Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: C1386123

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles P. Coleman, III

Mailing Address 101 Park Ave

City State Zip Code
New York NY 10178-0001

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

Name of Employer Tiger Global Management, LLC Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2006

Transaction ID: C1400779

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Thomas J. Coleman

Mailing Address 35 Wildwood Dr

City State Zip Code
Avon CT 06001-4408

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

Name of Employer United Parcel Service Occupation District Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C1407426

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 27 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Timothy R. Coleman

Mailing Address 41 Jones Park Dr

City State Zip Code
Riverside CT 06878-2205

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

Name of Employer Occupation
The Blackstone Group Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: C1401119

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Lindsay A. Conner

Mailing Address 1443 Laurel Way

City State Zip Code
Beverly Hills CA 90210-2253

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

Name of Employer Occupation
Dickstein Shapiro Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C1405305

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Avery M. Cooper

Mailing Address 3715 Benedict Canyon Ln

City State Zip Code
Sherman Oaks CA 91423-4670

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

Name of Employer Occupation
Cooper Gordon, LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: C1383756

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	3650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Leo J. Corbett

Mailing Address 1220 Park Ave
Apt 4A

City State Zip Code
New York NY 10128-1733

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

Name of Employer Occupation
EMI Music Publishing CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: C1383302

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Bonnie G. Covington

Mailing Address 126 Coles Island Rd

City State Zip Code
Gloucester MA 01930-1568

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2006

Transaction ID: C1401320

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Christopher H. Covington

Mailing Address 75 Central St
Fl 3

City State Zip Code
Boston MA 02109-3411

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

Name of Employer Occupation
Covington Associates President/CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2006

Transaction ID: C1401316

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
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 29 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Frederick A. Crawford		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1083 West Rd		Transaction ID: C1399043	
City State Zip Code New Canaan CT 06840-2637	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alix Partners	Occupation Managing Director		
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. Francis S. Currie		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 409 Melville Ave		Transaction ID: C1403213	
City State Zip Code Palo Alto CA 94301-3237	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Davis Polk & Wardwell	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) C. Ralph P. Davidson		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 4524 Garfield St NW		Transaction ID: C1383305	
City State Zip Code Washington DC 20007-1131	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 30 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Tim S. Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 215 Lake Club Ct Apt 402		Transaction ID: C1384574
City State Zip Code Charlottesville VA 22902-7282	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Adarsh Deepak		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 17 Lessies Dr		Transaction ID: C1400708
City State Zip Code Pogooson VA 23662-1641	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Science & Technology Corp.	Occupation CEO	
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) C. Christopher L. DeLong		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 23 Dickel Rd		Transaction ID: C1398629
City State Zip Code Scarsdale NY 10583-2117	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Taconic Capital Advisors, LLC	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
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 31 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Michele F. Demarest		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 3 Compton Cir		Transaction ID: C1405185	
City Lexington	State MA	Amount of Each Receipt this Period 1000.00	
Zip Code 02421-6307			
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
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. Sonal Desai		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 4924 30th PI NW		Transaction ID: C1386185	
City Washington	State DC	Amount of Each Receipt this Period 5000.00	
Zip Code 20008-1016			
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Louis H. Diamond		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 6104 Davenport Ter		Transaction ID: C1405372	
City Bethesda	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 20817-5827			
FEC ID number of contributing federal political committee. C			
Name of Employer Buchanan Ingersoll & Rooney	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Gian Dilawari

Mailing Address 8708 Snowhill Ct

City Potomac State MD Zip Code 20854-4411

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

Name of Employer TravTech Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: C1386165

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Barry B. Drenfeld

Mailing Address 3330 N Albemarle St

City Arlington State VA Zip Code 22207-4221

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

Name of Employer Swidler, Berlin, Shereff, LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	0	6

Transaction ID: C1382446

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Henry A. Donahue

Mailing Address 44 Darby Ave

City Croton On Hudson State NY Zip Code 10520-2728

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

Name of Employer Discover Media, LLC Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	6

Transaction ID: C1384531

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 33 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Diane Dornbush		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 104 Cypress Ave		Transaction ID: C1408548	
City State Zip Code Kentfield CA 94904-1020	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Homemaker	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) B. David Dougherty		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address PO Box 1863		Transaction ID: C1399054	
City State Zip Code Litchfield CT 06759-1863	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Synergy International Occupation Owner	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) C. Agnes P. Dover		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 309 Rucker Pl		Transaction ID: C1407431	
City State Zip Code Alexandria VA 22301-2521	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Attorney	Aggregate Year-to-Date ▼ 1000.00		
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 34 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ellen T. Drew		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 528 Ramona St		Transaction ID: C1407423	
City State Zip Code Palo Alto CA 94301-1709	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired	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) B. John L. Drew		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 528 Ramona St		Transaction ID: C1407422	
City State Zip Code Palo Alto CA 94301-1709	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Technology Crossover Ventures Occupation General Partner	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. Patrick D. Duff		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 41 Dodie Dr		Transaction ID: C1401353	
City State Zip Code Parsippany NJ 07054-1749	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Stock Trader	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
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 35 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Robert H. Dugger		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 10 Wolfe St		Transaction ID: C1383919	
City State Zip Code Alexandria VA 22314-3862	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tudor Investment Corp.	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Kathleen M. Dumais		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 10336 Procera Dr		Transaction ID: C1407428	
City State Zip Code Rockville MD 20850-5478	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Paley Rothman	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Vincent W. Eades		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 11304 Morning Gate Dr		Transaction ID: C1405367	
City State Zip Code Rockville MD 20852-3126	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dynamic Capital	Occupation Mortgage Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Hope B. Eastman

Mailing Address 4800 Hampden Ln
FI 7

City State Zip Code
Bethesda MD 20814-2930

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

Name of Employer Occupation
Paley Rothman Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C1407427

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Hamid Ebrahimi

Mailing Address 1134 Towlston Rd

City State Zip Code
Great Falls VA 22066-2215

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

Name of Employer Occupation
Project SEED CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: C1383612

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard W. Edelman

Mailing Address 277 W End Ave
Apt 4B

City State Zip Code
New York NY 10023-2608

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

Name of Employer Occupation
Edelman Co. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398626

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 37 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Cheryl Einhorn		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 140 E 45th St FI 24		Transaction ID: C1402834
City State Zip Code New York NY 10017-7142	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hofstra University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) David Einhorn		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 140 E 45th St FI 24		Transaction ID: C1402841
City State Zip Code New York NY 10017-7142	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greenlight	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Nabil N. El-Hage		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 153 North Ave		Transaction ID: C1405286
City State Zip Code Weston MA 02493-2032	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harvard Business School	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Martin F. Evans		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 171 E 94th St		Transaction ID: C1398642	
City State Zip Code New York NY 10128-2567	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Debevoise & Plimpton, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

B. Full Name (Last, First, Middle Initial) Matthew J. Fassler		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 61 Pierrepont St Apt 41		Transaction ID: C1399101	
City State Zip Code Brooklyn NY 11201-2432	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Goldman Sachs	Occupation Research Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Roger C. Faxon		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 53 E 66th St		Transaction ID: C1384556	
City State Zip Code New York NY 10021-6148	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer EMI Music Publishing	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Ken Ferber		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 2659 Townsgate Rd Ste 136		Transaction ID: C1403581
City State Zip Code Westlake Village CA 91361-2744	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Ferber Group, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Jean Marie Fernandez		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 6824 Capri PI		Transaction ID: C1403501
City State Zip Code Bethesda MD 20817-4209	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fernandez Foundation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Raul J. Fernandez		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 6824 Capri PI		Transaction ID: C1403490
City State Zip Code Bethesda MD 20817-4209	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Object Video	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10100.00
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 40 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Robert E. Fink		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 819 Sussex Rd		Transaction ID: C1401149	
City State Zip Code Franklin Lakes NJ 07417-1062	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mark Fishman		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2 Larch Tree Ln		Transaction ID: C1403570	
City State Zip Code Westport CT 06880-1120	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saifish Capital Partners	Occupation Financial Advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Amy J. Fleming		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 40 Lenox St		Transaction ID: C1398674	
City State Zip Code Newton MA 02465-2717	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jonathan J. Fleming		Date of Receipt
Mailing Address 40 Lenox St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2006
City	State	Zip Code
Newton	MA	02465-2717
FEC ID number of contributing federal political committee.		Transaction ID: C1398677
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5000.00
Name of Employer Oxford Bioscience Partners	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 5000.00	

Full Name (Last, First, Middle Initial) B. Marion P. Forsyth		Date of Receipt
Mailing Address 6025 Queenston St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2006
City	State	Zip Code
Springfield	VA	22152-1746
FEC ID number of contributing federal political committee.		Transaction ID: C1384789
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer The Phoenix Project	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

Full Name (Last, First, Middle Initial) C. Catherine M. Francis		Date of Receipt
Mailing Address 1 Lothrop Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2006
City	State	Zip Code
Lexington	MA	02420-2515
FEC ID number of contributing federal political committee.		Transaction ID: C1401113
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5000.00
Name of Employer Belmont Day School	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 10250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Stanford W. Freedman		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 7475 NW 63rd St		Transaction ID: C1384548
City State Zip Code Miami FL 33166-3603	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Nancy K. Freeman		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2329 Wilmot Ave		Transaction ID: C1403703
City State Zip Code Columbia SC 29205-3164	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of South Carolina Occupation Professor		
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) C. Palmer Freeman, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 6705 Sandy Shore Rd		Transaction ID: C1403586
City State Zip Code Columbia SC 29206-2243	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
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 43 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Laurance H. Friedman

Mailing Address 108 Narrows Rd

City Bedford Hills State NY Zip Code 10507-2525

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

Name of Employer Corporate Credit, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: C1398630

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Devarajan Ganesan

Mailing Address 13503 Broadfield Dr

City Potomac State MD Zip Code 20854-6400

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

Name of Employer Intelliworks, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: C1386163

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dennis J. Garcia

Mailing Address 210 Duke St

City Alexandria State VA Zip Code 22314-3806

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

Name of Employer Potomac Management Group, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	6

Transaction ID: C1404648

Amount of Each Receipt this Period
5000.00

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:	PAGE 44 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Lauren Garcia

Mailing Address 210 Duke St

City State Zip Code
Alexandria VA 22314-3806

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

Name of Employer Potomac Management Group, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: C1404649

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Subhash K. Garg

Mailing Address 7606 Swinks Ct

City State Zip Code
McLean VA 22102-2159

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

Name of Employer Wiener & Garg, LLC Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2006

Transaction ID: C1400743

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lori B. Garver

Mailing Address 8437 Holly Leaf Dr

City State Zip Code
McLean VA 22102-2226

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

Name of Employer Self Employed Occupation Aerospace Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: C1384935

Amount of Each Receipt this Period
1000.00

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:	PAGE 45 / 297
	(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

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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Charles B. Gary		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 281 Jodo St		Transaction ID: C1403658	
City State Zip Code Columbia SC 29203-1907	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gary Realty	Occupation Real Estate Broker		
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. Richard L. Gelfond		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 110 E 59th St Ste 2100		Transaction ID: C1398735	
City State Zip Code New York NY 10022-1304	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer IMAX Corp.	Occupation CEO		
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) C. Norah C. Geraghty		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 10015 Windy Hollow Rd		Transaction ID: C1398638	
City State Zip Code Great Falls VA 22066-3547	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 46 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Manjulika Ghosh		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 13616 Cherrydale Dr		Transaction ID: C1386146	
City State Zip Code Rockville MD 20850-3666	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Homemaker	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. John B. Glode		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 20 Howland Ln		Transaction ID: C1401125	
City State Zip Code East Sandwich MA 02537-1537	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired	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. David Goel		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 4 Willow Rd		Transaction ID: C1398680	
City State Zip Code Weston MA 02493-2413	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Matrix Capital Management Occupation Portfolio Manager	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
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 47 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Matthew A. Gohd

Mailing Address 101 W 67th St
Apt 48B

City State Zip Code
New York NY 10023-5952

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

Name of Employer Pali Capital Occupation Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: C1384527

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Craig J. Goldberg

Mailing Address 1040 Park Ave

City State Zip Code
New York NY 10028-1032

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

Name of Employer Recon Advisors Occupation Private Equity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: C1384538

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jeff Goldstein

Mailing Address 134 Hooker Farm Rd

City State Zip Code
Salem NH 03079-1814

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

Name of Employer Radiation Oncology of Greater Lowell Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: C1384564

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
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 48 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Orit Goldstein

Mailing Address 134 Hooker Farm Rd

City Salem State NH Zip Code 03079-1814

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

Name of Employer Ozzy Properties Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
09 / 11 / 2006

Transaction ID: C1384562

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Timothy R. Goodell

Mailing Address 26 Ellery Ln

City Westport State CT Zip Code 06880-5202

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

Name of Employer UBS Financial Services Occupation Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 29 / 2006

Transaction ID: C1405194

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Malcolm Goodridge

Mailing Address 1 Rising Tide Dr Apt A

City Beaufort State SC Zip Code 29902-5999

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

Name of Employer Self Employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
09 / 27 / 2006

Transaction ID: C1403651

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Bambi Granovsky

Mailing Address 35 Sutton Pl
Apt 9A

City State Zip Code
New York NY 10022-2464

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398679

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Robert Granovsky

Mailing Address 35 Sutton Pl
Apt 9A

City State Zip Code
New York NY 10022-2464

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398678

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
James Grant

Mailing Address 75 Willow St

City State Zip Code
Brooklyn NY 11201-1618

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

Name of Employer Self Employed Occupation Writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398683

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 50 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Rodney Gregory		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 11682 Bennington Woods Rd		Transaction ID: C1383652
City Reston State VA Zip Code 20194-1610	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer IBM Occupation Manager	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anita Gupta		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 3210 Fox Mill Rd		Transaction ID: C1386174
City Oakton State VA Zip Code 22124-2010	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TechBooks Occupation Co-Founder	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Arjun Gupta		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 950 Tower Ln Ste 1600		Transaction ID: C1405143
City Foster City State CA Zip Code 94404-4246	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TeleSoft Partners Occupation Managing Partner	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	7250.00
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 51 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Arun Gupta		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 7432 Old Maple Sq		Transaction ID: C1386196
City McLean	State VA	Zip Code 22102-2817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Columbia Capital	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. J. Neal Gupta		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 1800 Old Meadow Rd Apt 220		Transaction ID: C1386151
City McLean	State VA	Zip Code 22102-1821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TECH Books	Occupation Board Director	
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) C. Rakesh C. Gupta		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 1800 Old Meadow Rd Apt 220		Transaction ID: C1386180
City McLean	State VA	Zip Code 22102-1821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer TechBooks	Occupation Chairman/Co-Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 52 / 297
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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. David Guy		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 3650 34th Ave W		Transaction ID: C1384832	
City State Zip Code Seattle WA 98199-1610	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Amazon.com	Occupation Applications Computer Programmer		
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. James F. Haggerty		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 318 Forest Ave		Transaction ID: C1398741	
City State Zip Code Staten Island NY 10301-2733	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PR Consulting Group	Occupation Public Relations		
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) C. Peter M. Halloran		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1125 Park Ave Apt 12D		Transaction ID: C1398640	
City State Zip Code New York NY 10128-1243	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pharos Service Co.	Occupation Investment Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Judith Halsey		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 7407 Meadow Ln		Transaction ID: C1384969	
City State Zip Code Chevy Chase MD 20815-5007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Homemaker	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Timothy A. Harr		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 4106 42nd St NW		Transaction ID: C1383855	
City State Zip Code Washington DC 20016-2722	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Motorola Occupation Attorney	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jonathan M. Harris		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 200 E 71st St Apt 16C		Transaction ID: C1401170	
City State Zip Code New York NY 10021-5147	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alternative Investment Management Occupation Executive	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Ada S. Harvey

Mailing Address PO Box 68

City Somerset State VA Zip Code 22972-0068

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: C1386120

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James N. Hauslein

Mailing Address 165 S Beach Rd

City Hobe Sound State FL Zip Code 33455-2510

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

Name of Employer Hauslein & Company, Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	6

Transaction ID: C1399136

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Daun P. Hauspurg

Mailing Address 617 Croton Lake Rd

City Bedford Corners State NY Zip Code 10549-4228

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

Name of Employer Eastern Consolidated Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: C1398718

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 55 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Sara Frances Heidt		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 1029 Glen View Rd		Transaction ID: C1400785
City Birmingham	State AL	Zip Code 35222-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Beth Heleman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 314 Gosling Way		Transaction ID: C1399346
City Glassboro	State NJ	Zip Code 08280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Anita C. Heller		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 19 Oneida Ct		Transaction ID: C1398636
City Greenwich	State CT	Zip Code 06830-7123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	7600.00
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 56 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Benjamin J. Heller		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 330 E 33rd St Apt 16P		Transaction ID: C1398624	
City State Zip Code New York NY 10016-9442	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HBK Investments, LP	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Steven M. Heller		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 19 Oneida Ct		Transaction ID: C1398637	
City State Zip Code Greenwich CT 06830-7123	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Donald Hess		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 505 20th St N Ste 1015		Transaction ID: C1403559	
City State Zip Code Birmingham AL 35203-2607	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Southwood Partners	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
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 57 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Kirkland L. Hicks

Mailing Address 2701 S Adams St
Apt 205

City Arlington State VA Zip Code 22206-2885

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

Name of Employer Watson Wyatt Worldwide Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: C1384939

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David Hinson

Mailing Address 116 W 23rd St
Fl 5

City New York State NY Zip Code 10011-2599

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

Name of Employer Wealth Management Network Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: C1399118

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mary Beth Beth Hogan

Mailing Address 135 E 83rd St
Apt 11D

City New York State NY Zip Code 10028-2416

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

Name of Employer Debevoise & Plimpton, LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398655

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 58 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Robert L. Hogue, III

Mailing Address 139 E 79th St
Fl 16

City State Zip Code
New York NY 10021-0324

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C1405159

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Christopher Holt

Mailing Address 1300 13th St NW
Apt 107

City State Zip Code
Washington DC 20005-4476

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

Name of Employer Self Employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: C1383586

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
George R. Hornig

Mailing Address 1220 Park Ave
Apt 16D

City State Zip Code
New York NY 10128-1733

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

Name of Employer Credit Suisse Occupation Investment Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: C1384534

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Edward A. Hosp		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1401 Roseland Dr		Transaction ID: C1405307	
City Birmingham	State AL	Amount of Each Receipt this Period 2500.00	
Zip Code 35209-3931		FEC ID number of contributing federal political committee. C	
Name of Employer Maynard Cooper & Gale	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2500.00			

Full Name (Last, First, Middle Initial) B. Arthur House		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 4800 Hampden Ln Fl 7		Transaction ID: C1405311	
City Bethesda	State MD	Amount of Each Receipt this Period 1000.00	
Zip Code 20814-2930		FEC ID number of contributing federal political committee. C	
Name of Employer Paley Rothman	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) C. Bruce W. Hughes, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 124 Cove Ct		Transaction ID: C1403584	
City Irmo	State SC	Amount of Each Receipt this Period 250.00	
Zip Code 29063-8986		FEC ID number of contributing federal political committee. C	
Name of Employer Palmetto GBA	Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Frank F. Islam		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 11808 Centurion Way		Transaction ID: C1386176	
City State Zip Code Potomac MD 20854-6419	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer QSS Group, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Seymour Jacobs		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 208 E 72nd St		Transaction ID: C1401349	
City State Zip Code New York NY 10021-4503	Amount of Each Receipt this Period 3500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Provident Financial Holdings, Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) C. Justin L. Jaschke		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 5616 S Ivy Ct		Transaction ID: C1403212	
City State Zip Code Greenwood Village CO 80111-1523	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Damon Jeter		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2411 Pinehurst Rd		Transaction ID: C1403660	
City State Zip Code Columbia SC 29204-2258	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Governmental Consultants, 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. Daniel J. Jick		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 15 Lawrence Rd		Transaction ID: C1384549	
City State Zip Code Chestnut Hill MA 02467-1201	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Goldman Sachs	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) C. Girish K. Jindia		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 10921 Brent Rd		Transaction ID: C1386126	
City State Zip Code Rockville MD 20854-1783	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Integic Corporation	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 62 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Miriam L. Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 6012 Euclid St		Transaction ID: C1382448	
City State Zip Code Cheverly MD 20785-3022	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Homemaker	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert A. Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 98 Glenwood Dr		Transaction ID: C1398753	
City State Zip Code Greenwich CT 06830-7015	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Musician	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) C. Dan E. Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 134 Williamstown Way		Transaction ID: C1403622	
City State Zip Code Columbia SC 29212-8650	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Government Consultants Occupation Consultant	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
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 63 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Subir S. Jossan

Mailing Address 2440 Luckett Ave

City Vienna State VA Zip Code 22180-6865

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: C1386171

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Hemant Kanakia

Mailing Address 4924 30th PI NW

City Washington State DC Zip Code 20008-1016

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

Name of Employer Columbia Capital Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: C1386182

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Steve Kantor

Mailing Address 175 E 74th St Apt 11C

City New York State NY Zip Code 10021-3212

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

Name of Employer USCO, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: C1384550

Amount of Each Receipt this Period
1000.00

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 64 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mohan Kapani		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 609 Rivercrest Dr		Transaction ID: C1386153	
City McLean	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22101-1565		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Kapco Group, Inc.	Occupation Investor	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00	

Full Name (Last, First, Middle Initial) B. Gerald Katcher		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 4197 S Douglas Rd		Transaction ID: C1398667	
City Miami	State FL	Amount of Each Receipt this Period 5000.00	
Zip Code 33133-6832		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00	
Name of Employer Mellon Bank Corporation	Occupation Banker	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Amount of Each Receipt this Period 5000.00	

Full Name (Last, First, Middle Initial) C. Robert Kenney		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 6 Bridle Ct		Transaction ID: C1403571	
City Potomac	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 20854-3887		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Hogan & Hartson	Occupation Attorney	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Kathryn K. Kerchof

Mailing Address 4117 Shiloh Dr

City Birmingham State AL Zip Code 35213-3201

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

Name of Employer Balch & Bingham Occupation Law Librarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2006

Transaction ID: C1403579

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Gregory Kiernan

Mailing Address 300 Millwood Rd

City Chappaqua State NY Zip Code 10514-1424

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

Name of Employer Sonostar Capital Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2006

Transaction ID: C1401311

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
John S. Kiernan

Mailing Address 645 Esplanade

City Pelham State NY Zip Code 10803-2405

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

Name of Employer Debevoise & Plimpton, LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2006

Transaction ID: C1398662

Amount of Each Receipt this Period
 5000.00

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 66 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Peter D. Kiernan		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 428 Round Hill Rd		Transaction ID: C1398647	
City State Zip Code Greenwich CT 06831-2639	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cyrus Capital	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Gilbert H. Kinney		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 19 E 72nd St		Transaction ID: C1384524	
City State Zip Code New York NY 10021-4145	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Heather M. Kirby		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address PO Box 3643		Transaction ID: C1383642	
City State Zip Code Aspen CO 81612-3643	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HSBC Bank USA	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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:	PAGE 67 / 297
	(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

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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Derek Kirkland		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1585 Broadway		Transaction ID: C1398759	
City State Zip Code New York NY 10036-8200	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Morgan Stanley	Occupation Managing Director		
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. Rochelle R. Kivell		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 45 Colby Ln		Transaction ID: C1403202	
City State Zip Code Scarsdale NY 10583-3401	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. James E. Knight, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1811 Seneca Ave		Transaction ID: C1403583	
City State Zip Code Columbia SC 29205-3036	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lewis, Babcock & Hawkins, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
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 68 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Arthur J. Kobacker		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 17963 Lake Estates Dr		Transaction ID: C1384533
City State Zip Code Boca Raton FL 33496-1429	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer The Kobacker Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Harold Jyun Koda		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 975 Park Ave # 9A		Transaction ID: C1399340
City State Zip Code New York NY 10028-0323	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Metropolitan Museum of Art	Occupation Curator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Satish Korpe		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 8210 Riverside Rd		Transaction ID: C1400735
City State Zip Code Alexandria VA 22308-1538	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Potowmac Engineers	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	6200.00
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 69 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Satish Korpe		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 8210 Riverside Rd		Transaction ID: C1400736
City State Zip Code Alexandria VA 22308-1538	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Potowmac Engineers	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Donald I. Kraus		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 8604 Waterford Rd		Transaction ID: C1383276
City State Zip Code Alexandria VA 22308-2350	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Citizens for Global Solutions	Occupation Executive Vice President	
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) C. Vivek Kundra		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1543 19th St N		Transaction ID: C1386139
City State Zip Code Arlington VA 22209-1431	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Commonwealth of Virginia	Occupation Asst Secretary of Commerce&Trade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1700.00
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 70 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Vishnu K. Lakdawala		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2006
Mailing Address 4112 Cheswick Ln		Transaction ID: C1400706
City Virginia Beach	State VA	Zip Code 23455-6559
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Old Dominion University	Occupation Professor	
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. Arline S. Lanciano		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 346		Transaction ID: C1384899
City Hayes	State VA	Zip Code 23072-0346
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired	
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) C. Jonathan Lash		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 2765 Spout Ln		Transaction ID: C1384904
City Lusby	State MD	Zip Code 20657-2989
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer World Resources Institute	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 71 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Andres Lederman		Date of Receipt MM / DD / YYYY 09 / 12 / 2006
Mailing Address 240 Conway Ct		Transaction ID: C1384547
City South Orange	State NJ	Zip Code 07079-1454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Fintech Advisory, Inc.	Occupation Economist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Peggy A. Ledvina		Date of Receipt MM / DD / YYYY 09 / 29 / 2006
Mailing Address 5007 Cedar Croft Dr		Transaction ID: C1405365
City Bethesda	State MD	Zip Code 20814-3952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bernstein Global Wealth Management	Occupation Financial Advisor	
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) C. John C. Lee, IV		Date of Receipt MM / DD / YYYY 09 / 26 / 2006
Mailing Address 12150 Monument Dr Ste 150		Transaction ID: C1403210
City Fairfax	State VA	Zip Code 22033-5501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Lee Technologies Group	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
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 72 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Kenneth D. Legg

Mailing Address PO Box 302

City State Zip Code
Monument Beach MA 02553-0302

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398627

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ted Leonsis

Mailing Address 6827 Sorrell St

City State Zip Code
McLean VA 22101-1527

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

Name of Employer American Online Occupation Vice Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C1405202

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Liza Lerner

Mailing Address 131 E 62nd St
Apt 3F

City State Zip Code
New York NY 10021-7377

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

Name of Employer Liza Lerner, Inc. Occupation Designer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398623

Amount of Each Receipt this Period
1000.00

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 73 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. John F. Levy		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 200 Kent Rd		Transaction ID: C1384543	
City Waban	State MA	Amount of Each Receipt this Period 5000.00	
Zip Code 02468-1108		Transaction ID: C1384543	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00	
Name of Employer Self Employed	Occupation Investor	Transaction ID: C1384543	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Transaction ID: C1384543	

Full Name (Last, First, Middle Initial) B. A. Camden Lewis		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address PO Box 11208		Transaction ID: C1400797	
City Columbia	State SC	Amount of Each Receipt this Period 1000.00	
Zip Code 29211-1208		Transaction ID: C1400797	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Lewis & Babcock, LLP	Occupation Attorney	Transaction ID: C1400797	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Transaction ID: C1400797	

Full Name (Last, First, Middle Initial) C. E. Crosby Lewis		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address PO Box 11716		Transaction ID: C1403646	
City Columbia	State SC	Amount of Each Receipt this Period 1000.00	
Zip Code 29211-1716		Transaction ID: C1403646	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Austin Lewis & Rogers	Occupation Attorney	Transaction ID: C1403646	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Transaction ID: C1403646	

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

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 74 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Edward Lewis		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 40 W 86th St		Transaction ID: C1399050
City State Zip Code New York NY 10024-3605	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Time, Inc.	Occupation Publishing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Tian-Tzy J. Li		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 80 Winding Ln		Transaction ID: C1384592
City State Zip Code Greenwich CT 06831-3734	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Clay B. Lifflander		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1 Cricket Ln		Transaction ID: C1398681
City State Zip Code Dobbs Ferry NY 10522-1202	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Businessman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
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 75 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Reid Liffmann

Mailing Address 7914 Radnor Rd

City State Zip Code
Bethesda MD 20817-6286

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

Name of Employer Greenbaum & Rose Associates
Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: C1400775

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mark London

Mailing Address 4801 Cumberland Ave

City State Zip Code
Chevy Chase MD 20815-5455

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

Name of Employer Self Employed
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C1384590

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
David J. Londoner

Mailing Address 169 E 69th St

City State Zip Code
New York NY 10021-5163

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

Name of Employer Self Employed
Occupation Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: C1401326

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Frank E. Loy		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 3230 Reservoir Rd NW		Transaction ID: C1400777
City State Zip Code Washington DC 20007-2955	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Frank E. Loy		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 3230 Reservoir Rd NW		Transaction ID: C1401330
City State Zip Code Washington DC 20007-2955	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. John Lykourazos		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 345 W 13th St Apt 5F		Transaction ID: C1401350
City State Zip Code New York NY 10014-1259	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hoplite Capital Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 77 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mary R. Major		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 6157 Eastshore Rd		Transaction ID: C1403603	
City State Zip Code Columbia SC 29206-4309	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Homemaker			
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. Stephen Frank Mandel, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 20 Bobolink Ln		Transaction ID: C1405166	
City State Zip Code Greenwich CT 06830-3801	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Siva S. Mangalam		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2006	
Mailing Address 17 Mile Course		Transaction ID: C1400750	
City State Zip Code Williamsburg VA 23185-5525	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tao Of Systems Integratio-n, Inc. Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
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 78 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Manisha Maniyar

Mailing Address 303 Ainstree Ct

City Vienna State VA Zip Code 22180-3580

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

Name of Employer Softscribe, LLC Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: C1386172

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Brian Mathis

Mailing Address 210 Riverside Dr Apt 2A

City New York State NY Zip Code 10025-6879

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

Name of Employer Provident Group Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	6

Transaction ID: C1401347

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
H. Sean Mathis

Mailing Address 158 North St

City Litchfield State CT Zip Code 06759-2504

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

Name of Employer Miller Mathis, LLC Occupation Investment Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: C1398676

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 79 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. David O. Maxwell		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 3525 Springland Ln NW		Transaction ID: C1400803
City State Zip Code Washington DC 20008-3119	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Company Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Juhana E. May		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 8484 Westpark Dr Ste 150		Transaction ID: C1383582
City State Zip Code McLean VA 22102-5140	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Staubach Company Occupation Commercial Real Estate		
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) C. Jonathan I. Mayblum		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 600 Madison Ave Fl 20		Transaction ID: C1403200
City State Zip Code New York NY 10022-1676	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lawrence Ruben Co. Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ronald L. Mayers		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1 Complexe Desjardins South Tower		Transaction ID: C1405309	
City State Zip Code Montreal, CANADA		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Desjardins Occupation President			
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. David Mayner		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1120 Park Ave # 7D		Transaction ID: C1401306	
City State Zip Code New York NY 10128-1242		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Gluckman Mayner Architects Occupation Architect			
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) C. Edith S. McBean		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 720 Park Ave		Transaction ID: C1383627	
City State Zip Code New York NY 10021-4954		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Conservationist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Allan D. McKelvie

Mailing Address 800 17th St NW
Ste 1100

City State Zip Code
Washington DC 20006-3906

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

Name of Employer Occupation
Self Employed Real Estate Developer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C1384462

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Robert M. Mead

Mailing Address 519 E 86th St
Apt 2E

City State Zip Code
New York NY 10028-7542

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

Name of Employer Occupation
Brunswick Group, LLC Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398749

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Sudhir C. Mehrotra

Mailing Address 106 Crest Lake Ct

City State Zip Code
Yorktown VA 23693-3716

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

Name of Employer Occupation
ViGYAN, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2006

Transaction ID: C1400702

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 82 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Randolph V. Merrick		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 303B Madison Rd		Transaction ID: C1400699
City State Zip Code Orange VA 22960-1015	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Thomas S. Middleton		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 667 Esplanade		Transaction ID: C1399068
City State Zip Code Pelham NY 10803-2405	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Blackstone Group	Occupation Investment Banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Thomas H. Milch		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 3839 Livingston St NW		Transaction ID: C1383854
City State Zip Code Washington DC 20015-2802	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arnold & Porter	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mary Ann Mills		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 2253 N Upton St		Transaction ID: C1384532	
City Arlington	State VA	Zip Code 22207-4042	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gardner/Mills Group	Occupation Event Planner		
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. Joseph P. Moodhe		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 162 Old Mill Rd		Transaction ID: C1398664	
City Manhasset	State NY	Zip Code 11030-3437	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Debevoise & Plimpton, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) C. Peter B. Moore		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1088 Park Ave		Transaction ID: C1402150	
City New York	State NY	Zip Code 10128-1132	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
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 84 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Daniel W. Morehead

Mailing Address 1460 Portola Rd

City State Zip Code
Woodside CA 94062-1225

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

Name of Employer Occupation
Pantera Capital Management CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: C1384560

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Ram Mukunda

Mailing Address 8909 Tuckerman Ln

City State Zip Code
Potomac MD 20854-3169

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

Name of Employer Occupation
India Globalization Capital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2006

Transaction ID: C1400714

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Elaine M. Murphy

Mailing Address 1882 Columbia Rd NW Apt 201

City State Zip Code
Washington DC 20009-5137

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

Name of Employer Occupation
George Washington University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: C1398909

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	6250.00
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 85 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Paul C. Murphy		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1000 Park Ave		Transaction ID: C1398625	
City State Zip Code New York NY 10028-0934	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Russell Reynolds Associates, Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Raffiq A. Nathoo		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 345 Park Ave		Transaction ID: C1405199	
City State Zip Code New York NY 10154-0004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Blackstone Group	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Ken Natori		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 180 Madison Ave		Transaction ID: C1383304	
City State Zip Code New York NY 10016-5268	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Natori Company	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
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 86 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Donald L. Neal		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 807 Sherlin Ln		Transaction ID: C1383308	
City State Zip Code Great Falls VA 22066-1359	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Echelon Marketing	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Brooke G. Neidich		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 120 E End Ave Apt 7A		Transaction ID: C1384537	
City State Zip Code New York NY 10028-7552	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Claire F. Newman		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 4205 Amherst Ave		Transaction ID: C1404536	
City State Zip Code Dallas TX 75225-6904	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Friedman, Billings, Ramsey & Co.	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
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 87 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Tina Michelle Nichols

Mailing Address 10 Castle Vale Cir

City Irmo State SC Zip Code 29063-2600

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

Name of Employer BlueCross BlueShield of South Carolina Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2006

Transaction ID: C1403612

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Daniel Nir

Mailing Address 10 Gracie Sq Apt 4A

City New York State NY Zip Code 10028-8031

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

Name of Employer Grace Capital Occupation Portfolio Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2006

Transaction ID: C1398669

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
Douglas R. Nunes

Mailing Address 340 W 57th St Apt 14B

City New York State NY Zip Code 10019-3756

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

Name of Employer Fran Crystal & Co. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2006

Transaction ID: C1399126

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	6250.00
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 88 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Daniel O'Rourke Mailing Address 525 Crabtree Ln City State Zip Code Lake Forest IL 60045-1405 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006 Transaction ID: C1385372 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Swiss Re Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Randy Paar Mailing Address 21 Hope Farm Rd City State Zip Code Greenwich CT 06830-3331 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 Transaction ID: C1398644 Amount of Each Receipt this Period 2000.00
Name of Employer Occupation Dickenstein Shapiro Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Daniel G. Papadopoulos Mailing Address 190 Longboat Rd City State Zip Code Mooresville NC 28117-8202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 Transaction ID: C1403625 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Palmetto GBA Congressional Liaison Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Donald S. Parker

Mailing Address 1425 McLean Mews Ct

City State Zip Code
McLean VA 22101-3800

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

Name of Employer Self Employed Occupation
Self Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2006

Transaction ID: C1400697

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Nilkanth N. Patel

Mailing Address 1719 Atlantic Ave

City State Zip Code
Virginia Beach VA 23451-3424

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

Name of Employer Self Employed Occupation
Self Employed Hotel Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: C1386156

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John D. Patterson, Jr.

Mailing Address 3 Compton Cir

City State Zip Code
Lexington MA 02421-6307

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

Name of Employer Occupation
Foley Hoag, LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: C1383306

Amount of Each Receipt this Period
5000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Thomas E. Persons, Sr.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 100 Dibble Ln		Transaction ID: C1403585	
City State Zip Code Columbia SC 29223-3103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer South Carolina Technology Alliance	Occupation President/CEO		
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. Daphne Petri		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 205 Highland Ave		Transaction ID: C1405171	
City State Zip Code Newton MA 02465-2511	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Architect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Jonathan Pinson		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 400 Hemingford Cir		Transaction ID: C1403634	
City State Zip Code Simpsonville SC 29681-3619	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pindrum Staffing, Inc.	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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 91 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Robert S. Pohly		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 43 5th Ave Apt 6S		Transaction ID: C1401352
City State Zip Code New York NY 10003-4368	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sigma Capital	Occupation Portfolio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Ramu Potarazu		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1900 Campus Commons Dr Ste 100		Transaction ID: C1393079
City State Zip Code Reston VA 20191-1535	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Syndetik	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Paul B. Prager		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 103 N Washington St		Transaction ID: C1398631
City State Zip Code Easton MD 21601-3127	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Product Management Corporation, LLC	Occupation Energy Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
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 92 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Gautam A. Prakash		Date of Receipt MM / DD / YYYY 09 / 06 / 2006
Mailing Address 4309 Elm St		Transaction ID: C1383588
City Chevy Chase	State MD	Zip Code 20815-6056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Financial Consultant	
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. Rahul C. Prakash		Date of Receipt MM / DD / YYYY 09 / 16 / 2006
Mailing Address 7600 Swinks Ct		Transaction ID: C1400709
City McLean	State VA	Zip Code 22102-2159
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Everest Telecom, LLC	Occupation Executive	
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) C. Monica Prasad		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 13140 Loth Lorian Dr		Transaction ID: C1386160
City Clifton	State VA	Zip Code 20124-1300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brand, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 93 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Alfred J. Puchala, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 57 Kings Hwy N		Transaction ID: C1405285
City State Zip Code Westport CT 06880-3006	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Signal Equity Partners	Occupation Managing Director	
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. Robert F. Quaintance		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 989 Edgewood Ave		Transaction ID: C1398659
City State Zip Code Pelham NY 10803-2901	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Debevoise & Plimpton, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Pramod B. Raheja		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2006
Mailing Address 47794 Macgill Ct		Transaction ID: C1400713
City State Zip Code Potomac Falls VA 20165-4772	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Smart Office Concepts, LLC	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 94 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Evan Ratner		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 54 Barnsdale Rd		Transaction ID: C1399075	
City State Zip Code Short Hills NJ 07078-2066	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Credit Suisse First Boston	Occupation Executive		
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. Richard A. Reneberg		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 7735 Greentree Rd		Transaction ID: C1400780	
City State Zip Code Bethesda MD 20817-1420	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Taconic Capital Advisors, LLC	Occupation Advisor		
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) C. Scott N. Resnick		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 110 E 59th St		Transaction ID: C1403198	
City State Zip Code New York NY 10022-1306	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jack Resnick & Sons	Occupation Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 95 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Carey S. Roberts		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 52 Spring St Apt 4R		Transaction ID: C1398635
City State Zip Code New York NY 10012-5734	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Covington & Burling	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Shaler S. Roberts, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1055 Turtle Cove Rd		Transaction ID: C1407430
City State Zip Code Killen AL 35645-8958	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
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) C. Laura Rose		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 182 9th Ave Apt 2		Transaction ID: C1399070
City State Zip Code New York NY 10011-4963	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Taconic Capital	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Gail Rothenberg		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 200 Kent Rd		Transaction ID: C1384539	
City Waban	State MA	Zip Code 02468-1108	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Landon H. Rowland		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 920 Main St Ste 204		Transaction ID: C1384551	
City Kansas City	State MO	Zip Code 64105-2008	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Sarah F. Rowland		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 920 Main St Ste 204		Transaction ID: C1384553	
City Kansas City	State MO	Zip Code 64105-2008	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Everglades Horse Farm	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Amy Ruben		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 10 Gracie Sq # 5B		Transaction ID: C1402775	
City State Zip Code New York NY 10028-8031		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Homemaker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Craig A. Ruppert		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 7950 Hawkins Creamery Rd		Transaction ID: C1385001	
City State Zip Code Laytonsville MD 20882-3506		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ruppert Companies Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Alan P. Safir		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6	
Mailing Address 473 Mariner Dr		Transaction ID: C1398682	
City State Zip Code Jupiter FL 33477-4069		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jack Saltz		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 6 Martin Butler Ct		Transaction ID: C1403178
City Rye	State NY	Zip Code 10580-3146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Hi Pro 2 Association	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Amit Saluja		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 1304 Saluja Hill Ct		Transaction ID: C1384947
City McLean	State VA	Zip Code 22102-1556
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hogan & Hartson	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) C. Neil Sandler		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 839 Orienta Ave		Transaction ID: C1403698
City Mamaroneck	State NY	Zip Code 10543-4315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Symphony Capital	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
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 99 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jeffrey M. Sandman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 1101 17th St NW Ste 508		Transaction ID: C1399037
City Washington State DC Zip Code 20036-4746	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hyde Park Communications Occupation CEO	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) B. Dilip K. Sarkar		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 245 W Freemason St		Transaction ID: C1386158
City Norfolk State VA Zip Code 23510-1253	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation Retired	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) C. Carolyn N. Sawyer		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 1218 Maple St		Transaction ID: C1403641
City Columbia State SC Zip Code 29205-1252	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Tom Sawyer Company Occupation Owner	Aggregate Year-to-Date ▼ 1000.00	
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:	PAGE 100 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Barry Schaevitz		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 21 Cat Rocks Dr		Transaction ID: C1399071	
City State Zip Code Bedford NY 10506-2023	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jacob, Medinger & Finnegan, 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. LeRoy Schecter		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1680 Michigan Ave Ste 1106		Transaction ID: C1383632	
City State Zip Code Miami Beach FL 33139-2514	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Strip Steel	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Shoshana Schecter		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1680 Michigan Ave Ste 1106		Transaction ID: C1383638	
City State Zip Code Miami Beach FL 33139-2514	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
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 101 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Amy E. Schiffer		Date of Receipt MM / DD / YYYY 09 / 18 / 2006
Mailing Address 40 Beekman Ter		Transaction ID: C1398650
City State Zip Code Summit NJ 07901-1730	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer N/A Occupation Homemaker	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. Steven M. Schlosser		Date of Receipt MM / DD / YYYY 09 / 05 / 2006
Mailing Address 500 SE Mizner Blvd Apt 607		Transaction ID: C1383307
City State Zip Code Boca Raton FL 33432-6002	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
Name of Employer Apptis, Inc. Occupation Strategic Initiatives	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) C. Marla H. Schnall		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 6703 Moly Dr		Transaction ID: C1400799
City State Zip Code Falls Church VA 22046-1835	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Fairfax County Public Schools Occupation Teacher	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 102 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Peter A. Schnall

Mailing Address 6703 Moly Dr

City Falls Church State VA Zip Code 22046-1835

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

Name of Employer Capital One Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2006

Transaction ID: C1400801

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carla K. Schneiderman

Mailing Address 1600 University Ave

City Palo Alto State CA Zip Code 94301-3141

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

Name of Employer Self Employed Occupation Technology Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: C1405379

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Barry F. Schwartz

Mailing Address 35 E 62nd St

City New York State NY Zip Code 10021-8014

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

Name of Employer MacAndrews & Forbes Holdings Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2006

Transaction ID: C1398686

Amount of Each Receipt this Period
2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Paul D. Schwartz		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 205 Highland Ave		Transaction ID: C1405176
City State Zip Code Newton MA 02465-2511	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Goodwin Procter, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. John B. Scott, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 641 E Fairview Ave		Transaction ID: C1403577
City State Zip Code Montgomery AL 36106-1867	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
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) C. Arthur Segel		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 118 Dean Rd		Transaction ID: C1402786
City State Zip Code Brookline MA 02445-4212	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harvard University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 104 / 297
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Arthur Segel

Mailing Address 118 Dean Rd

City State Zip Code
Brookline MA 02445-4212

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

Name of Employer Occupation
Harvard University Professor

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 6

Transaction ID: C1402787

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Inge B. Sen

Mailing Address 7 Kanawha Rd

City State Zip Code
Richmond VA 23226-3307

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

Name of Employer Occupation
N/A Homemaker

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: C1386200

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Saurabha I. Shah

Mailing Address 1813 Fawncrest Ct

City State Zip Code
Vienna VA 22182-2518

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

Name of Employer Occupation
X-10 Capital Investment Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 6

Transaction ID: C1384788

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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 105 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Rajeev Sharma Mailing Address 13603 Pine View Ln City State Zip Code Rockville MD 20850-3585 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: C1384523 Amount of Each Receipt this Period 1000.00
Name of Employer Applied Business Services, Inc. Occupation Technology Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Daniel A. Shaw Mailing Address PO Box 432 City State Zip Code Woody Creek CO 81656-0432 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 Transaction ID: C1384790 Amount of Each Receipt this Period 5000.00
Name of Employer Self Employed Occupation Writer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Isa C. Shaw Mailing Address PO Box 432 City State Zip Code Woody Creek CO 81656-0432 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 Transaction ID: C1384791 Amount of Each Receipt this Period 5000.00
Name of Employer Self Employed Occupation Artist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 / 297						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jeffrey M. Shaw		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 223 West Rd		Transaction ID: C1401158	
City State Zip Code New Canaan CT 06840-3016	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Armstrong Shaw Associates, Inc.	Occupation Principal		
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. Bina S. Shenoy		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 10855 Patowmack Dr		Transaction ID: C1386188	
City State Zip Code Great Falls VA 22066-3034	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Neena S. Shenoy		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 10717 Falls Pointe Dr		Transaction ID: C1386188	
City State Zip Code Great Falls VA 22066-1622	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Integrated Marketing Communication	Occupation Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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 107 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Sudakar V. Shenoy

Mailing Address 10855 Patowmack Dr

City State Zip Code
Great Falls VA 22066-3034

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

Name of Employer Occupation
Integrated Marketing Comm- CEO
unication

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: C1386193

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Sushma Shenoy

Mailing Address 1304 Saluja Hill Ct

City State Zip Code
McLean VA 22102-1556

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

Name of Employer Occupation
IMC, Inc. Public Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: C1384950

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Esther Shimberg

Mailing Address 13372 Verdun Dr

City State Zip Code
Palm Beach Gardens FL 33410-1473

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C1384558

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 108 / 297
	<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Sumeet Shrivastava		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 13631 Old Chatwood PI		Transaction ID: C1400776
City Chantilly	State VA	Zip Code 20151-3372
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Keane, Inc.	Occupation Information Technology	
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. Beatrice O. Sibblies		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 140 W 121st St # 1		Transaction ID: C1398731
City New York	State NY	Zip Code 10027-6324
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer BOS Development	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Jennifer J. Singh		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 9807 Arnon Chapel Rd		Transaction ID: C1386130
City Great Falls	State VA	Zip Code 22066-3908
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 109 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Gary D. Slaiman

Mailing Address 6506 W Langley Ln

City State Zip Code
McLean VA 22101-3015

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

Name of Employer Occupation
Bingham McCutchen Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: C1382447

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard Slusarczyk

Mailing Address 225 E 79th St Apt 13A

City State Zip Code
New York NY 10021-0823

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

Name of Employer Occupation
Columbia University Dean

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C1384525

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Stafford Smiley

Mailing Address 6712 Bonaventure Ct

City State Zip Code
Bethesda MD 20817-4026

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

Name of Employer Occupation
Caplin & Drysdale Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: C1382441

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 110 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Gilbert P. Smith

Mailing Address 61 Planters Row

City State Zip Code
Hilton Head SC 29928-5504

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: C1405161

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Roger S. Sohn

Mailing Address 2080 Century Park E Ste 305

City State Zip Code
Los Angeles CA 90067-2006

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: C1403669

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
T.K. Somanath

Mailing Address 4007 McTyres Cove Rd

City State Zip Code
Midlothian VA 23112-4664

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

Name of Employer Self Employed Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: C1386135

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 111 / 297
	(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

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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Andrew L. Sommer		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 7 Greystone Farm Ln		Transaction ID: C1398668
City Westport	State CT	Zip Code 06880-2750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Debevoise & Plimpton, 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. Michael E. Spears		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 7 Woodburn Ridge Rd		Transaction ID: C1403597
City Spartanburg	State SC	Zip Code 29302-3457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Daniel W. Stanton		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 1100 N Lake Way		Transaction ID: C1402769
City Palm Beach	State FL	Zip Code 33480-3248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Goldman Sachs	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
William E. Sudow

Mailing Address 1123 Crest Ln

City State Zip Code
McLean VA 22101-1805

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

Name of Employer Occupation
Sidley & Austin, LLP Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: C1386124

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Marc K. Suvall

Mailing Address 51 Starr Ter

City State Zip Code
New Rochelle NY 10804-3326

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

Name of Employer Occupation
N/A Volunteer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: C1405296

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mahinder K. Tak

Mailing Address 8301 River Rd

City State Zip Code
Bethesda MD 20817-2707

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

Name of Employer Occupation
N/A Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: C1386178

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 113 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Robert K. Tanenbaum		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 11501 Huff Ct		Transaction ID: C1400782	
City Kensington	State MD	Amount of Each Receipt this Period 1000.00	
Zip Code 20895-1043		FEC ID number of contributing federal political committee. C	
Name of Employer Lerner Enterprises	Occupation Executive	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) John E. Tavss		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1175 York Ave Apt 18D		Transaction ID: C1399058	
City New York	State NY	Amount of Each Receipt this Period 2000.00	
Zip Code 10021-7176		FEC ID number of contributing federal political committee. C	
Name of Employer Seward & Kissel, LLP	Occupation Attorney	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Inez M. Tenenbaum		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 353 Blue Heron Ct		Transaction ID: C1403700	
City Lexington	State SC	Amount of Each Receipt this Period 500.00	
Zip Code 29072-9416		FEC ID number of contributing federal political committee. C	
Name of Employer South Carolina Department of Education	Occupation State Superintendent	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	3500.00
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 114 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Robert L. Tessler

Mailing Address 131 E 66th St
Apt 10E

City State Zip Code
New York NY 10021-6129

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: C1383639

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John P. Thomas

Mailing Address 555 Old Mill Rd

City State Zip Code
Spring Lake NJ 07762-1960

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

Name of Employer Occupation
Prife Hudson Group, Inc. Investment Banker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398628

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Debra Thorton

Mailing Address 1307 Altamira Ct

City State Zip Code
McLean VA 22102-2201

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

Name of Employer Occupation
Arnold & Porter Paralegal

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: C1384941

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Walter L. Tobin		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 40 Woodpine Ct		Transaction ID: C1403649	
City State Zip Code Columbia SC 29212-2921	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired	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. Cathy M. Toren		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 45 E 85th St Apt 8B		Transaction ID: C1398632	
City State Zip Code New York NY 10028-0957	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Fundraiser	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) C. Jeffrey Trammell		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1220 19th St NW Ste 804		Transaction ID: C1402078	
City State Zip Code Washington DC 20036-2496	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Trammell & Company Occupation President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 116 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Adarsh P. Trehan		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 1308 Ballantrae Farm Dr		Transaction ID: C1393081
City McLean	State VA	Zip Code 22101-3028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Avtar K. Trehan		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 9239 Potomac School Dr		Transaction ID: C1386128
City Potomac	State MD	Zip Code 20854-5603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
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) C. Ranvir K. Trehan		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 1308 Ballantrae Farm Dr		Transaction ID: C1393082
City Mc Lean	State VA	Zip Code 22101-3028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Apptis	Occupation Vice Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	11000.00
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 117 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Frederic J. Truslow

Mailing Address 3009 Q St NW

City Washington State DC Zip Code 20007-3081

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2006

Transaction ID: C1386121

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Marian A. Tse

Mailing Address 600 Beacon St

City Newton State MA Zip Code 02459-2004

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

Name of Employer Goodwin Procter, LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2006

Transaction ID: C1383303

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert R. Tufts

Mailing Address 235 Montgomery St Ste 1035

City San Francisco State CA Zip Code 94104-3008

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

Name of Employer Tufts Stephenson & Kasper, LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2006

Transaction ID: C1403218

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 118 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Angelina Vahabzadeh		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 1650 Tysons Blvd Ste 950		Transaction ID: C1384674
City Mc Lean	State VA	Zip Code 22102-4879
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Gordon Veneklasen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 4 E 77th St		Transaction ID: C1383645
City New York	State NY	Zip Code 10021-1727
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Michael Werner, Inc.	Occupation Art Dealer	
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) C. Theodore N. Voss		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006
Mailing Address 15 W 53rd St		Transaction ID: C1399104
City New York	State NY	Zip Code 10019-5401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
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 119 / 297
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Leon M. Wagner

Mailing Address 8 Lincoln Woods

City State Zip Code
Purchase NY 10577-2217

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

Name of Employer GoldenTree Asset Management, LP
Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: C1398670

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Ian Geoffrey Wallace

Mailing Address 152 W 57th St
FI 52

City State Zip Code
New York NY 10019-3310

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

Name of Employer River Run Management
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: C1401152

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lee Walthall

Mailing Address PO Box 530926

City State Zip Code
Birmingham AL 35253-0926

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

Name of Employer Nuclear Management Company, LLC
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C1405303

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 120 / 297
	<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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Ernest R. Warner, Jr.

Mailing Address 2671 Avalon Ct
Apt 102

City Alexandria State VA Zip Code 22314-5851

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

Name of Employer Smith Dawson & Andrews, Inc. Occupation Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: C1405213

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Steven Westly

Mailing Address PO Box 642689

City Los Angeles State CA Zip Code 90064-7175

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

Name of Employer State of California Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: C1405321

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Anita V. Wien

Mailing Address 555 Park Ave
Apt 8E

City New York State NY Zip Code 10021-8166

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

Name of Employer G7 Group Occupation Political Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: C1399123

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 121 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Alan D. Willsey		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
Mailing Address 6310 Walhonding Rd		Transaction ID: C1401334
City Bethesda	State MD	Zip Code 20816-2137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer St. Luke's House, Inc.	Occupation Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Herbert S. Winokur, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 341 North St		Transaction ID: C1398691
City Greenwich	State CT	Zip Code 06830-3901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Capricorn Management, LLC	Occupation Investments	
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) C. Michael J. Woods		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 3206 N Rochester St		Transaction ID: C1402024
City Arlington	State VA	Zip Code 22213-1322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Athena Innovative Solutions, Inc.	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	6250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 122 / 297
	(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)
Forward Together PAC

A. Full Name (Last, First, Middle Initial)
Alan L. Wurtzel

Mailing Address 2134 R St NW

City State Zip Code
Washington DC 20008-1907

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

Name of Employer Self Employed Occupation
Self Employed Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: C1404662

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Irene V. Wurtzel

Mailing Address 2134 R St NW

City State Zip Code
Washington DC 20008-1907

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

Name of Employer Self Employed Occupation
Self Employed Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: C1404663

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Yeonas

Mailing Address 828 Mackall Ave

City State Zip Code
McLean VA 22101-1614

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

Name of Employer N/A Occupation
N/A Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C1384675

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	10250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. David B. Yoffie		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 363 Waverley Ave		Transaction ID: C1402792	
City State Zip Code Newton MA 02458-2702	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Terry S. Yoffie		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 363 Waverley Ave		Transaction ID: C1402808	
City State Zip Code Newton MA 02458-2702	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Susan C. York		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 63 E 66th St		Transaction ID: C1384552	
City State Zip Code New York NY 10021-6112	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 / 297
	(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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mischa A. Zabolin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006	
Mailing Address 33 Byron Ln		Transaction ID: C1399094	
City State Zip Code Larchmont NY 10538-1617	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Calyon Americas	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Michael Zigman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006	
Mailing Address 171 W 71st St Apt 12A		Transaction ID: C1399113	
City State Zip Code New York NY 10023-3801	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WR Hambrecht & Co.	Occupation Finance		
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) C. Zhou Zou		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006	
Mailing Address 450 Park Ave		Transaction ID: C1399073	
City State Zip Code New York NY 10022-2630	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Taconic Capital	Occupation Investment Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	747615.00

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

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

FOR LINE NUMBER: PAGE 125 / 297
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial)
A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL

Mailing Address EMPLOYEES - P E O P L E, QUALIFIED
1625 L St NW

City State Zip Code
Washington DC 20036-5665

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: C1402064

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Hayes Seay Mattern & Mattern PAC

Mailing Address 1315 Franklin Rd SW

City State Zip Code
Roanoke VA 24016-4607

FEC ID number of contributing federal political committee. **C** C00314856

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2006

Transaction ID: C1400808

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 126 / 297
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" 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)
Forward Together PAC

Full Name (Last, First, Middle Initial)
A. American List Counsel, Inc.

Mailing Address 4300 US Route 1
CN 5219

City State Zip Code
Princeton NJ 08543

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1828.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	6

Transaction ID: C1383719

Amount of Each Receipt this Period
1828.91

Direct Mail List Refund

SUBTOTAL of Receipts This Page (optional)	▶	1828.91
TOTAL This Period (last page this line number only)	▶	1828.91

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

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

FOR LINE NUMBER: PAGE 127 / 297

(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1369 Chain Bridge Rd		Transaction ID: C1408332
City State Zip Code McLean VA 22101-3905	Amount of Each Receipt this Period 42.56	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 49882.33	* Interest

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1369 Chain Bridge Rd		Transaction ID: C1409672
City State Zip Code McLean VA 22101-3905	Amount of Each Receipt this Period 8902.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 49882.33	* Interest

SUBTOTAL of Receipts This Page (optional)	8945.02
TOTAL This Period (last page this line number only)	8945.02

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 128 / 297

<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. ACC Business		Transaction ID: D87929 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address PO Box 13136		Amount of Each Disbursement this Period 561.00
City Newark State NJ Zip Code 07101-5636	Purpose of Disbursement Telephone 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. Adam D. Conner		Transaction ID: D88371 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1112 M St NW Number 505		Amount of Each Disbursement this Period 854.74
City Washington State DC Zip Code 20005-4308	Purpose of Disbursement Salary 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) C. Adam D. Conner		Transaction ID: D88959 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1112 M St NW Number 505		Amount of Each Disbursement this Period 854.73
City Washington State DC Zip Code 20005-4308	Purpose of Disbursement Salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	2270.47
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 129 / 297

<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)
Forward Together PAC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 5800 Windward Pkwy City Alpharetta State GA Zip Code 30005-8802 Purpose of Disbursement Payroll Service Charge 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) ▼		Transaction ID: D88949 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006 Amount of Each Disbursement this Period 159.21 Category/Type 001
--	--	---

B. ADP Full Name (Last, First, Middle Initial) Mailing Address 5800 Windward Pkwy City Alpharetta State GA Zip Code 30005-8802 Purpose of Disbursement Payroll Taxes 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) ▼		Transaction ID: D88989 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006 Amount of Each Disbursement this Period 34006.99 Category/Type 001
---	--	---

C. ADP Full Name (Last, First, Middle Initial) Mailing Address 5800 Windward Pkwy City Alpharetta State GA Zip Code 30005-8802 Purpose of Disbursement Payroll Service Charge 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) ▼		Transaction ID: D88360 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006 Amount of Each Disbursement this Period 28.00 Category/Type 001
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	34194.20
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 130 / 297

<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)
Forward Together PAC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 5800 Windward Pkwy City Alpharetta State GA Zip Code 30005-8802 Purpose of Disbursement Payroll Service Charge 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) ▼		Transaction ID: D88361 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006 Amount of Each Disbursement this Period 154.65 Category/Type 001
--	--	---

B. ADP Full Name (Last, First, Middle Initial) Mailing Address 5800 Windward Pkwy City Alpharetta State GA Zip Code 30005-8802 Purpose of Disbursement Payroll Taxes 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) ▼		Transaction ID: D88362 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006 Amount of Each Disbursement this Period 33996.86 Category/Type 001
---	--	---

C. Amanda Howe Full Name (Last, First, Middle Initial) Mailing Address 304 Prince St City Alexandria State VA Zip Code 22314-3316 Purpose of Disbursement Salary 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) ▼		Transaction ID: D88382 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006 Amount of Each Disbursement this Period 2068.65 Category/Type 001
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	36220.16
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 131 / 297

<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Amanda Howe		Transaction ID: D88970 Date of Disbursement 09 / 30 / 2006
Mailing Address 304 Prince St		Amount of Each Disbursement this Period 2068.65
City Alexandria State VA Zip Code 22314-3316	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Corporate Courier		Transaction ID: D88691 Date of Disbursement 09 / 22 / 2006
Mailing Address BOX 428		Amount of Each Disbursement this Period 20.00
City Alexandria State VA Zip Code 22314-4358	Purpose of Disbursement Delivery/Courier Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D89140 Date of Disbursement 09 / 05 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1207.06
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3295.71
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 132 / 297

<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Andrew M. Smith		Transaction ID: D88982	
Mailing Address 1410 N Scott St Apt 949		Date of Disbursement 09 / 30 / 2006	
City Arlington	State VA	Zip Code 22209-2982	Amount of Each Disbursement this Period 788.57
Purpose of Disbursement Salary		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Andrew M. Smith		Transaction ID: D88917	
Mailing Address 1410 N Scott St Apt 949		Date of Disbursement 09 / 27 / 2006	
City Arlington	State VA	Zip Code 22209-2982	Amount of Each Disbursement this Period 123.00
Purpose of Disbursement Parking Reimbursement		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Andrew M. Smith		Transaction ID: D88393	
Mailing Address 1410 N Scott St Apt 949		Date of Disbursement 09 / 15 / 2006	
City Arlington	State VA	Zip Code 22209-2982	Amount of Each Disbursement this Period 788.57
Purpose of Disbursement Salary		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1700.14
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 133 / 297

<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Andrew M. Smith		Transaction ID: D87979 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 1410 N Scott St Apt 949		Amount of Each Disbursement this Period 72.00
City Arlington State VA Zip Code 22209-2982		
Purpose of Disbursement Parking Reimbursement	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Andrew M. Smith		Transaction ID: D87913 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1410 N Scott St Apt 949		Amount of Each Disbursement this Period 72.00
City Arlington State VA Zip Code 22209-2982		
Purpose of Disbursement Parking Reimbursement	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Angelique R. Cannon		Transaction ID: D87914 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 7209 Flower Tuft Ct		Amount of Each Disbursement this Period 274.50
City Springfield State VA Zip Code 22153-1508		
Purpose of Disbursement Parking Reimbursement	Candidate Name	001 Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	418.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Angelique R. Cannon		Transaction ID: D88366 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 7209 Flower Tuft Ct		Amount of Each Disbursement this Period 3154.46
City Springfield State VA Zip Code 22153-1508	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Angelique R. Cannon		Transaction ID: D88954 Date of Disbursement MM / DD / YYYY 09 / 30 / 2006
Mailing Address 7209 Flower Tuft Ct		Amount of Each Disbursement this Period 3154.46
City Springfield State VA Zip Code 22153-1508	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Argosy Consulting Services, Inc.		Transaction ID: D89078 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
Mailing Address 2600 Tower Oaks Blvd Ste 300		Amount of Each Disbursement this Period 2006.52
City Rockville State MD Zip Code 20852-4246	Purpose of Disbursement Air Transportation: Travel 9/25/2006 Candidate Name Category/Type 002	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8315.44
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Argosy Consulting Services, Inc.		Transaction ID: D89079	
Mailing Address 2600 Tower Oaks Blvd Ste 300		Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
City Rockville	State MD	Zip Code 20852-4246	Amount of Each Disbursement this Period 2615.80
Purpose of Disbursement Air Transportation:Travel 9/26/2006		<input type="text" value="002"/>	
Candidate Name		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:			

Full Name (Last, First, Middle Initial) B. Auburn Quad		Transaction ID: D87939	
Mailing Address PO Box 390728		Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
City Cambridge	State MA	Zip Code 02139-0008	Amount of Each Disbursement this Period 103.30
Purpose of Disbursement Processing Fee		<input type="text" value="001"/>	
Candidate Name		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:			

Full Name (Last, First, Middle Initial) C. Baer Communications, LLC		Transaction ID: D88777	
Mailing Address 2120 L St NW Suite 305		Date of Disbursement MM / DD / YYYY 09 / 25 / 2006	
City Washington	State DC	Zip Code 20037-1527	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Communication Services		<input type="text" value="001"/>	
Candidate Name		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)	7719.10
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: D89117 Date of Disbursement
Mailing Address 1369 Chain Bridge Rd		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City McLean	State VA	Zip Code 22101-3905
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="12.22"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		001 Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: D89139 Date of Disbursement
Mailing Address 1369 Chain Bridge Rd		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City McLean	State VA	Zip Code 22101-3905
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1124.12"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		001 Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) C. Benjamin Rhodes		Transaction ID: D88404 Date of Disbursement
Mailing Address 1841 Columbia Rd NW Apt 502		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20009-2016
Purpose of Disbursement Communication/Writing Services		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		001 Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3136.34"/>
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Brett Schenker Full Name (Last, First, Middle Initial) Mailing Address 1045 N Utah St Apt 204 City Arlington State VA Zip Code 22201-5752 Purpose of Disbursement Salary 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) ▼		Transaction ID: D88390 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 699.07 001 Category/ Type
--	--	--

B. Brett Schenker Full Name (Last, First, Middle Initial) Mailing Address 1045 N Utah St Apt 204 City Arlington State VA Zip Code 22201-5752 Purpose of Disbursement Office Supplies Reimbursement 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) ▼		Transaction ID: D89002 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 120.96 001 Category/ Type
---	--	--

C. Brett Schenker Full Name (Last, First, Middle Initial) Mailing Address 1045 N Utah St Apt 204 City Arlington State VA Zip Code 22201-5752 Purpose of Disbursement Salary 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) ▼		Transaction ID: D88979 Date of Disbursement 09 / 30 / 2006 Amount of Each Disbursement this Period 699.07 001 Category/ Type
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	1519.10
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Brian T. Cook		Transaction ID: D88960 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1017 S Rolfe St		Amount of Each Disbursement this Period 1333.04	
City Arlington	State VA	Zip Code 22204-4792	
Purpose of Disbursement Salary		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Brian T. Cook		Transaction ID: D88372 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1017 S Rolfe St		Amount of Each Disbursement this Period 1333.03	
City Arlington	State VA	Zip Code 22204-4792	
Purpose of Disbursement Salary		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Brian T. Cook		Transaction ID: D87978 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1017 S Rolfe St		Amount of Each Disbursement this Period 266.00	
City Arlington	State VA	Zip Code 22204-4792	
Purpose of Disbursement Parking Reimbursement		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2932.07
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Bryan Medway		Transaction ID: D88414 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 2211 Santa Clara Ave		Amount of Each Disbursement this Period 1300.00
City Alameda State CA Zip Code 94501-4416	Purpose of Disbursement Visual Design Work 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. Ms. Ana Lucia Buckman		Transaction ID: D88953 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1600 S Eads St Apt 312N		Amount of Each Disbursement this Period 352.79
City Arlington State VA Zip Code 22202-2916	Purpose of Disbursement Salary 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) C. Campaign Finance Consultants		Transaction ID: D88049 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 10 G St NE Ste 470		Amount of Each Disbursement this Period 10729.36
City Washington State DC Zip Code 20002-8038	Purpose of Disbursement Fundraising Consulting Services 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

SUBTOTAL of Disbursements This Page (optional) ▶	12382.15
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale, Chtd.		Transaction ID: D87938 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 1 Thomas Cir NW Ste 1100		Amount of Each Disbursement this Period 6411.86
City Washington State DC Zip Code 20005-5812	Purpose of Disbursement Legal Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. CareFirst BlueCross BlueShield		Transaction ID: D88066 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 8327.52
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Carmel Steindam		Transaction ID: D87897 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 6930 Chestnut Ave		Amount of Each Disbursement this Period 500.00
City Falls Church State VA Zip Code 22042-1952	Purpose of Disbursement Printing Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	15239.38
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Casey Fitzmaurice		Transaction ID: D88417 Date of Disbursement 09 / 15 / 2006
Mailing Address 306 E Duncan Ave Apt A		Amount of Each Disbursement this Period 206.24
City Alexandria State VA Zip Code 22301-1263	Purpose of Disbursement Office Supplies Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Casey Fitzmaurice		Transaction ID: D88379 Date of Disbursement 09 / 15 / 2006
Mailing Address 306 E Duncan Ave Apt A		Amount of Each Disbursement this Period 1412.19
City Alexandria State VA Zip Code 22301-1263	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Casey Fitzmaurice		Transaction ID: D88967 Date of Disbursement 09 / 30 / 2006
Mailing Address 306 E Duncan Ave Apt A		Amount of Each Disbursement this Period 1412.19
City Alexandria State VA Zip Code 22301-1263	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3030.62
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)

<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ms. Amanda B. Chang		Transaction ID: D88804 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 243 S Mapleton Dr		Amount of Each Disbursement this Period 2415.00
City Los Angeles State CA Zip Code 90024-1804	* in-kind received	
Purpose of Disbursement Catering/Events Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Christopher T. Coffman		Transaction ID: D88957 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 3823 Linda Ln		Amount of Each Disbursement this Period 990.34
City Annandale State VA Zip Code 22003-1513	001 Category/Type	
Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) C. Christopher T. Coffman		Transaction ID: D89001 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 3823 Linda Ln		Amount of Each Disbursement this Period 70.05
City Annandale State VA Zip Code 22003-1513	001 Category/Type	
Purpose of Disbursement Office Supplies Reimbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3475.39
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Christopher T. Coffman		Transaction ID: D88369 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 3823 Linda Ln		Amount of Each Disbursement this Period 990.35
City Annandale State VA Zip Code 22003-1513	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Columbia Capital, LLC		Transaction ID: D88505 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 201 North Union Street Suite 300		Amount of Each Disbursement this Period 955.22
City Alexandria State VA Zip Code 22314-2650	Purpose of Disbursement Telephone/Cable Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Courtney Dozier		Transaction ID: D87896 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 718 18th St Apt 5		Amount of Each Disbursement this Period 778.16
City Des Moines State IA Zip Code 50314-1071	Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 002	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2723.73
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Craig B. Kirby		Transaction ID: D87915 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 626.90	
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Travel/Lodging Reimbursement	Category/Type 002	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Craig B. Kirby		Transaction ID: D88383 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 3347.67	
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Salary	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Craig B. Kirby		Transaction ID: D88971 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 3347.66	
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Salary	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7322.23
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Deer Park		Transaction ID: D88569 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address PO Box 52271		Amount of Each Disbursement this Period 231.25	
City Phoenix State AZ Zip Code 85072-2271	Purpose of Disbursement Water Service Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dell Computers		Transaction ID: D88236 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address PO Box 9020		Amount of Each Disbursement this Period 2121.00	
City Des Moines State IA Zip Code 50368-0001	Purpose of Disbursement Computer Equipment Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dominic Gabello		Transaction ID: D88065 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 6409 Lee Hwy		Amount of Each Disbursement this Period 455.29	
City Arlington State VA Zip Code 22205-1921	Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name Category/Type 002		
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2807.54
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Dominic Gabello		Transaction ID: D88380 Date of Disbursement 09 / 15 / 2006
Mailing Address 6409 Lee Hwy		Amount of Each Disbursement this Period 788.57
City Arlington	State VA	
Zip Code 22205-1921		
Purpose of Disbursement Salary 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. Dominic Gabello		Transaction ID: D88968 Date of Disbursement 09 / 30 / 2006
Mailing Address 6409 Lee Hwy		Amount of Each Disbursement this Period 788.57
City Arlington	State VA	
Zip Code 22205-1921		
Purpose of Disbursement Salary 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) C. Ellen Qualls		Transaction ID: D88975 Date of Disbursement 09 / 30 / 2006
Mailing Address 304 Prince St		Amount of Each Disbursement this Period 3101.72
City Alexandria	State VA	
Zip Code 22314-3316		
Purpose of Disbursement Salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	4678.86
TOTAL This Period (last page this line number only) ▶	(Empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ellen Qualls		Transaction ID: D88387 Date of Disbursement 09 / 15 / 2006	
Mailing Address 304 Prince St		Amount of Each Disbursement this Period 3101.71	
City Alexandria State VA Zip Code 22314-3316	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ellen Qualls		Transaction ID: D87936 Date of Disbursement 09 / 06 / 2006	
Mailing Address 304 Prince St		Amount of Each Disbursement this Period 1256.24	
City Alexandria State VA Zip Code 22314-3316	Purpose of Disbursement Telephone/Travel Reimbursement Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Facebook		Transaction ID: D88413 Date of Disbursement 09 / 15 / 2006	
Mailing Address 156 University Ave		Amount of Each Disbursement this Period 20000.00	
City Palo Alto State CA Zip Code 94301-1631	Purpose of Disbursement Website Advertisement Candidate Name	004 Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	24357.95
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D87916 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 94.62
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Delivery/Courier 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. Gale N. Brundrett, III		Transaction ID: D88365 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 214 E Duncan Ave # A		Amount of Each Disbursement this Period 1779.46
City Alexandria State VA Zip Code 22301-1728	Purpose of Disbursement Salary 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) C. Gale N. Brundrett, III		Transaction ID: D88952 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 214 E Duncan Ave # A		Amount of Each Disbursement this Period 1779.46
City Alexandria State VA Zip Code 22301-1728	Purpose of Disbursement Salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	3653.54
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 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Geneka Holyfield		Transaction ID: D88969 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 2337 Arlington Drive Apt. 203		Amount of Each Disbursement this Period 1102.63
City Alexandria State VA Zip Code 22306		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Geneka Holyfield		Transaction ID: D88381 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 2337 Arlington Drive Apt. 203		Amount of Each Disbursement this Period 1102.64
City Alexandria State VA Zip Code 22306		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Geneka Holyfield		Transaction ID: D88412 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 2337 Arlington Drive Apt. 203		Amount of Each Disbursement this Period 62.00
City Alexandria State VA Zip Code 22306		
Purpose of Disbursement Parking Reimbursement Candidate Name	001 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2267.27
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. George W. Wellde, III		Transaction ID: D88399 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1150 N Glebe Rd Apt 209G		Amount of Each Disbursement this Period 811.35
City Arlington State VA Zip Code 22201-4769		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. George W. Wellde, III		Transaction ID: D87917 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 1150 N Glebe Rd Apt 209G		Amount of Each Disbursement this Period 72.00
City Arlington State VA Zip Code 22201-4769		
Purpose of Disbursement Parking Reimbursement Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. George W. Wellde, III		Transaction ID: D88987 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1150 N Glebe Rd Apt 209G		Amount of Each Disbursement this Period 811.35
City Arlington State VA Zip Code 22201-4769		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1694.70
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. George W. Wellde, III		Transaction ID: D88778 Date of Disbursement 09 / 25 / 2006
Mailing Address 1150 N Glebe Rd Apt 209G		Amount of Each Disbursement this Period 54.00
City Arlington State VA Zip Code 22201-4769	Purpose of Disbursement Parking Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hungerford Printers		Transaction ID: D88688 Date of Disbursement 09 / 22 / 2006
Mailing Address 2207 Shannon PI SE		Amount of Each Disbursement this Period 595.37
City Washington State DC Zip Code 20020-5739	Purpose of Disbursement Printing Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jacqueline Vignali		Transaction ID: D88986 Date of Disbursement 09 / 30 / 2006
Mailing Address 509 Queen St		Amount of Each Disbursement this Period 962.54
City Alexandria State VA Zip Code 22314-2512	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1611.91
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jacqueline Vignali		Transaction ID: D88397 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 509 Queen St		Amount of Each Disbursement this Period 962.55
City Alexandria State VA Zip Code 22314-2512	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jaideep Singh		Transaction ID: D88392 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1746 Kilbourne PI NW		Amount of Each Disbursement this Period 1225.90
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jaideep Singh		Transaction ID: D88981 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1746 Kilbourne PI NW		Amount of Each Disbursement this Period 1225.90
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3414.35
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Jaideep Singh Full Name (Last, First, Middle Initial) Mailing Address 1746 Kilbourne PI NW City Washington State DC Zip Code 20010-2606 Purpose of Disbursement Parking Reimbursement 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) ▼		Transaction ID: D88779 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 49.00 Category/Type 001
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B. Mr. Paul W. Jameson Full Name (Last, First, Middle Initial) Mailing Address 2713 Glencroft Rd City Vienna State VA Zip Code 22181-5350 Purpose of Disbursement Parking Reimbursement 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) ▼		Transaction ID: D87933 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 90.00 Category/Type 001
--	--	---

C. Mr. Paul W. Jameson Full Name (Last, First, Middle Initial) Mailing Address 2713 Glencroft Rd City Vienna State VA Zip Code 22181-5350 Purpose of Disbursement Policy Consulting Services Fee 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) ▼		Transaction ID: D88570 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 6000.00 Category/Type 001
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SUBTOTAL of Disbursements This Page (optional) ▶	6139.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mr. Paul W. Jameson		Transaction ID: D88571 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2713 Glencroft Rd		Amount of Each Disbursement this Period 81.00
City Vienna State VA Zip Code 22181-5350	Purpose of Disbursement Parking Reimbursement 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. Jennifer Cizner		Transaction ID: D87919 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 2130 P St NW Apt 808		Amount of Each Disbursement this Period 201.50
City Washington State DC Zip Code 20037-1044	Purpose of Disbursement Travel/Lodging Reimbursement 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 002

Full Name (Last, First, Middle Initial) C. Jennifer J. Nadicksbernd		Transaction ID: D87902 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 1045 N. Utah Street Apt. 305		Amount of Each Disbursement this Period 231.60
City Arlington State VA Zip Code 22201-5710	Purpose of Disbursement Travel/Lodging Reimbursement 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 002

SUBTOTAL of Disbursements This Page (optional) ▶	514.10
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jennifer J. Nadicksbernd		Transaction ID: D88385 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1045 N. Utah Street Apt. 305		Amount of Each Disbursement this Period 2408.00
City Arlington State VA Zip Code 22201-5710		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jennifer J. Nadicksbernd		Transaction ID: D88999 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1045 N. Utah Street Apt. 305		Amount of Each Disbursement this Period 142.20
City Arlington State VA Zip Code 22201-5710		
Purpose of Disbursement Telephone Reimbursement Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jennifer J. Nadicksbernd		Transaction ID: D88973 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1045 N. Utah Street Apt. 305		Amount of Each Disbursement this Period 2408.00
City Arlington State VA Zip Code 22201-5710		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4958.20
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Joel Meister Full Name (Last, First, Middle Initial) Mailing Address 616 23rd Street Apartment 911 City Washington State DC Zip Code 20052-0001 Purpose of Disbursement Metro Reimbursement 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) ▼		Transaction ID: D88410 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 30.30 Category/Type 001
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B. Joel Meister Full Name (Last, First, Middle Initial) Mailing Address 616 23rd Street Apartment 911 City Washington State DC Zip Code 20052-0001 Purpose of Disbursement Metro Reimbursement 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) ▼		Transaction ID: D87977 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 25.25 Category/Type 001
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C. John W. Carey Full Name (Last, First, Middle Initial) Mailing Address 9465 Fairfax Blvd Apt 201 City Fairfax State VA Zip Code 22031-2465 Purpose of Disbursement Parking Reimbursement 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) ▼		Transaction ID: D87974 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 64.00 Category/Type 001
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SUBTOTAL of Disbursements This Page (optional) ▶	119.55
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. John W. Carey		Transaction ID: D88409 Date of Disbursement 09 / 15 / 2006
Mailing Address 9465 Fairfax Blvd Apt 201		Amount of Each Disbursement this Period 144.00
City Fairfax State VA Zip Code 22031-2465		
Purpose of Disbursement Parking Reimbursement	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) B. John W. Carey		Transaction ID: D88367 Date of Disbursement 09 / 15 / 2006
Mailing Address 9465 Fairfax Blvd Apt 201		Amount of Each Disbursement this Period 1195.74
City Fairfax State VA Zip Code 22031-2465		
Purpose of Disbursement Salary	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. John W. Carey		Transaction ID: D88955 Date of Disbursement 09 / 30 / 2006
Mailing Address 9465 Fairfax Blvd Apt 201		Amount of Each Disbursement this Period 1195.74
City Fairfax State VA Zip Code 22031-2465		
Purpose of Disbursement Salary	Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2535.48
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jonah Perlin		Transaction ID: D88063 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 8070 Paper Birch Dr		Amount of Each Disbursement this Period 163.48	
City Lorton State VA Zip Code 22079-5654	Purpose of Disbursement Metro Reimbursement Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jonathan A. Epstein		Transaction ID: D88378 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 3816 Briar Oak Drive		Amount of Each Disbursement this Period 2306.14	
City Birmingham State AL Zip Code 35243	Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jonathan A. Epstein		Transaction ID: D88568 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 3816 Briar Oak Drive		Amount of Each Disbursement this Period 462.39	
City Birmingham State AL Zip Code 35243	Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name	002 Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2932.01
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jonathan A. Epstein		Transaction ID: D88966 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 3816 Briar Oak Drive		Amount of Each Disbursement this Period 2306.14	
City Birmingham State AL Zip Code 35243	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joshua M Cohn		Transaction ID: D88958 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 8 Kennedy St		Amount of Each Disbursement this Period 1311.47	
City Alexandria State VA Zip Code 22305-2518	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joshua M Cohn		Transaction ID: D88370 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 8 Kennedy St		Amount of Each Disbursement this Period 1311.47	
City Alexandria State VA Zip Code 22305-2518	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4929.08
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Katherine Bissell		Transaction ID: D88916 Date of Disbursement 09 / 27 / 2006
Mailing Address 1205 Suffield Dr		Amount of Each Disbursement this Period 176.00
City McLean State VA Zip Code 22101-2348	Purpose of Disbursement Parking Reimbursement 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. Katherine Buchanan		Transaction ID: D88914 Date of Disbursement 09 / 29 / 2006
Mailing Address 102 Lake Cook Dr		Amount of Each Disbursement this Period 6700.00
City Alexandria State VA Zip Code 22304-6451	Purpose of Disbursement Accounting/Compliance Services 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) C. Katz Watson Group, Inc.		Transaction ID: D87934 Date of Disbursement 09 / 06 / 2006
Mailing Address 236 Massachusetts Ave NE Ste 206		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20002-4980	Purpose of Disbursement Fundraising Consulting Services 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

SUBTOTAL of Disbursements This Page (optional)	16876.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Katz Watson Group, Inc.		Transaction ID: D87935 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 236 Massachusetts Ave NE Ste 206		Amount of Each Disbursement this Period 4023.48
City Washington State DC Zip Code 20002-4980	Purpose of Disbursement Catering/Events Reimbursement 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

Full Name (Last, First, Middle Initial) B. Keystone Press		Transaction ID: D88781 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 9 Old Falls Rd		Amount of Each Disbursement this Period 315.00
City Manchester State NH Zip Code 03103-3622	Purpose of Disbursement Printing 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

Full Name (Last, First, Middle Initial) C. Lars D. Anderson		Transaction ID: D88951 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1133 13th St NW Number 8-E		Amount of Each Disbursement this Period 2008.95
City Washington State DC Zip Code 20005-4203	Purpose of Disbursement Salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	6347.43
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Lars D. Anderson		Transaction ID: D87920 Date of Disbursement 09 / 06 / 2006
Mailing Address 1133 13th St NW Number 8-E		Amount of Each Disbursement this Period 18.00
City Washington State DC Zip Code 20005-4203	Purpose of Disbursement Travel Reimbursement 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 002

Full Name (Last, First, Middle Initial) B. Lars D. Anderson		Transaction ID: D88364 Date of Disbursement 09 / 15 / 2006
Mailing Address 1133 13th St NW Number 8-E		Amount of Each Disbursement this Period 2008.95
City Washington State DC Zip Code 20005-4203	Purpose of Disbursement Salary 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) C. Ms. Kathleen U. Lash		Transaction ID: D88780 Date of Disbursement 09 / 25 / 2006
Mailing Address 8873 Tilghman Island Rd		Amount of Each Disbursement this Period 77.00
City Wittman State MD Zip Code 21676-1330	Purpose of Disbursement Parking Reimbursement 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

SUBTOTAL of Disbursements This Page (optional) ▶	2103.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Lauren D. Decot		Transaction ID: D88915 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 9120 Steven Irving Ct		Amount of Each Disbursement this Period 80.00	
City Springfield State VA Zip Code 22153-1424	Purpose of Disbursement Parking Reimbursement Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lauren D. Decot		Transaction ID: D88962 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 9120 Steven Irving Ct		Amount of Each Disbursement this Period 788.57	
City Springfield State VA Zip Code 22153-1424	Purpose of Disbursement Salary Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lauren D. Decot		Transaction ID: D88374 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 9120 Steven Irving Ct		Amount of Each Disbursement this Period 788.57	
City Springfield State VA Zip Code 22153-1424	Purpose of Disbursement Salary Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1657.14
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Lauren D. Decot		Transaction ID: D88062 Date of Disbursement 09 / 13 / 2006	
Mailing Address 9120 Steven Irving Ct		Amount of Each Disbursement this Period 64.00	
City Springfield State VA Zip Code 22153-1424	Purpose of Disbursement Parking Reimbursement Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LexisNexis		Transaction ID: D88061 Date of Disbursement 09 / 13 / 2006	
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 300.00	
City Philadelphia State PA Zip Code 19170-0001	Purpose of Disbursement Internet Research Service Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mad River Communications		Transaction ID: D88504 Date of Disbursement 09 / 20 / 2006	
Mailing Address 606A N Talbot St Ste 303		Amount of Each Disbursement this Period 5920.00	
City St Michaels State MD Zip Code 21663-2110	Purpose of Disbursement Communications Consulting Services Fee Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6284.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Matthew L. Robison		Transaction ID: D88567 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 2024 Franklin Ave		Amount of Each Disbursement this Period 64.00
City McLean State VA Zip Code 22101-5311	Purpose of Disbursement Parking Reimbursement 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. Matthew L. Robison		Transaction ID: D88389 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 2024 Franklin Ave		Amount of Each Disbursement this Period 2210.07
City McLean State VA Zip Code 22101-5311	Purpose of Disbursement Salary 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) C. Matthew L. Robison		Transaction ID: D88978 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 2024 Franklin Ave		Amount of Each Disbursement this Period 2210.08
City McLean State VA Zip Code 22101-5311	Purpose of Disbursement Salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	4484.15
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. MCI Worldcom Conferencing		Transaction ID: D87901 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address PO Box 70129		Amount of Each Disbursement this Period 3262.41
City Chicago State IL Zip Code 60673-0129	001 Category/ Type	
Purpose of Disbursement Telephone 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) ▼		

Full Name (Last, First, Middle Initial) B. MCI Worldcom Conferencing		Transaction ID: D87922 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address PO Box 70129		Amount of Each Disbursement this Period 3662.54
City Chicago State IL Zip Code 60673-0129	001 Category/ Type	
Purpose of Disbursement Telephone 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) ▼		

Full Name (Last, First, Middle Initial) C. Michael Lovitt		Transaction ID: D88408 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1007 E 45th St		Amount of Each Disbursement this Period 2500.00
City Austin State TX Zip Code 78751-4123	001 Category/ Type	
Purpose of Disbursement Programming Services 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	9424.95
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Millions Of Us		Transaction ID: D88407 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 301 Ricardo Rd		Amount of Each Disbursement this Period 2800.00
City Mill Valley	State CA Zip Code 94941-4917	
Purpose of Disbursement Event Promotion		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Monica Dixon		Transaction ID: D88416 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 5113 Duvall Dr		Amount of Each Disbursement this Period 972.58
City Bethesda	State MD Zip Code 20816-1877	
Purpose of Disbursement Travel/Lodging Reimbursement		Category/ Type 002
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. Monica Dixon		Transaction ID: D88376 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 5113 Duvall Dr		Amount of Each Disbursement this Period 4425.14
City Bethesda	State MD Zip Code 20816-1877	
Purpose of Disbursement Salary		Category/ Type 001
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	8197.72
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Monica Dixon		Transaction ID: D87975 Date of Disbursement 09 / 08 / 2006	
Mailing Address 5113 Duvall Dr		Amount of Each Disbursement this Period 1778.65	
City Bethesda State MD Zip Code 20816-1877	Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Monica Dixon		Transaction ID: D88007 Date of Disbursement 09 / 11 / 2006	
Mailing Address 5113 Duvall Dr		Amount of Each Disbursement this Period 4365.85	
City Bethesda State MD Zip Code 20816-1877	Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Monica Dixon		Transaction ID: D88964 Date of Disbursement 09 / 30 / 2006	
Mailing Address 5113 Duvall Dr		Amount of Each Disbursement this Period 4425.14	
City Bethesda State MD Zip Code 20816-1877	Purpose of Disbursement Salary Candidate Name	001 Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10569.64
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mr. Ankit N. Desai		Transaction ID: D88963 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1815 10th St NW Apt B		Amount of Each Disbursement this Period 1862.33
City Washington State DC Zip Code 20001-5028		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Ankit N. Desai		Transaction ID: D88375 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1815 10th St NW Apt B		Amount of Each Disbursement this Period 1862.32
City Washington State DC Zip Code 20001-5028		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Ankit N. Desai		Transaction ID: D88510 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1815 10th St NW Apt B		Amount of Each Disbursement this Period 354.51
City Washington State DC Zip Code 20001-5028		
Purpose of Disbursement Parking/Telephone Reimbursement Candidate Name	001 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4079.16
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mr. Noble Ackerson		Transaction ID: D88363 Date of Disbursement 09 / 15 / 2006
Mailing Address 220 Century Pl Apt 3423		Amount of Each Disbursement this Period 1795.03
City Alexandria State VA Zip Code 22304-7509	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Noble Ackerson		Transaction ID: D88950 Date of Disbursement 09 / 29 / 2006
Mailing Address 220 Century Pl Apt 3423		Amount of Each Disbursement this Period 1795.03
City Alexandria State VA Zip Code 22304-7509	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Scott A. Price		Transaction ID: D87926 Date of Disbursement 09 / 06 / 2006
Mailing Address 8705 Curtis Ave Unit 407		Amount of Each Disbursement this Period 270.00
City Alexandria State VA Zip Code 22309-2003	Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 002	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3860.06
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mr. Scott A. Price		Transaction ID: D88503 Date of Disbursement 09 / 20 / 2006
Mailing Address 8705 Curtis Ave Unit 407		Amount of Each Disbursement this Period 250.00
City Alexandria State VA Zip Code 22309-2003	002 Category/Type	
Purpose of Disbursement Travel Reimbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Scott Darling		Transaction ID: D88064 Date of Disbursement 09 / 13 / 2006
Mailing Address 3267 N St NW Apt 3		Amount of Each Disbursement this Period 775.05
City Washington State DC Zip Code 20007-2839	002 Category/Type	
Purpose of Disbursement Travel/Lodging/Telephone Reimb 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. Mr. Scott Darling		Transaction ID: D88373 Date of Disbursement 09 / 15 / 2006
Mailing Address 3267 N St NW Apt 3		Amount of Each Disbursement this Period 4573.28
City Washington State DC Zip Code 20007-2839	001 Category/Type	
Purpose of Disbursement Salary 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	5598.33
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mr. Scott Darling		Transaction ID: D88961 Date of Disbursement 09 / 30 / 2006
Mailing Address 3267 N St NW Apt 3		Amount of Each Disbursement this Period 4992.93
City Washington State DC Zip Code 20007-2839	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MSHC Partners, Inc.		Transaction ID: D88683 Date of Disbursement 09 / 22 / 2006
Mailing Address 1155 15th St NW Ste 300		Amount of Each Disbursement this Period 450.00
City Washington State DC Zip Code 20005-2738	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MSHC Partners, Inc.		Transaction ID: D87923 Date of Disbursement 09 / 06 / 2006
Mailing Address 1155 15th St NW Ste 300		Amount of Each Disbursement this Period 1675.00
City Washington State DC Zip Code 20005-2738	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7117.93
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Nancy E. Scola		Transaction ID: D88060	
Mailing Address 246 Garfield Pl Number 1		Date of Disbursement 09 / 13 / 2006	
City Brooklyn	State NY	Zip Code 11215-2207	Amount of Each Disbursement this Period 180.00
Purpose of Disbursement Parking Reimbursement	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Nancy E. Scola		Transaction ID: D88391	
Mailing Address 246 Garfield Pl Number 1		Date of Disbursement 09 / 15 / 2006	
City Brooklyn	State NY	Zip Code 11215-2207	Amount of Each Disbursement this Period 1513.90
Purpose of Disbursement Salary	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Nancy E. Scola		Transaction ID: D88980	
Mailing Address 246 Garfield Pl Number 1		Date of Disbursement 09 / 30 / 2006	
City Brooklyn	State NY	Zip Code 11215-2207	Amount of Each Disbursement this Period 1513.91
Purpose of Disbursement Salary	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3207.81
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. NGP Software, Inc.		Transaction ID: D87924 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1101 Vermont Ave NW Ste 710		Amount of Each Disbursement this Period 396.00
City Washington State DC Zip Code 20005-3521	Purpose of Disbursement Database Support 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. Office Paper Systems, Inc.		Transaction ID: D88782 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 7650 Airpark Rd		Amount of Each Disbursement this Period 130.00
City Gaithersburg State MD Zip Code 20879-4156	Purpose of Disbursement Office Supplies 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) C. Oscar Ramirez		Transaction ID: D88976 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1900 Lyttonsville Rd Apt 412		Amount of Each Disbursement this Period 1315.27
City Silver Spring State MD Zip Code 20910-2236	Purpose of Disbursement Salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	1841.27
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Pablo M. Mercado		Transaction ID: D88972 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 111 E Uhler Ave # 201		Amount of Each Disbursement this Period 1328.70
City Alexandria State VA Zip Code 22301-1346		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pablo M. Mercado		Transaction ID: D88384 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 111 E Uhler Ave # 201		Amount of Each Disbursement this Period 1328.69
City Alexandria State VA Zip Code 22301-1346		
Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Parature		Transaction ID: D88059 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address DEPT CH 17341		Amount of Each Disbursement this Period 5778.00
City Palatine State IL Zip Code 60055-0001		
Purpose of Disbursement Software License/Implementation Candidate Name	001 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8435.39
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Parature		Transaction ID: D88513 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address DEPT CH 17341		Amount of Each Disbursement this Period 1398.60
City Palatine State IL Zip Code 60055-0001	Purpose of Disbursement Software Customization/Implementation 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. Peake Delancey Printers, LLC		Transaction ID: D88057 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 758708		Amount of Each Disbursement this Period 2327.85
City Baltimore State MD Zip Code 21275-0001	Purpose of Disbursement Printing 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		

Full Name (Last, First, Middle Initial) C. Peake Delancey Printers, LLC		Transaction ID: D88406 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address PO Box 758708		Amount of Each Disbursement this Period 600.60
City Baltimore State MD Zip Code 21275-0001	Purpose of Disbursement Printing 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		

SUBTOTAL of Disbursements This Page (optional) ▶	4327.05
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Mr. Nicholas D. Perrins		Transaction ID: D88386 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1830 S St NW		Amount of Each Disbursement this Period 1736.99
City Washington State DC Zip Code 20009-6123	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Mr. Nicholas D. Perrins		Transaction ID: D88974 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1830 S St NW		Amount of Each Disbursement this Period 1736.99
City Washington State DC Zip Code 20009-6123	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Philip J.W. Caruso		Transaction ID: D88056 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 1237 34th St NW		Amount of Each Disbursement this Period 35.80
City Washington State DC Zip Code 20007-3206	Purpose of Disbursement Metro Reimbursement Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3509.78
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Philip J.W. Caruso		Transaction ID: D87900 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 1237 34th St NW		Amount of Each Disbursement this Period 77.50	
City Washington State DC Zip Code 20007-3206	Purpose of Disbursement Metro Reimbursement Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Political Technologies, LLC		Transaction ID: D87899 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address PO Box 5792		Amount of Each Disbursement this Period 5000.00	
City Vancouver State WA Zip Code 98668-5792	Purpose of Disbursement Computer Consulting Services Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Quality Services		Transaction ID: D88783 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2820 Mary St		Amount of Each Disbursement this Period 5866.94	
City Falls Church State VA Zip Code 22042-7716	Purpose of Disbursement Catering/Events Candidate Name	003 Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10944.44
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Ramada Inn Full Name (Last, First, Middle Initial) Mailing Address 123 Mall St City Santee State SC Zip Code 29142-8859 Purpose of Disbursement Catering/Events 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) ▼		Transaction ID: D88775 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 2500.00 003 Category/ Type
---	--	---

B. RealCo Full Name (Last, First, Middle Initial) Mailing Address 201 N Union St Suite 110 City Alexandria State VA Zip Code 22314-2642 Purpose of Disbursement Rent 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) ▼		Transaction ID: D87563 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 8972.20 001 Category/ Type
---	--	---

C. Red Carpet Communications, LLC Full Name (Last, First, Middle Initial) Mailing Address PO Box 290958 City Columbia State SC Zip Code 29229-0016 Purpose of Disbursement Catering/Events 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) ▼		Transaction ID: D88776 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 400.00 003 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶	11872.20
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ms. Mary A. Reiley		Transaction ID: D88977 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 501 Slaters Ln Apt 701		Amount of Each Disbursement this Period 3252.18
City Alexandria State VA Zip Code 22314-1117	001 Category/ Type	
Purpose of Disbursement Salary 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) ▼

Full Name (Last, First, Middle Initial) B. Ms. Mary A. Reiley		Transaction ID: D87921 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 501 Slaters Ln Apt 701		Amount of Each Disbursement this Period 2758.32
City Alexandria State VA Zip Code 22314-1117	002 Category/ Type	
Purpose of Disbursement Travel/Lodging Reimbursement 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) ▼

Full Name (Last, First, Middle Initial) C. Ms. Mary A. Reiley		Transaction ID: D88388 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 501 Slaters Ln Apt 701		Amount of Each Disbursement this Period 3252.19
City Alexandria State VA Zip Code 22314-1117	001 Category/ Type	
Purpose of Disbursement Salary 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9262.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ms. Mary A. Reiley		Transaction ID: D88511 Date of Disbursement 09 / 20 / 2006
Mailing Address 501 Slaters Ln Apt 701		Amount of Each Disbursement this Period 963.09
City Alexandria State VA Zip Code 22314-1117	Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Riki Parikh		Transaction ID: D87925 Date of Disbursement 09 / 06 / 2006
Mailing Address 1939 Rocky Branch Dr		Amount of Each Disbursement this Period 128.95
City Forest State VA Zip Code 24551-4335	Purpose of Disbursement Metro Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Riki Parikh		Transaction ID: D88784 Date of Disbursement 09 / 25 / 2006
Mailing Address 1939 Rocky Branch Dr		Amount of Each Disbursement this Period 68.00
City Forest State VA Zip Code 24551-4335	Purpose of Disbursement Parking Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1160.04
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ryan Childress		Transaction ID: D88956 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 8 Kennedy St		Amount of Each Disbursement this Period 743.82
City Alexandria State VA Zip Code 22305-2517	001 Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Ryan Childress		Transaction ID: D88368 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 8 Kennedy St		Amount of Each Disbursement this Period 743.82
City Alexandria State VA Zip Code 22305-2517	001 Category/ Type	
Purpose of Disbursement Salary 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. Secured Shredding Services		Transaction ID: D87927 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 3113 Lauren Hill Dr		Amount of Each Disbursement this Period 85.00
City Finksburg State MD Zip Code 21048-2247	001 Category/ Type	
Purpose of Disbursement Shredding Services 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1572.64
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Sheryl Edwards		Transaction ID: D88377 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 8605 Barron St		Amount of Each Disbursement this Period 870.16	
City Takoma Park State MD Zip Code 20912-7247	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sheryl Edwards		Transaction ID: D88965 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 8605 Barron St		Amount of Each Disbursement this Period 870.16	
City Takoma Park State MD Zip Code 20912-7247	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SparkList		Transaction ID: D87976 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address PO Box 49023		Amount of Each Disbursement this Period 1267.41	
City San Jose State CA Zip Code 95161-9023	Purpose of Disbursement Email List Hosting Candidate Name	001 Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3007.73
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Standard Parking		Transaction ID: D88653 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 108 N Fairfax Street		Amount of Each Disbursement this Period 1475.00
City Alexandria State VA Zip Code 22314-3224	Purpose of Disbursement Parking 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. Stroud And Associates, LLC		Transaction ID: D88913 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 888 17th St NW Ste 1050		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006-3305	Purpose of Disbursement Communication Consulting Services 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) C. Stroud And Associates, LLC		Transaction ID: D88235 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 888 17th St NW Ste 1050		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006-3305	Purpose of Disbursement Communication Consulting Services 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

SUBTOTAL of Disbursements This Page (optional) ▶	6475.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Talya Stein		Transaction ID: D88394 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 211 Oronoco St		Amount of Each Disbursement this Period 2513.84
City Alexandria State VA Zip Code 22314-2017	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Talya Stein		Transaction ID: D87898 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 211 Oronoco St		Amount of Each Disbursement this Period 372.70
City Alexandria State VA Zip Code 22314-2017	Purpose of Disbursement Travel/Telephone Reimbursement Candidate Name Category/Type: 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Talya Stein		Transaction ID: D88983 Date of Disbursement MM / DD / YYYY 09 / 30 / 2006
Mailing Address 211 Oronoco St		Amount of Each Disbursement this Period 2513.85
City Alexandria State VA Zip Code 22314-2017	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5400.39
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. The Biltmore Hotel		Transaction ID: D88012 Date of Disbursement 09 / 11 / 2006
Mailing Address 1200 Anastasia Ave		Amount of Each Disbursement this Period 10000.00
City Coral Gables	State FL	
Purpose of Disbursement Event Deposit		003 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. The Hartford		Transaction ID: D87940 Date of Disbursement 09 / 06 / 2006
Mailing Address PO Box 2907		Amount of Each Disbursement this Period 1740.50
City Hartford	State CT	
Purpose of Disbursement Insurance		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. The Waverly Group, Inc.		Transaction ID: D88512 Date of Disbursement 09 / 20 / 2006
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 7550.00
City McLean	State VA	
Purpose of Disbursement PAC Admin/Compliance Svcs.		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	19290.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Ms. Kelly T. Thomasson		Transaction ID: D88396 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 331A N Patrick St		Amount of Each Disbursement this Period 1888.98
City Alexandria State VA Zip Code 22314-2442	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ms. Kelly T. Thomasson		Transaction ID: D88985 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 331A N Patrick St		Amount of Each Disbursement this Period 1888.99
City Alexandria State VA Zip Code 22314-2442	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tim Clark & Associates, LLC		Transaction ID: D87928 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 42803 Appaloosa Trail Ct		Amount of Each Disbursement this Period 10209.73
City Chantilly State VA Zip Code 20152-6378	Purpose of Disbursement Computer Consulting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13987.70
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Todd Serpa		Transaction ID: D88405 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 240 Portland St Unit 5		Amount of Each Disbursement this Period 400.00
City Houston State TX Zip Code 77006-6223	Purpose of Disbursement Visual Design Work Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tracy Sturman		Transaction ID: D88395 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 1217 Yale St		Amount of Each Disbursement this Period 2701.82
City Santa Monica State CA Zip Code 90404-1575	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tracy Sturman		Transaction ID: D88984 Date of Disbursement MM / DD / YYYY 09 / 30 / 2006
Mailing Address 1217 Yale St		Amount of Each Disbursement this Period 2701.82
City Santa Monica State CA Zip Code 90404-1575	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5803.64
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Valley Valet, Inc.		Transaction ID: D88067 Date of Disbursement 09 / 13 / 2006
Mailing Address PO Box 8650		Amount of Each Disbursement this Period 609.50
City Aspen	State CO Zip Code 81612-8650	
Purpose of Disbursement Valet Services		002 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Nathan L Wilcox		Transaction ID: D88400 Date of Disbursement 09 / 15 / 2006
Mailing Address 110 Cameron St Apt 104		Amount of Each Disbursement this Period 2068.65
City Alexandria	State VA Zip Code 22314-3275	
Purpose of Disbursement Salary		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Nathan L Wilcox		Transaction ID: D88988 Date of Disbursement 09 / 30 / 2006
Mailing Address 110 Cameron St Apt 104		Amount of Each Disbursement this Period 2068.65
City Alexandria	State VA Zip Code 22314-3275	
Purpose of Disbursement Salary		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4746.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. MBNA America		Transaction ID: D88733 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 20673.93
City Wilmington State DE Zip Code 19886-5019	Purpose of Disbursement 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) B. American Airlines		Transaction ID: D88751 Date of Disbursement 09 / 19 / 2006
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 4771.83
City Dallas State TX Zip Code 75261-9616	Purpose of Disbursement Airfare 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 002

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: D88745 Date of Disbursement 09 / 02 / 2006
Mailing Address 400 N Capitol St NW		Amount of Each Disbursement this Period 492.00
City Washington State DC Zip Code 20001-1511	Purpose of Disbursement Travel/Lodging 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 002

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

20673.93

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Comfort Inn Full Name (Last, First, Middle Initial) Mailing Address 2938 5th Ave S City Fort Dodge State IA Zip Code 50501-2924 Purpose of Disbursement Travel/Lodging 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) ▼		Transaction ID: D88742 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 929.51 [MEMO ITEM]
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B. Continental Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 4607 City Little Rock State AR Zip Code 72214-4607 Purpose of Disbursement Airfare 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) ▼		Transaction ID: D88735 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 600.14 [MEMO ITEM]
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C. Crowne Plaza Full Name (Last, First, Middle Initial) Mailing Address 1800 Market St City Philadelphia State PA Zip Code 19103-3717 Purpose of Disbursement Travel/Lodging 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) ▼		Transaction ID: D88747 Date of Disbursement 09 / 03 / 2006 Amount of Each Disbursement this Period 246.90 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) EF Lane Hotel		Transaction ID: D88738 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 30 Main St		Amount of Each Disbursement this Period 971.59
City Keene State NH Zip Code 03431-3732	[MEMO ITEM]	
Purpose of Disbursement Travel/Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Hotel Fort Des Moines		Transaction ID: D88750 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 1000 Walnut St		Amount of Each Disbursement this Period 467.04
City Des Moines State IA Zip Code 50309-3424	[MEMO ITEM]	
Purpose of Disbursement Travel/Lodging Candidate Name		002 Category/Type
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) ▼	

C. Full Name (Last, First, Middle Initial) Midwest Airlines		Transaction ID: D88746 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 6744 S Howell Ave		Amount of Each Disbursement this Period 1986.50
City Oak Creek State WI Zip Code 53154-1422	[MEMO ITEM]	
Purpose of Disbursement Airfare Candidate Name		002 Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Northwest Airlines Full Name (Last, First, Middle Initial) Mailing Address 7500 Airline Dr City Minneapolis State MN Zip Code 55450-1101 Purpose of Disbursement Airfare 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) ▼		Transaction ID: D88734 Date of Disbursement 09 / 04 / 2006 Amount of Each Disbursement this Period 1502.50 [MEMO ITEM]
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B. Southwest Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 97617 City Dallas State TX Zip Code 75397-0001 Purpose of Disbursement Airfare 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) ▼		Transaction ID: D88740 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 495.90 [MEMO ITEM]
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C. Sweet Fanny's Full Name (Last, First, Middle Initial) Mailing Address 1024 4th St City Sioux City State IA Zip Code 51101-1850 Purpose of Disbursement Meals & Entertainment 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) ▼		Transaction ID: D88743 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 287.91 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: D88737 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 1200 E Algonquin Rd		Amount of Each Disbursement this Period 4809.19
City Arlington Heights State IL Zip Code 60005-4712	[MEMO ITEM]	
Purpose of Disbursement Airfare Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: D88748 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 2485.24
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM]	
Purpose of Disbursement Airfare Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wyndham Hotel		Transaction ID: D88744 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 6810 Mannheim Rd		Amount of Each Disbursement this Period 627.68
City Rosemont State IL Zip Code 60018-3623	[MEMO ITEM]	
Purpose of Disbursement Travel/Lodging Candidate Name		002 Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. MBNA America		Transaction ID: D88802 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 1327.80
City Wilmington State DE Zip Code 19886-5019	Purpose of Disbursement See Below Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Four Seasons Hotel		Transaction ID: D88803 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 1 Logan Sq		Amount of Each Disbursement this Period 1327.80
City Philadelphia State PA Zip Code 19103-6932	Purpose of Disbursement Travel/Lodging Candidate Name Category/Type 002	
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) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D88805 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2006
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 27350.54
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement See Below Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	28678.34
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Alpine Party Rentals		Transaction ID: D88817 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 936 Chambers Ct		Amount of Each Disbursement this Period 454.66
City Eagle State CO Zip Code 81631	[MEMO ITEM]	
Purpose of Disbursement Catering/Events Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: D88827 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 933.46
City Dallas State TX Zip Code 75261-9616	[MEMO ITEM]	
Purpose of Disbursement Airfare Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: D88823 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 400 N Capitol St NW		Amount of Each Disbursement this Period 332.00
City Washington State DC Zip Code 20001-1511	[MEMO ITEM]	
Purpose of Disbursement Travel/Lodging Candidate Name		002 Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 400 N Capitol St NW City Washington State DC Zip Code 20001-1511 Purpose of Disbursement Travel/Lodging 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) ▼		Transaction ID: D88818 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 108.00 [MEMO ITEM]
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B. Bittersweet Catering Full Name (Last, First, Middle Initial) Mailing Address 823 King St City Alexandria State VA Zip Code 22314-3016 Purpose of Disbursement Catering/Events 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) ▼		Transaction ID: D88828 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 387.87 [MEMO ITEM]
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C. BlogAds Full Name (Last, First, Middle Initial) Mailing Address 160 Woodland Road City Montreat State NC Zip Code 28757 Purpose of Disbursement Advertising Services 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) ▼		Transaction ID: D88838 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 620.00 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Costco Full Name (Last, First, Middle Initial) Mailing Address 1200 S Fern St City Arlington State VA Zip Code 22202-2862 Purpose of Disbursement Catering/Events 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) ▼		Transaction ID: D88825 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006 Amount of Each Disbursement this Period 633.16 [MEMO ITEM]
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B. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 20706 City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Airfare 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) ▼		Transaction ID: D88824 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006 Amount of Each Disbursement this Period 385.18 [MEMO ITEM]
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C. Google Adwords Full Name (Last, First, Middle Initial) Mailing Address 1600 Amphitheatre Pkwy City Mountain View State CA Zip Code 94043-1351 Purpose of Disbursement Advertising Services 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) ▼		Transaction ID: D88831 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006 Amount of Each Disbursement this Period 146.37 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Hertz Car Rental		Transaction ID: D88829 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 14501 Hertz Quail Springs Pkwy		Amount of Each Disbursement this Period 236.81
City Oklahoma City State OK Zip Code 73134-2628	[MEMO ITEM]	
Purpose of Disbursement Rental Car Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. International Chauffeured Services, Inc.		Transaction ID: D88833 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 12430 Tesson Ferry Rd Ste 130		Amount of Each Disbursement this Period 1465.59
City Saint Louis State MO Zip Code 63128-2702	[MEMO ITEM]	
Purpose of Disbursement Transportation Services Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. International Chauffeured Services, Inc.		Transaction ID: D88822 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 12430 Tesson Ferry Rd Ste 130		Amount of Each Disbursement this Period 1767.03
City Saint Louis State MO Zip Code 63128-2702	[MEMO ITEM]	
Purpose of Disbursement Transportation Services Candidate Name		002 Category/Type
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Jillian's 21 Full Name (Last, First, Middle Initial) Mailing Address 800 Gervais St City Columbia State SC Zip Code 29201-3126 Purpose of Disbursement Catering/Events 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) ▼		Transaction ID: D88826 Date of Disbursement 09 / 07 / 2006 Amount of Each Disbursement this Period 600.00 [MEMO ITEM]
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B. Marriott Full Name (Last, First, Middle Initial) Mailing Address Renaissance Center City Detroit State MI Zip Code 48243 Purpose of Disbursement Catering/Events 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) ▼		Transaction ID: D88821 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 2418.28 [MEMO ITEM]
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C. Marriott Full Name (Last, First, Middle Initial) Mailing Address 4900 S Syracuse St City Denver State CO Zip Code 80237-2725 Purpose of Disbursement Travel/Lodging 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) ▼		Transaction ID: D88807 Date of Disbursement 09 / 08 / 2006 Amount of Each Disbursement this Period 501.73 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Marriott		Transaction ID: D88808 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2006	
Mailing Address 127 Public Sq		Amount of Each Disbursement this Period 528.14	
City Cleveland State OH Zip Code 44114-1221	Purpose of Disbursement Travel/Lodging Candidate Name	002 Category/Type	
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) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Marriott		Transaction ID: D88809 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address Renaissance Center		Amount of Each Disbursement this Period 585.69	
City Detroit State MI Zip Code 48243	Purpose of Disbursement Travel/Lodging Candidate Name	002 Category/Type	
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) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Morton's		Transaction ID: D88830 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 8480 E Belleview Ave		Amount of Each Disbursement this Period 1467.59	
City Greenwood Village State CO Zip Code 80111-3306	Purpose of Disbursement Catering/Events Candidate Name	003 Category/Type	
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) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Pressflex, LLC		Transaction ID: D88832 Date of Disbursement 09 / 08 / 2006
Mailing Address 304 W Weaver St Ste 203		Amount of Each Disbursement this Period 825.00
City Carrboro State NC Zip Code 27510-2083	[MEMO ITEM]	
Purpose of Disbursement Advertising Services Candidate Name		004 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sonicwall Services, Inc.		Transaction ID: D88820 Date of Disbursement 09 / 09 / 2006
Mailing Address 1390 Shore Bird Way		Amount of Each Disbursement this Period 358.00
City Mountain View State CA Zip Code 94043-1338	[MEMO ITEM]	
Purpose of Disbursement Computer Supplies Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Southern Food Service		Transaction ID: D88814 Date of Disbursement 09 / 01 / 2006
Mailing Address 2019 4th Ave N		Amount of Each Disbursement this Period 500.00
City Birmingham State AL Zip Code 35203-3359	[MEMO ITEM]	
Purpose of Disbursement Catering/Events Candidate Name		003 Category/Type
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Southwest Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 97617 City Dallas State TX Zip Code 75397-0001 Purpose of Disbursement Airfare 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) ▼		Transaction ID: D88815 Date of Disbursement 09 / 08 / 2006 Amount of Each Disbursement this Period 4252.50 [MEMO ITEM]
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B. Staples Full Name (Last, First, Middle Initial) Mailing Address 500 Staples Dr City Framingham State MA Zip Code 01702-4474 Purpose of Disbursement Office Supplies 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) ▼		Transaction ID: D88834 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 1735.80 [MEMO ITEM]
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C. Toscana Full Name (Last, First, Middle Initial) Mailing Address 11633 San Vicente Blvd City Los Angeles State CA Zip Code 90049-6511 Purpose of Disbursement Catering/Events 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) ▼		Transaction ID: D88812 Date of Disbursement 09 / 07 / 2006 Amount of Each Disbursement this Period 1300.00 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. U.S. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 1100 Wythe St City Alexandria State VA Zip Code 22314-9998 Purpose of Disbursement Postage 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) ▼		Transaction ID: D88819 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 1170.00 [MEMO ITEM]
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B. U.S. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 1100 Wythe St City Alexandria State VA Zip Code 22314-9998 Purpose of Disbursement Postage 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) ▼		Transaction ID: D88835 Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 1170.00 [MEMO ITEM]
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C. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 650580 City Dallas State TX Zip Code 75265-0580 Purpose of Disbursement Delivery/Courier 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) ▼		Transaction ID: D88836 Date of Disbursement 09 / 13 / 2006 Amount of Each Disbursement this Period 1323.45 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Voxel Dot Net, Inc.		Transaction ID: D88839	
Mailing Address 265 Broadway # 3		Date of Disbursement 09 / 13 / 2006	
City Troy	State NY	Zip Code 12180-3236	Amount of Each Disbursement this Period 299.00
Purpose of Disbursement Internet Infrastructure Services		001 Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Wynn Las Vegas		Transaction ID: D88813	
Mailing Address 3131 Las Vegas Blvd S		Date of Disbursement 09 / 07 / 2006	
City Las Vegas	State NV	Zip Code 89109-1967	Amount of Each Disbursement this Period 429.86
Purpose of Disbursement Travel/Lodging		002 Category/ Type	
Candidate Name		[MEMO ITEM]	
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. Entertainment Tours		Transaction ID: D94997	
Mailing Address 35 Rocsam Park Rd		Date of Disbursement 09 / 09 / 2006	
City Braintree	State MA	Zip Code 02184-6705	Amount of Each Disbursement this Period 1700.00
Purpose of Disbursement Transportation Services		002 Category/ Type	
Candidate Name		[MEMO ITEM]	
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)	0.00
TOTAL This Period (last page this line number only)	463306.07

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Carol Shea-Porter for Congress		Transaction ID: D88755 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address PO Box 453		Amount of Each Disbursement this Period 5000.00
City Rochester State NH Zip Code 03866-0453	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Porter, Carol Shea		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Democratic Party Of Georgia		Transaction ID: D88233 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 1100 Spring St NW Ste 408		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30309-2826	011 Category/ Type	
Purpose of Disbursement Contribution		
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) ▼	

Full Name (Last, First, Middle Initial) C. E. Joyce Schulte for Congress		Transaction ID: D88506 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address PO Box 367		Amount of Each Disbursement this Period 2000.00
City Creston State IA Zip Code 50801-0367	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Schulte, E. Joyce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA 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) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Hafen For Congress		Transaction ID: D87904 Date of Disbursement 09 / 05 / 2006
Mailing Address PO Box 530996		Amount of Each Disbursement this Period 5000.00
City Henderson	State NV	
Zip Code 89053-0996		011 Category/ Type
Purpose of Disbursement Contribution		
Candidate Name Hafen, Tessa Michelle		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: NV District: 03	

Full Name (Last, First, Middle Initial) B. Karen Carter for Congress		Transaction ID: D88234 Date of Disbursement 09 / 13 / 2006
Mailing Address PO Box 51836		Amount of Each Disbursement this Period 5000.00
City New Orleans	State LA	
Zip Code 70151-1836		011 Category/ Type
Purpose of Disbursement Contribution Primary Runoff		
Candidate Name Carter, Karen R.		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: LA District: 02	

Full Name (Last, First, Middle Initial) C. Keep Hope Alive PAC		Transaction ID: D88918 Date of Disbursement 09 / 25 / 2006
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20037-1301		011 Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Spencer for Congress		Transaction ID: D88507 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 1128		Amount of Each Disbursement this Period 2000.00
City Ames State IA Zip Code 50014-1128		
Purpose of Disbursement Contribution Candidate Name Spencer, Sleden Edmund 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: IA District: 04	011 Category/Type	

Full Name (Last, First, Middle Initial) B. Tennessee Democratic Party: Federal Account		Transaction ID: D88654 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 223 8th Ave N Ste 200		Amount of Each Disbursement this Period 5000.00
City Nashville State TN Zip Code 37203-3513		
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:	011 Category/Type	

Full Name (Last, First, Middle Initial) C. Washington State Democratic Central Committee		Transaction ID: D88932 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 4027		Amount of Each Disbursement this Period 5000.00
City Seattle State WA Zip Code 98194-0027		
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:	011 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	39000.00

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 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Laurie Harding for State Representative		Transaction ID: D88725
Mailing Address 56 Jenkins Rd		Date of Disbursement 09 / 20 / 2006
City Lebanon	State NH	Zip Code 03766-2003
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 100.00	
Candidate Name	011 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:		

Full Name (Last, First, Middle Initial) B. Forrest for Representative		Transaction ID: D88667
Mailing Address 692 Montgomery St		Date of Disbursement 09 / 20 / 2006
City Manchester	State NH	Zip Code 03102-3028
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	011 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:		

Full Name (Last, First, Middle Initial) C. Betsi Devries for State Representative		Transaction ID: D88756
Mailing Address 14 Old Orchard Way		Date of Disbursement 09 / 21 / 2006
City Manchester	State NH	Zip Code 03103-2347
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	011 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)	2100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Sysyn for Representative		Transaction ID: D88622	
Mailing Address 208 Lowell St		Date of Disbursement 09 / 20 / 2006	
City Manchester	State NH	Zip Code 03104-4979	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Non-Federal Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Allan Mayranen for State Representative		Transaction ID: D88724	
Mailing Address 847 Oak Hill Rd		Date of Disbursement 09 / 20 / 2006	
City Sanbornville	State NH	Zip Code 03872-4144	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Non-Federal Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Amanda Ragan for Iowa Senate		Transaction ID: D88475	
Mailing Address 20 Granite Ct SE		Date of Disbursement 09 / 20 / 2006	
City Mason City	State IA	Zip Code 50401-6968	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Non-Federal Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Angeline A. Kopka for State Representative		Transaction ID: D88723 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 63 Buckmeadow Rd		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03062-1726	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Anne C. Grassie for State Representative		Transaction ID: D88721 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 9 Central Ave		Amount of Each Disbursement this Period 100.00
City Rochester State NH Zip Code 03867-2718	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Anne-Marie Irwin for State Representative		Transaction ID: D88722 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 10 Highland Dr		Amount of Each Disbursement this Period 100.00
City Peterborough State NH Zip Code 03458-1259	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Anthony P. Matarazzo for State Representative		Transaction ID: D88720
Mailing Address 530 Broad St		Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
City Nashua	State NH	Zip Code 03063-3308
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 100.00
Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) B. Appel for Senate		Transaction ID: D88474
Mailing Address 10901 180th Ave		Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
City Ackworth	State IA	Zip Code 50001-5632
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 3000.00
Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) C. Bailey for State House		Transaction ID: D88473
Mailing Address PO Box 64		Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
City Webster City	State IA	Zip Code 50595-0064
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		011 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)	4100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Baldwin Domingo for State Representative		Transaction ID: D88719 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 5 Birch Dr		Amount of Each Disbursement this Period 100.00
City Dover State NH Zip Code 03820-4507	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Barbara Conner French for State Representative		Transaction ID: D88718 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 17 Fairview Ave		Amount of Each Disbursement this Period 100.00
City Henniker State NH Zip Code 03242-3310	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Barbara Hull Richardson for State Representative		Transaction ID: D88717 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 101 Morgan Rd		Amount of Each Disbursement this Period 100.00
City Richmond State NH Zip Code 03470-4909	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Barbara Shaw for State Representative		Transaction ID: D88716 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 45 Randall St		Amount of Each Disbursement this Period 100.00
City Manchester State NH Zip Code 03103-6434	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Benjamin C. Barody for State Representative		Transaction ID: D88714 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1175 Bridge St		Amount of Each Disbursement this Period 100.00
City Manchester State NH Zip Code 03104-5703	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Berlin Democratic Committee		Transaction ID: D88649 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 49 Gordon Ave		Amount of Each Disbursement this Period 500.00
City Berlin State NH Zip Code 03570-1006	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Berry for Iowa House of Representatives		Transaction ID: D88491 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 241 Madison St		Amount of Each Disbursement this Period 1000.00
City Waterloo State IA Zip Code 50703-4239	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Bette R. Lasky for State Representative		Transaction ID: D88712 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 15 Masefield Rd		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03062-2517	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Betty B. Hall for State Representative		Transaction ID: D88711 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 309		Amount of Each Disbursement this Period 100.00
City Brookline State NH Zip Code 03033-0309	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

A. Bob Backus for State Senate Full Name (Last, First, Middle Initial) Mailing Address PO Box 946 City Manchester State NH Zip Code 03105-0946 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88760 Date of Disbursement 09 / 21 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
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B. Brenda Ferland for State Representative Full Name (Last, First, Middle Initial) Mailing Address 267 River Rd City Charlestown State NH Zip Code 03603-4139 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88709 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 100.00 011 Category/Type
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C. Brian Quirk for State Representative Full Name (Last, First, Middle Initial) Mailing Address 1011 Sunset St City New Hampton State IA Zip Code 50659-1826 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88472 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	2100.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Candace C.W. Bouchard for State Representative		Transaction ID: D88707 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 71 NE Village Rd		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-5818	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Carole Estes for State Representative		Transaction ID: D88706 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 77 Pleasant St		Amount of Each Disbursement this Period 1000.00
City Plymouth State NH Zip Code 03264-1114	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Carolyn Webber for State Representative		Transaction ID: D88705 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 563		Amount of Each Disbursement this Period 500.00
City Windham State NH Zip Code 03087-0563	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Friends of Hackett for Representative		Transaction ID: D88662 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 147 Kennard Rd		Amount of Each Disbursement this Period 500.00
City Manchester State NH Zip Code 03104-4024	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Catherine Mulholland for State Representative		Transaction ID: D88704 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 134 Gifford Hill Rd		Amount of Each Disbursement this Period 100.00
City Grafton State NH Zip Code 03240-3908	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Charles B. Yeaton for State Representative		Transaction ID: D88703 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 105 North Rd		Amount of Each Disbursement this Period 100.00
City Epsom State NH Zip Code 03234-4920	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Christopher Rossetti for State Representative		Transaction ID: D88699 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3 Mitchell Pond Rd		Amount of Each Disbursement this Period 500.00
City Windham	State NH	
Zip Code 03087-1241		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

Full Name (Last, First, Middle Initial) B. Christopher Serlin for State Representative		Transaction ID: D88698 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 89 Sparhawk St		Amount of Each Disbursement this Period 100.00
City Portsmouth	State NH	
Zip Code 03801-3627		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

Full Name (Last, First, Middle Initial) C. Charles Weed for State Representative		Transaction ID: D88702 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 28 Damon Ct		Amount of Each Disbursement this Period 100.00
City Keene	State NH	
Zip Code 03431-3119		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

A. Citizens for Johnson Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 619 City Ankeny State IA Zip Code 50021 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88470 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 3000.00 011 Category/Type
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B. Citizens for Rob Hogg Full Name (Last, First, Middle Initial) Mailing Address 2750 Otis Rd SE City Cedar Rapids State IA Zip Code 52403-4708 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88469 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 3000.00 011 Category/Type
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C. Citizens for Schueller Full Name (Last, First, Middle Initial) Mailing Address 503 W Platt St City Maquoketa State IA Zip Code 52060-2117 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88489 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
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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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Citizens for Steckman Full Name (Last, First, Middle Initial) Mailing Address 1038 15th St NE City Mason City State IA Zip Code 50401-1420 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88468 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
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B. Citizens for Swati Dadekar Full Name (Last, First, Middle Initial) Mailing Address 1506 18th St City Des Moines State IA Zip Code 50314-1420 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88490 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
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C. Citizens for Zirkelbach Full Name (Last, First, Middle Initial) Mailing Address 637 W 1st St City Monticello State IA Zip Code 52310-1304 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88488 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
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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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Citizens to Elect Andrew Wenthe		Transaction ID: D88467 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 123		Amount of Each Disbursement this Period 1000.00
City Hawkeye	State IA	
Zip Code 52147-0123		011 Category/ Type
Purpose of Disbursement Non-Federal 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) B. Citizens to Elect Bill Dotzler		Transaction ID: D88466 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2837 Cedar Terrace Dr		Amount of Each Disbursement this Period 2000.00
City Waterloo	State IA	
Zip Code 50702-4513		011 Category/ Type
Purpose of Disbursement Non-Federal 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. Claire D. Clarke for State Representative		Transaction ID: D88696 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 437 Daniel Webster Hwy		Amount of Each Disbursement this Period 100.00
City Boscawen	State NH	
Zip Code 03303-2411		011 Category/ Type
Purpose of Disbursement Non-Federal 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Claudette R. Jean for State Representative		Transaction ID: D88695 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 52 Burke St		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03060-4743	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Committee to Elect Art Staed		Transaction ID: D88487 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2905 Alleghany Dr NE		Amount of Each Disbursement this Period 1000.00
City Cedar Rapids State IA Zip Code 52402-3311	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Committee to Elect Bruce Hunger		Transaction ID: D88501 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 452 Wilmers Ave		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50315-3673	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect Helen Miller		Transaction ID: D88500 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1936 15th Ave N		Amount of Each Disbursement this Period 1000.00
City Fort Dodge State IA Zip Code 50501-7701	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Committee to Elect Joe Seng		Transaction ID: D88465 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 4804 Northwest Blvd		Amount of Each Disbursement this Period 2000.00
City Davenport State IA Zip Code 52806-3732	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Committee to Elect John Whitaker		Transaction ID: D88435 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 32500 145th St		Amount of Each Disbursement this Period 1000.00
City Hillsboro State IA Zip Code 52630-8004	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect Lisa Heddens		Transaction ID: D88499 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 4541 513th Ave		Amount of Each Disbursement this Period 1000.00
City Ames State IA Zip Code 50014-9035	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Committee to Elect Mascher		Transaction ID: D88434 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 40 Gryn Ct		Amount of Each Disbursement this Period 1000.00
City Iowa City State IA Zip Code 52246-4440	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Committee to Elect Matt McCoy		Transaction ID: D88433 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 5016 Pleasant St		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50312-1853	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect Nathan Reichert		Transaction ID: D88432 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1155 Iowa Ave		Amount of Each Disbursement this Period 1000.00
City Muscatine State IA Zip Code 52761-3365	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Committee to Elect Robert E. Dvorsky		Transaction ID: D88431 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 412 6th St		Amount of Each Disbursement this Period 2000.00
City Coralville State IA Zip Code 52241-2511	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Committee to Elect Tyler Olson		Transaction ID: D88498 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 395 Memorial Dr SE		Amount of Each Disbursement this Period 1000.00
City Cedar Rapids State IA Zip Code 52403-2931	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

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 227 / 297

<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect West Whitead		Transaction ID: D88463 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2108 Roosevelt St		Amount of Each Disbursement this Period 1000.00
City State Zip Code Sioux City IA 51109-1248	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Don Shultz		Transaction ID: D88486 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 295 Kenilworth Rd		Amount of Each Disbursement this Period 1000.00
City State Zip Code Waterloo IA 50701-4258	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressional Black Caucus Foundation		Transaction ID: D87937 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1720 Massachusetts Ave NW		Amount of Each Disbursement this Period 20000.00
City State Zip Code Washington DC 20036-1903	Purpose of Disbursement Non-Federal Contribution Candidate Name 012 Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Dana S. Hilliard for State Representative		Transaction ID: D88690 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 14 Portland St		Amount of Each Disbursement this Period 100.00
City Somersworth State NH Zip Code 03878-2204	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. David Borden for State Representative		Transaction ID: D88681 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 167		Amount of Each Disbursement this Period 500.00
City New Castle State NH Zip Code 03854-0167	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David B. Campbell for State Representative		Transaction ID: D88684 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 10 E Dunstable Rd		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03060-5806	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. David E. Cote for State Representative		Transaction ID: D88680 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 96 W Hollis St		Amount of Each Disbursement this Period 100.00
City Nashua	State NH	
Zip Code 03060-3146		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

Full Name (Last, First, Middle Initial) B. David Essex for State Representative		Transaction ID: D88679 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 12 N Main St		Amount of Each Disbursement this Period 100.00
City Antrim	State NH	
Zip Code 03440-3504		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

Full Name (Last, First, Middle Initial) C. David L. Smith for State Representative		Transaction ID: D88678 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 12 Gettysburg Dr		Amount of Each Disbursement this Period 100.00
City Nashua	State NH	
Zip Code 03064-1235		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Dennis F. Abbott for State Representative		Transaction ID: D88677
Mailing Address 199 Ash Swamp Rd		Date of Disbursement 09 / 20 / 2006
City Newmarket	State NH	Zip Code 03857-2073
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 100.00	
Candidate Name	011 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:		

Full Name (Last, First, Middle Initial) B. Dennis Black for State Senate		Transaction ID: D88462
Mailing Address 5239 E 156th St S		Date of Disbursement 09 / 20 / 2006
City Grinnell	State IA	Zip Code 50112-7511
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	011 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:		

Full Name (Last, First, Middle Initial) C. Derek Owen for State Representative		Transaction ID: D88676
Mailing Address 580 Brockway Rd		Date of Disbursement 09 / 20 / 2006
City Hopkinton	State NH	Zip Code 03229-2012
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 100.00	
Candidate Name	011 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)	2200.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Don Brueggemann for State Representative		Transaction ID: D88674 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 14 Noyes St		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-2322	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Doris Kelley for Iowa House		Transaction ID: D88461 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1922 Mayfair St		Amount of Each Disbursement this Period 1000.00
City Waterloo State IA Zip Code 50701-1640	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Earle Goodwin for State Representative		Transaction ID: D88673 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 34 Arch St		Amount of Each Disbursement this Period 100.00
City Dover State NH Zip Code 03820-3602	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect Ed Butler		Transaction ID: D88694 Date of Disbursement 09 / 20 / 2006
Mailing Address Notchland Inn Route 302		Amount of Each Disbursement this Period 500.00
City Hart's Location State NH Zip Code 03812	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ed Mears for State Representative		Transaction ID: D88672 Date of Disbursement 09 / 20 / 2006
Mailing Address 243 E Mason St		Amount of Each Disbursement this Period 100.00
City Berlin State NH Zip Code 03570-2835	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Eileen Flockhart for State Representative		Transaction ID: D88671 Date of Disbursement 09 / 20 / 2006
Mailing Address 62 Park Ct		Amount of Each Disbursement this Period 500.00
City Exeter State NH Zip Code 03833-1534	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Elizabeth D. Blanchard for State Representative		Transaction ID: D88670 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 61 Washington St		Amount of Each Disbursement this Period 100.00
City Penacook State NH Zip Code 03303-1525	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Emma Rous for State Representative		Transaction ID: D88669 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 64 Adams Point Rd		Amount of Each Disbursement this Period 100.00
City Durham State NH Zip Code 03824-3406	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Rochette for Representative		Transaction ID: D88639 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2 Austin Cir		Amount of Each Disbursement this Period 500.00
City Nashua State NH Zip Code 03063-2008	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Evalyn Merrick for State Representative		Transaction ID: D88668 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 27 Blackberry Ln		Amount of Each Disbursement this Period 1000.00
City Lancaster State NH Zip Code 03584-3202	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Evert for the House		Transaction ID: D88460 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 324		Amount of Each Disbursement this Period 1000.00
City Emmetsburg State IA Zip Code 50536-0324	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Foege for Citizens		Transaction ID: D88430 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 128		Amount of Each Disbursement this Period 1000.00
City Mount Vernon State IA Zip Code 52314-0128	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Fran Potter for State Representative		Transaction ID: D88666 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 38 Little Pond Rd		Amount of Each Disbursement this Period 100.00	
City Concord State NH Zip Code 03301-3007	Purpose of Disbursement Non-Federal Contribution Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Frank A. Tupper for State Representative		Transaction ID: D88663 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address PO Box 92		Amount of Each Disbursement this Period 100.00	
City Canterbury State NH Zip Code 03224-0092	Purpose of Disbursement Non-Federal Contribution Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Francis Davis for State Representative		Transaction ID: D88665 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 514 Buck St		Amount of Each Disbursement this Period 500.00	
City Pembroke State NH Zip Code 03275-3054	Purpose of Disbursement Non-Federal Contribution Candidate Name	011 Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Franklin City Democratic Committee		Transaction ID: D88650 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 54 Evergreen Ave		Amount of Each Disbursement this Period 500.00
City Franklin State NH Zip Code 03235-1901	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Franklin City Democratic Committee		Transaction ID: D88651 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 11 Cricket Hill Way		Amount of Each Disbursement this Period 500.00
City Franklin State NH Zip Code 03235-2060	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Friends for Dina Titus		Transaction ID: D88930 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address PO Box 72306		Amount of Each Disbursement this Period 5000.00
City Las Vegas State NV Zip Code 89170-2306	Purpose of Disbursement Non-Federal Contribution Primary/06 Debt 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) ▼	011 Category/Type

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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Friends for Dina Titus		Transaction ID: D88931 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 72306		Amount of Each Disbursement this Period 5000.00
City Las Vegas State NV Zip Code 89170-2306	Purpose of Disbursement Non-Federal Contribution General 2006 Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends of Jim Lykam		Transaction ID: D88484 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2906 W 35th St		Amount of Each Disbursement this Period 1000.00
City Davenport State IA Zip Code 52806-5113	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Gail Morrison for State Representative		Transaction ID: D88660 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 133		Amount of Each Disbursement this Period 500.00
City Sanbornton State NH Zip Code 03269-0133	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼

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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Gaskil for State Representative		Transaction ID: D88429 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 509 E 4th St		Amount of Each Disbursement this Period 1000.00
City Ottumwa State IA Zip Code 52501-3011	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. George Cleveland for Senate		Transaction ID: D88754 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address PO Box 266		Amount of Each Disbursement this Period 1000.00
City Tamworth State NH Zip Code 03886-0266	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Gilman Shattuck for State Representative		Transaction ID: D88658 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 571 Center Rd		Amount of Each Disbursement this Period 100.00
City Hillsborough State NH Zip Code 03244-4308	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Hampton Democrats		Transaction ID: D88652 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 107 Locke Rd		Amount of Each Disbursement this Period 2000.00
City Hampton State NH Zip Code 03842-4018	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Heckroth for Senate		Transaction ID: D88459 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 416 West Bremer Avenue		Amount of Each Disbursement this Period 3000.00
City Waverly State IA Zip Code 50677-3155	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Hector M. Velez for State Representative		Transaction ID: D88657 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 269 Central St		Amount of Each Disbursement this Period 100.00
City Manchester State NH Zip Code 03103-4745	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5100.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Henry A.L. Parkhurst for State Representative		Transaction ID: D88656 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 1 Parkhurst Pl		Amount of Each Disbursement this Period 100.00
City Winchester State NH Zip Code 03470-2460	011 Category/ Type	
Purpose of Disbursement Non-Federal 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) B. Citizens for Gronstal		Transaction ID: D88471 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 220 Bennett Avenue		Amount of Each Disbursement this Period 4000.00
City Council Bluffs State IA Zip Code 51503	011 Category/ Type	
Purpose of Disbursement Non-Federal 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. Christine C. Hamm for State Representative		Transaction ID: D88700 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 14 South Rd		Amount of Each Disbursement this Period 100.00
City Hopkinton State NH Zip Code 03229-2111	011 Category/ Type	
Purpose of Disbursement Non-Federal 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	4200.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Hoy for House Full Name (Last, First, Middle Initial) Mailing Address 611 16th St City Eldora State IA Zip Code 50627-1237 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88497 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
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B. Huser for State Representative Full Name (Last, First, Middle Initial) Mailing Address 213 7th St NW City Altoona State IA Zip Code 50009-1477 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88428 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 1000.00 011 Category/Type
---	--	---

C. Iowa Democratic Party:Non-Federal Account Full Name (Last, First, Middle Initial) Mailing Address 5661 Fleur Dr City Des Moines State IA Zip Code 50321-2841 Purpose of Disbursement Non-Federal Contribution Candidate Name Iowa Democratic Party:Non-Federal Acco 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) ▼		Transaction ID: D89000 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 25000.00 011 Category/Type
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	27000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Iowa Democratic Party:Non-Federal Account		Transaction ID: D88996 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5661 Fleur Dr		Amount of Each Disbursement this Period 46000.00
City Des Moines	State IA	
Zip Code 50321-2841		
Purpose of Disbursement Non-Federal Contribution		
Candidate Name Iowa Democratic Party:Non-Federal Acco		011 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:		

Full Name (Last, First, Middle Initial) B. Iowa Democratic Party:Non-Federal Account		Transaction ID: D88997 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5661 Fleur Dr		Amount of Each Disbursement this Period 13000.00
City Des Moines	State IA	
Zip Code 50321-2841		
Purpose of Disbursement Non-Federal Contribution		
Candidate Name Iowa Democratic Party:Non-Federal Acco		011 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:		

Full Name (Last, First, Middle Initial) C. Iowa Democratic Party:Non-Federal Account		Transaction ID: D88998 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5661 Fleur Dr		Amount of Each Disbursement this Period 3000.00
City Des Moines	State IA	
Zip Code 50321-2841		
Purpose of Disbursement Non-Federal Contribution		
Candidate Name Iowa Democratic Party:Non-Federal Acco		011 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) ▶	62000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. J.S.M. Goffstown Democratic Club		Transaction ID: D88648 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 32 Ashler		Amount of Each Disbursement this Period 1000.00
City Goffstown State NH Zip Code 03045	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jackie Cilley for Senate		Transaction ID: D88753 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 2 Oak Hill Rd		Amount of Each Disbursement this Period 1000.00
City Barrington State NH Zip Code 03825-3820	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jacoby for House		Transaction ID: D88427 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 2308 N Ridge Dr		Amount of Each Disbursement this Period 1000.00
City Coralville State IA Zip Code 52241-1389	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jacqueline Cali-Pitts for State Representative		Transaction ID: D88609 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 110 Ledgewood Dr		Amount of Each Disbursement this Period 100.00
City Portsmouth State NH Zip Code 03801-6408	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Jaffrey Democrats		Transaction ID: D88610 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 23 Parsons Ln		Amount of Each Disbursement this Period 500.00
City Jaffrey State NH Zip Code 03452-6160	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. James Phinizy for State Representative		Transaction ID: D88607 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 175		Amount of Each Disbursement this Period 100.00
City Acworth State NH Zip Code 03601-0175	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. James F. Powers for State Representative		Transaction ID: D88608 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 3 Carriers Cove		Amount of Each Disbursement this Period 100.00	
City Portsmouth	State NH		Zip Code 03801-5565
Purpose of Disbursement Non-Federal Contribution			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. James Splaine for State Representative		Transaction ID: D88606 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 201 Oriental Gardens		Amount of Each Disbursement this Period 100.00	
City Portsmouth	State NH		Zip Code 03801-3233
Purpose of Disbursement Non-Federal Contribution			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. Jane Beaulieu for State Representative		Transaction ID: D88604 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 609 S Main St		Amount of Each Disbursement this Period 100.00	
City Manchester	State NH		Zip Code 03102-5134
Purpose of Disbursement Non-Federal Contribution			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jane Clemons for State Representative		Transaction ID: D88605 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 177 Kinsley St		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03060-3649	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends of Jean Jeudy		Transaction ID: D88661 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 134 Calef Rd		Amount of Each Disbursement this Period 500.00
City Manchester State NH Zip Code 03103-6324	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jeff Goley for State Representative		Transaction ID: D88602 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 1683 River Rd		Amount of Each Disbursement this Period 100.00
City Manchester State NH Zip Code 03104-1645	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jennifer Brown for State Representative		Transaction ID: D88601 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 9 Baldwin Way		Amount of Each Disbursement this Period 100.00
City Dover State NH Zip Code 03820-4673	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Jennifer Mitchell for State Representative		Transaction ID: D88600 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 476		Amount of Each Disbursement this Period 500.00
City Holderness State NH Zip Code 03245-0476	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Jessie Osborne for State Representative		Transaction ID: D88599 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 110 Fisk Rd		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-6213	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Jim Aguiar for State Representative		Transaction ID: D88598 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 21 Depot St		Amount of Each Disbursement this Period 500.00
City Campton	State NH	
Zip Code 03223-4524		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

Full Name (Last, First, Middle Initial) B. Joan Schulze for State Representative		Transaction ID: D88597 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 11 Spencer Dr		Amount of Each Disbursement this Period 100.00
City Nashua	State NH	
Zip Code 03062-2406		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

Full Name (Last, First, Middle Initial) C. Joe Bolkcom for Iowa Senate		Transaction ID: D88426 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 728 2nd Ave		Amount of Each Disbursement this Period 2000.00
City Iowa City	State IA	
Zip Code 52245-4504		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. John Cloutier for State Representative		Transaction ID: D88595 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 10 Spruce Ave Number 1		Amount of Each Disbursement this Period 100.00
City Claremont State NH Zip Code 03743-5306	011 Category/ Type	
Purpose of Disbursement Non-Federal Contribution 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) ▼

Full Name (Last, First, Middle Initial) B. John Robinson for State Representative		Transaction ID: D88594 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 13 Elwood Rd		Amount of Each Disbursement this Period 100.00
City Londonderry State NH Zip Code 03053-3129	011 Category/ Type	
Purpose of Disbursement Non-Federal Contribution 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) ▼

Full Name (Last, First, Middle Initial) C. Joseph Miller for State Representative		Transaction ID: D88593 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 13 Mill Rd		Amount of Each Disbursement this Period 100.00
City Durham State NH Zip Code 03824-3023	011 Category/ Type	
Purpose of Disbursement Non-Federal Contribution 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Joy Tilton for State Representative		Transaction ID: D88592 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 4 Hill St		Amount of Each Disbursement this Period 100.00
City Northfield	State NH	
Zip Code 03276-1611		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/ Type

Full Name (Last, First, Middle Initial) B. Judith Spang for State Representative		Transaction ID: D88591 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 55 Wiswall Rd		Amount of Each Disbursement this Period 100.00
City Durham	State NH	
Zip Code 03824-4420		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/ Type

Full Name (Last, First, Middle Initial) C. Keith A. Kreiman for Senate		Transaction ID: D88425 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 406 Parkview Dr		Amount of Each Disbursement this Period 2000.00
City Bloomfield	State IA	
Zip Code 52537-1737		
Purpose of Disbursement Non-Federal Contribution 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) ▼
		011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Kimberly Casey for State Representative		Transaction ID: D88589 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 109 Giles Rd		Amount of Each Disbursement this Period 100.00
City East Kingston State NH Zip Code 03827-2043	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kimberly Shaw for State Representative		Transaction ID: D88590 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 14 Sweet William Cir		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03062-3032	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kressig for Iowa House District 19		Transaction ID: D88458 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3523 Veralta Dr		Amount of Each Disbursement this Period 1000.00
City Cedar Falls State IA Zip Code 50613-5870	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Kris Roberts for State Representative		Transaction ID: D88588 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 58 Grove St		Amount of Each Disbursement this Period 100.00
City Keene State NH Zip Code 03431-4206	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Kvach for Iowans		Transaction ID: D88483 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 125 Ashworth Ct		Amount of Each Disbursement this Period 1000.00
City Hiawatha State IA Zip Code 52233-7959	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Larry Converse for State Representative		Transaction ID: D88587 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 7 Clover St		Amount of Each Disbursement this Period 100.00
City Claremont State NH Zip Code 03743-3027	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Laura Pantelakos for State Representative		Transaction ID: D88586 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 528 Dennett St		Amount of Each Disbursement this Period 100.00
City Portsmouth State NH Zip Code 03801-3621	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Redden for State Representative		Transaction ID: D88647 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2 Hall Ave		Amount of Each Disbursement this Period 500.00
City Salem State NH Zip Code 03079-2822	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lawrence Brown for State Representative		Transaction ID: D88585 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1362 White Mountain Hwy		Amount of Each Disbursement this Period 100.00
City Milton State NH Zip Code 03851-4451	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Lee Hammond for State Representative		Transaction ID: D88584 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 57 Us Route 4a		Amount of Each Disbursement this Period 100.00
City Lebanon State NH Zip Code 03766-2116	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Lensing for House District #78		Transaction ID: D88424 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 2408 Mayfield Rd		Amount of Each Disbursement this Period 1000.00
City Iowa City State IA Zip Code 52245-4816	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Linda Foster for State Representative		Transaction ID: D88583 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3 Blood Rd		Amount of Each Disbursement this Period 100.00
City Mont Vernon State NH Zip Code 03057-1412	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Long For Representative		Transaction ID: D88582 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 555 Canal St Apt 1506		Amount of Each Disbursement this Period 500.00
City Manchester State NH Zip Code 03101-1522		
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) B. Lori Movesian for State Representative		Transaction ID: D88581 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 15 Berkeley St		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03064-2310		
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) C. Lynne Gentry for Iowa House		Transaction ID: D88496 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 3120 Kingsley Ave		Amount of Each Disbursement this Period 1000.00
City Rockwell City State IA Zip Code 50579-7689		
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 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) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Marcia Moody for State Representative		Transaction ID: D88580 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 1 Maple St		Amount of Each Disbursement this Period 100.00	
City Newmarket State NH Zip Code 03857-1803	Purpose of Disbursement Non-Federal Contribution Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marjorie Smith for State Representative		Transaction ID: D88579 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address PO Box 136		Amount of Each Disbursement this Period 100.00	
City Durham State NH Zip Code 03824-0136	Purpose of Disbursement Non-Federal Contribution Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Smith for Iowa House		Transaction ID: D88495 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 816 Roberts Ter		Amount of Each Disbursement this Period 1000.00	
City Marshalltown State IA Zip Code 50158-4327	Purpose of Disbursement Non-Federal Contribution Candidate Name	011 Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Martineau For Representative		Transaction ID: D88577 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 48 Oakdale Ave		Amount of Each Disbursement this Period 500.00
City Manchester State NH Zip Code 03103-4622	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mary Cooney for State Representative		Transaction ID: D88573 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 78 Highland St		Amount of Each Disbursement this Period 100.00
City Plymouth State NH Zip Code 03264-1237	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mary Gorman for State Representative		Transaction ID: D88575 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 44 1/2 Amherst St		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03064-2560	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Mary Jane Wallner for State Representative		Transaction ID: D88574 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 4 Chestnut Pasture Rd		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-7900	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mary Stuart Gile for State Representative		Transaction ID: D88566 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 35 Penacook St		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-4518	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Baxley for State Representative		Transaction ID: D88715 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address PO Box 0067		Amount of Each Disbursement this Period 500.00
City Andover State NH Zip Code 03216-0067	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Maurice Pilotte for State Representative		Transaction ID: D88565
Mailing Address 98 Lancaster Ave		Date of Disbursement 09 / 20 / 2006
City Manchester	State NH	Zip Code 03103-6421
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 100.00	
Candidate Name	011 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:		

Full Name (Last, First, Middle Initial) B. McCarthy for State Representative		Transaction ID: D88423
Mailing Address 5220 SE 31st Ct		Date of Disbursement 09 / 15 / 2006
City Des Moines	State IA	Zip Code 50320-2157
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	011 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:		

Full Name (Last, First, Middle Initial) C. McRoberts for Iowa		Transaction ID: D88482
Mailing Address PO Box 182		Date of Disbursement 09 / 20 / 2006
City Independence	State IA	Zip Code 50644-0182
Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	011 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)	2100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Melanie Bell for State Representative		Transaction ID: D88564 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 653		Amount of Each Disbursement this Period 500.00
City Newbury State NH Zip Code 03255-0653	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Melanie Levesque for State Representative		Transaction ID: D88563 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 219		Amount of Each Disbursement this Period 500.00
City Brookline State NH Zip Code 03033-0219	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Mertz for Representative		Transaction ID: D88457 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 607 110th St		Amount of Each Disbursement this Period 1000.00
City Ottosen State IA Zip Code 50570-8504	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Brunelle for State Representative		Transaction ID: D88708 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 148 Kimball St		Amount of Each Disbursement this Period 1000.00
City Manchester State NH Zip Code 03102-2813	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Rollo for State Representative		Transaction ID: D88562 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 23 Heritage Dr		Amount of Each Disbursement this Period 100.00
City Rollinsford State NH Zip Code 03869-5103	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Reuschel for State Representative		Transaction ID: D88646 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 116 S Taylor St		Amount of Each Disbursement this Period 500.00
City Manchester State NH Zip Code 03103-3867	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Dale R. Sprague for State Representative		Transaction ID: D88692 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 5 Pinecone Ln		Amount of Each Disbursement this Period 100.00
City Somersworth State NH Zip Code 03878-1625	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Suzanne S. Butcher for State Representative		Transaction ID: D88624 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 44 Felt Rd		Amount of Each Disbursement this Period 100.00
City Keene State NH Zip Code 03431-2155	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Munoz For State Representative		Transaction ID: D88561 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 80 Bluestone Dr		Amount of Each Disbursement this Period 500.00
City Nashua State NH Zip Code 03060-6832	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Murphy for State Representative		Transaction ID: D88456 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 155 N Grandview Ave		Amount of Each Disbursement this Period 2000.00
City Dubuque State IA Zip Code 52001-6325	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Naida Kaen for State Representative		Transaction ID: D88560 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 22 Toon Ln		Amount of Each Disbursement this Period 100.00
City Lee State NH Zip Code 03824-6507	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Neighbors for Hatch		Transaction ID: D88422 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1623 Woodland Ave		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50309-3215	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. New Hampshire Democratic Party:Non-Federal Account		Transaction ID: D88011
Mailing Address 2 1/2 Beacon St		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
City Concord	State NH	Zip Code 03301-4437
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 20000.00
Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) B. New Hampshire Democratic Party:Non-Federal Account		Transaction ID: D88757
Mailing Address 2 1/2 Beacon St		Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
City Concord	State NH	Zip Code 03301-4437
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 25000.00
Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) C. New Hampshire Democratic Party:Non-Federal Account		Transaction ID: D88758
Mailing Address 2 1/2 Beacon St		Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
City Concord	State NH	Zip Code 03301-4437
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 25000.00
Candidate Name		011 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)	70000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. O'Brien for State Representative		Transaction ID: D88559 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 4 Woodfield St		Amount of Each Disbursement this Period 500.00
City Nashua State NH Zip Code 03062-2056	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Olive the Supporters of Rich for Senate		Transaction ID: D88455 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1264 Northridge Rd		Amount of Each Disbursement this Period 3000.00
City Story City State IA Zip Code 50248-9504	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Olson for State Representative Committee		Transaction ID: D88494 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2103 Greene St		Amount of Each Disbursement this Period 1000.00
City Boone State IA Zip Code 50036-1265	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Otto For State Representative		Transaction ID: D88558 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 124 Washington Rd		Amount of Each Disbursement this Period 500.00
City Rye State NH Zip Code 03870-2456	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Palmer for State Representative		Transaction ID: D88481 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 114 1st Ave E		Amount of Each Disbursement this Period 1000.00
City Oskaloosa State IA Zip Code 52577-3127	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Patricia McMahon for State Representative		Transaction ID: D88557 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 95		Amount of Each Disbursement this Period 100.00
City North Sutton State NH Zip Code 03260-0095	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Patrick Garrity for State Representative		Transaction ID: D88556 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 82 Norris St		Amount of Each Disbursement this Period 100.00
City Manchester State NH Zip Code 03103-3726	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paul Bell for State Representative		Transaction ID: D88493 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 611 E 17th St N		Amount of Each Disbursement this Period 1000.00
City Newton State IA Zip Code 50208-2430	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paul Hackel for State Representative		Transaction ID: D88555 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 7 Bellingrath Pl		Amount of Each Disbursement this Period 500.00
City Nashua State NH Zip Code 03063-7004	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Penn Brown for State Representative		Transaction ID: D88554 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 153 Old Hedding Rd Unit 40		Amount of Each Disbursement this Period 500.00
City Epping State NH Zip Code 03042-2348		
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People for Beall		Transaction ID: D88454 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 1928 N 22nd St		Amount of Each Disbursement this Period 2000.00
City Fort Dodge State IA Zip Code 50501-7863		
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pete Solomon for State Representative		Transaction ID: D88553 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address PO Box 163		Amount of Each Disbursement this Period 100.00
City Canaan State NH Zip Code 03741-0163		
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Peter Allen for State Representative		Transaction ID: D88550 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 25 Seaver Rd		Amount of Each Disbursement this Period 100.00
City Harrisville State NH Zip Code 03450-5538	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Peter B. Schmidt for State Representative		Transaction ID: D88552 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 1468		Amount of Each Disbursement this Period 100.00
City Dover State NH Zip Code 03821-1468	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Peter Espiefs for State Representative		Transaction ID: D88548 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 29 Middle St		Amount of Each Disbursement this Period 100.00
City Keene State NH Zip Code 03431-3306	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Peter Franklin for State Representative		Transaction ID: D88551 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 411		Amount of Each Disbursement this Period 100.00
City Newport State NH Zip Code 03773-0411	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Peter R. Cote for State Representative		Transaction ID: D88549 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 68 Bowers St		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03060-3927	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Petersen for State Representative		Transaction ID: D88421 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 4300 Beaver Hills Dr		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50310-6300	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Philip Preston for State Representative		Transaction ID: D88547 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 573		Amount of Each Disbursement this Period 500.00
City Ashland State NH Zip Code 03217-0573	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Polly Bukta Campaign Committee		Transaction ID: D88479 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 604 S 32nd St		Amount of Each Disbursement this Period 1000.00
City Clinton State IA Zip Code 52732-9444	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Quirnbach for Senator		Transaction ID: D88453 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1002 Jarrett Cir		Amount of Each Disbursement this Period 2000.00
City Ames State IA Zip Code 50014-3937	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Re-Election of Wally Horn Committee		Transaction ID: D88452 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 101 Stoney Point Rd SW		Amount of Each Disbursement this Period 2000.00
City Cedar Rapids State IA Zip Code 52404-1069	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Reasoner for State Representative		Transaction ID: D88451 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 702 New York Ave		Amount of Each Disbursement this Period 1000.00
City Creston State IA Zip Code 50801-3320	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Cindy Rosenwald for State Representative		Transaction ID: D88697 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 101 Wellington St		Amount of Each Disbursement this Period 100.00
City Nashua State NH Zip Code 03064-1616	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Chase for Change		Transaction ID: D88701 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1097 Bible Hill Rd		Amount of Each Disbursement this Period 500.00
City Francestown	State NH Zip Code 03043-3312	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Francis Sullivan for State Representative		Transaction ID: D88664 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 14 Watson St		Amount of Each Disbursement this Period 100.00
City Manchester	State NH Zip Code 03103-4330	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Suzanne Harvey for State Representative		Transaction ID: D88623 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 8 Crawford Ln		Amount of Each Disbursement this Period 100.00
City Nashua	State NH Zip Code 03063-1501	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Bernard Benn for State Representative		Transaction ID: D88713 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 28 1/2 Rip Rd		Amount of Each Disbursement this Period 100.00
City Hanover State NH Zip Code 03755-1614	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Wessel-Kroeschell		Transaction ID: D88502 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 518 Ash Ave		Amount of Each Disbursement this Period 1000.00
City Ames State IA Zip Code 50014-7068	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Daniel Adams Eaton for State Representative		Transaction ID: D88687 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1 Shedd Hill Rd		Amount of Each Disbursement this Period 100.00
City Stoddard State NH Zip Code 03464-4423	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Gene Andersen for State Representative		Transaction ID: D88659 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 4 Allen St		Amount of Each Disbursement this Period 100.00
City Lebanon State NH Zip Code 03766-1302	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Janet G. Wall for State Representative		Transaction ID: D88603 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 4 Pudding Hill Rd		Amount of Each Disbursement this Period 100.00
City Madbury State NH Zip Code 03823-7601	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. John DeJoie for State Representative		Transaction ID: D88596 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 481 Shaker Rd		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-6930	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Martha Stroup McLeod for State Representative		Transaction ID: D88578 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 348 Wells Rd		Amount of Each Disbursement this Period 100.00
City Franconia	State NH	
Zip Code 03580-5157		011 Category/ Type
Purpose of Disbursement Non-Federal 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) B. Stephen J. Shurtleff for State Representative		Transaction ID: D88629 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 11 Vinton Dr		Amount of Each Disbursement this Period 100.00
City Penacook	State NH	
Zip Code 03303-1583		011 Category/ Type
Purpose of Disbursement Non-Federal 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. Robert A. Foose for State Representative		Transaction ID: D88645 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address Box 1397		Amount of Each Disbursement this Period 100.00
City New London	State NH	
Zip Code 03257-1397		011 Category/ Type
Purpose of Disbursement Non-Federal 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Bob Barry for State Representative		Transaction ID: D88710 Date of Disbursement 09 / 20 / 2006
Mailing Address 25 Birch Way		Amount of Each Disbursement this Period 500.00
City New Hampton	State NH Zip Code 03256-4400	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert J. Haley for State Representative		Transaction ID: D88644 Date of Disbursement 09 / 20 / 2006
Mailing Address 147 Beech St		Amount of Each Disbursement this Period 100.00
City Manchester	State NH Zip Code 03103-5546	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert Matheson for State Representative		Transaction ID: D88642 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 252		Amount of Each Disbursement this Period 500.00
City North Woodstock	State NH Zip Code 03262-0252	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Robert Theberge for State Representative		Transaction ID: D88643 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 271		Amount of Each Disbursement this Period 100.00
City Berlin State NH Zip Code 03570-0271	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Williams for State Representative		Transaction ID: D88641 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 149 E Side Dr		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-5410	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rochester House Democrats		Transaction ID: D88640 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 9 Central Ave		Amount of Each Disbursement this Period 1500.00
City Rochester State NH Zip Code 03867-2718	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1700.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Roger Berube for State Representative		Transaction ID: D88638 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 15 Stackpole Rd		Amount of Each Disbursement this Period 100.00
City Somersworth State NH Zip Code 03878-1627	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Roland Hofemann for State Representative		Transaction ID: D88637 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 18 Wellington Ave		Amount of Each Disbursement this Period 100.00
City Dover State NH Zip Code 03820-2002	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Ruth Bleyler for State Representative		Transaction ID: D88636 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 19 Rocky Hill Ln		Amount of Each Disbursement this Period 100.00
City Lyme State NH Zip Code 03768-3425	Purpose of Disbursement Non-Federal Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

A. Ruth Ginsburg for State Representative Full Name (Last, First, Middle Initial) Mailing Address 6 Dover St City Nashua State NH Zip Code 03063-2517 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88635 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006 Amount of Each Disbursement this Period 100.00 011 Category/ Type
---	--	---

B. Committee to Elect Ruth Hall Full Name (Last, First, Middle Initial) Mailing Address 112 Main St City Union State NH Zip Code 03887-4465 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88693 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006 Amount of Each Disbursement this Period 500.00 011 Category/ Type
---	--	---

C. Sally Kelly for State Representative Full Name (Last, First, Middle Initial) Mailing Address 63 Horse Corner Rd City Chichester State NH Zip Code 03258-6012 Purpose of Disbursement Non-Federal Contribution 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) ▼		Transaction ID: D88634 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006 Amount of Each Disbursement this Period 500.00 011 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Schmitz for Senate		Transaction ID: D88420 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 404 W Washington Ave		Amount of Each Disbursement this Period 3000.00
City Fairfield State IA Zip Code 52556-3344	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Scott Merrick for State Representative		Transaction ID: D88633 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 27 Blackberry Ln		Amount of Each Disbursement this Period 100.00
City Lancaster State NH Zip Code 03584-3202	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sharon Nordgren for State Representative		Transaction ID: D88632 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 23 Rope Ferry Rd		Amount of Each Disbursement this Period 100.00
City Hanover State NH Zip Code 03755-1404	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3200.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Shomshor for Iowa House		Transaction ID: D88450 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3018 Avenue M		Amount of Each Disbursement this Period 1000.00
City Council Bluffs	State IA Zip Code 51501-0769	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sid Lovett for State Representative		Transaction ID: D88631 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address PO Box 690		Amount of Each Disbursement this Period 500.00
City Holderness	State NH Zip Code 03245-0690	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stafford County Democratic Committee		Transaction ID: D88752 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address PO Box 247		Amount of Each Disbursement this Period 1250.00
City Dover	State NH Zip Code 03821-0247	
Purpose of Disbursement Non-Federal Contribution Candidate Name		011 Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2750.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Stanley Plifka, Jr. for State Representative		Transaction ID: D88630 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address PO Box 459		Amount of Each Disbursement this Period 100.00
City Winchester State NH Zip Code 03470-0459	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Stephen T. DeStefano for State Representative		Transaction ID: D88628 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 7 Sharon Dr		Amount of Each Disbursement this Period 100.00
City Bow State NH Zip Code 03304-4325	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sue For Sunapee Campaign		Transaction ID: D88627 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 173 Lake Ave		Amount of Each Disbursement this Period 500.00
City Sunapee State NH Zip Code 03782-2618	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Susan W. Almy for State Representative		Transaction ID: D88626 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 266 Poverty Ln Number 4B		Amount of Each Disbursement this Period 100.00
City Lebanon State NH Zip Code 03766-2729	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Suzanne Beauchesne for State Representative		Transaction ID: D88625 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 18 Ferry St		Amount of Each Disbursement this Period 500.00
City Allenstown State NH Zip Code 03275-1604	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Swaim for House		Transaction ID: D88478 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 108 E Jefferson St		Amount of Each Disbursement this Period 1000.00
City Bloomfield State IA Zip Code 52537-1606	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Swati Dadekar Campaign Committee		Transaction ID: D88477 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2731 28th Ave		Amount of Each Disbursement this Period 1000.00
City Marion State IA Zip Code 52302-1341	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Tara Reardon for State Representative		Transaction ID: D88621 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 124 E Side Dr		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301-5464	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Tennessee Democratic Party:Non-Federal Account		Transaction ID: D89042 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 223 8th Ave N Ste 200		Amount of Each Disbursement this Period 5000.00
City Nashville State TN Zip Code 37203-3513	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6100.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Terie Norelli for State Representative		Transaction ID: D88620 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 35 Middle Rd		Amount of Each Disbursement this Period 100.00
City Portsmouth State NH Zip Code 03801-4802	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Dewey Hub		Transaction ID: D88726 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10011-5702	Purpose of Disbursement InKind:Auto Calls Elect Nathan Reichert Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Dewey Hub		Transaction ID: D88727 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 353.12
City New York State NY Zip Code 10011-5702	Purpose of Disbursement InKind:Auto Calls DesMoines Cty Dem Comm Candidate Name Category/Type 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	753.12
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. The Dewey Hub		Transaction ID: D88728 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Lee Cnty Dem Ctrl Comm Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) B. The Dewey Hub		Transaction ID: D88731 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 363.19
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement IK:Auto Calls Johnson County Dem Ctrl Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) C. The Dewey Hub		Transaction ID: D88732 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Wapello Cnty Dem Cntrl Candidate Name		011 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) ▶	963.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. The Dewey Hub		Transaction ID: D87944 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Iowa House Truman Fund Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) B. The Dewey Hub		Transaction ID: D87945 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Monona Cnty Democrats Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) C. The Dewey Hub		Transaction ID: D87946 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 341.46
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Shomshor for IA House Candidate Name		011 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) ▶	941.46
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. The Dewey Hub		Transaction ID: D87947 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Harrison Cnty Democrts Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) B. The Dewey Hub		Transaction ID: D87948 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 445.09
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Woodbury Cty Democrats Candidate Name		011 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:		

Full Name (Last, First, Middle Initial) C. The Dewey Hub		Transaction ID: D87949 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 592.73
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Elect Michael Mauro Candidate Name		011 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) ▶	1337.82
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. The Dewey Hub		Transaction ID: D87950 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 50 W 17th St FI 9		Amount of Each Disbursement this Period 505.47
City New York State NY Zip Code 10011-5702		
Purpose of Disbursement InKind:Auto Calls Story County Democrats		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Winckler for State House		Transaction ID: D88476 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 6 Thode Ct		Amount of Each Disbursement this Period 1000.00
City Davenport State IA Zip Code 52802-1650		
Purpose of Disbursement Non-Federal Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Pettengill for Iowans		Transaction ID: D88492 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 76		Amount of Each Disbursement this Period 1000.00
City Mount Auburn State IA Zip Code 52313-0076		
Purpose of Disbursement Non-Federal Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2505.47
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Davitt for House		Transaction ID: D88485 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 611 W Ashland Ave		Amount of Each Disbursement this Period 1000.00
City Indianola State IA Zip Code 50125-2325	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Taylor for One Georgia		Transaction ID: D88006 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 250241		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30325-1241	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mary Beth Walz for State Representative		Transaction ID: D88576 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 25 One Stack Dr		Amount of Each Disbursement this Period 100.00
City Bow State NH Zip Code 03304-4708	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. People for Roger Thomas		Transaction ID: D88480 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 17658 Domino Rd		Amount of Each Disbursement this Period 1000.00
City Elkader State IA Zip Code 52043-8206	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Committee to Elect Roger Wendt		Transaction ID: D88464 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2313 Seneca Way		Amount of Each Disbursement this Period 1000.00
City Sioux City State IA Zip Code 51104-1502	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. J. Timothy Dunn for State Representative		Transaction ID: D88655 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1 Riverton St		Amount of Each Disbursement this Period 100.00
City Keene State NH Zip Code 03431-4709	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2100.00
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 293 / 297

<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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Timothy Chrysostom for State Representative		Transaction ID: D88619 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 357 Shaker Rd # A		Amount of Each Disbursement this Period 500.00
City Canterbury State NH Zip Code 03224-2736	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Tom Buco For State Representative		Transaction ID: D88618 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 3149		Amount of Each Disbursement this Period 500.00
City Conway State NH Zip Code 03818-3149	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Tom Donovan for State Representative		Transaction ID: D88617 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 165 Mulberry St		Amount of Each Disbursement this Period 100.00
City Claremont State NH Zip Code 03743-3042	Purpose of Disbursement Non-Federal Contribution Candidate Name 011 Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Trinka Russell for State Representative		Transaction ID: D88616 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2 Dundee Cir		Amount of Each Disbursement this Period 500.00
City Stratham State NH Zip Code 03885-2141	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vincent Greco for State Representative		Transaction ID: D88615 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 121		Amount of Each Disbursement this Period 100.00
City Pembroke State NH Zip Code 03275-0121	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Vote Radke		Transaction ID: D88449 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 63855 250th St		Amount of Each Disbursement this Period 1000.00
City Nevada State IA Zip Code 50201-7509	Purpose of Disbursement Non-Federal Contribution Candidate Name Category/Type: 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
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)

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

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NAME OF COMMITTEE (In Full)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. Warnstadt for Senate Committee		Transaction ID: D88448 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 3301 Chambers St		Amount of Each Disbursement this Period 2000.00
City Sioux City	State IA	
Zip Code 51104-1746		011 Category/ Type
Purpose of Disbursement Non-Federal Contribution		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. William Chase for State Representative		Transaction ID: D88613 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 173 Spofford Rd		Amount of Each Disbursement this Period 100.00
City Westmoreland	State NH	
Zip Code 03467-4311		011 Category/ Type
Purpose of Disbursement Non-Federal Contribution		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. William Hatch For State Representative		Transaction ID: D88612 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 79 Promenade St		Amount of Each Disbursement this Period 500.00
City Gorham	State NH	
Zip Code 03581-1600		011 Category/ Type
Purpose of Disbursement Non-Federal Contribution		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Forward Together PAC

Full Name (Last, First, Middle Initial) A. William Knowles for State Representative		Transaction ID: D88611	
Mailing Address 12 Wellington Ave		Date of Disbursement 09 / 20 / 2006	
City Dover	State NH	Zip Code 03820-2002	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Non-Federal Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Wise Voters		Transaction ID: D88419	
Mailing Address 503 Grand Ave		Date of Disbursement 09 / 15 / 2006	
City Keokuk	State IA	Zip Code 52632-5003	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Non-Federal Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

1100.00

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

348851.06

Form/Schedule: **F3XN**

Transaction ID:

Please be advised that all operating expenditures detailed in Schedule B, Line 21(b) are generic operating expenditures incurred on behalf of Foward Together PAC. The detailed operating expenditures were not made on behalf of specifically identified federal candidates. Moreover, the expenditures were not for public communications and/or voter drive activity containing express activity.