

**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

The Commonwealth PAC

ADDRESS (number and street)

1 Thomas Circle NW, Suite 1100

☒Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00403022

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:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

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

Elizabeth Anderson

Signature of Treasurer

Electronically Filed by Elizabeth Anderson

Date

11

21

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		30110.41
(b) Cash on Hand at Beginning of Reporting Period	903513.73	
(c) Total Receipts (from Line 19)	591929.28	2127053.73
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1495443.01	2157164.14
7. Total Disbursements (from Line 31)	802398.53	1464119.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	693044.48	693044.48
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	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	560065.09	2070427.59
(i) Itemized (use Schedule A)	7400.00	10216.00
(ii) Unitemized	567465.09	2080643.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	20000.00	41500.00
(c) Other Political Committees (such as PACs)	587465.09	2122143.59
(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)	4464.19	4910.14
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	591929.28	2127053.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	591929.28	2127053.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	722498.53	1273369.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	722498.53	1273369.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55400.00	150250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	24500.00	40500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	802398.53	1464119.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	802398.53	1464119.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	587465.09	2122143.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	587465.09	2122143.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	722498.53	1273369.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	4464.19	4910.14
38. Net Operating Expenditures (subtract Line 37 from Line 36)	718034.34	1268459.52

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

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

FOR LINE NUMBER: PAGE 6 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. William Achtmeyer

Mailing Address 34 1/2 Beacon St. Apt. 4N

City State Zip Code
 Boston MA 02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parthenon Group

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 8 / 1 7 / 2 0 0 6

Transaction ID: 100001140

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Richard Adams

Mailing Address 23191 La Cadena Drive

City State Zip Code
 Laguna Hills CA 92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Realty Capital
Adviso

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001186

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Robert Allison

Mailing Address 5 Jenner St. Suite 100

City State Zip Code
 Irvine CA 92618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Partners, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 100001167

Amount of Each Receipt this Period

250.00

Receipt

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: PAGE 7 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Zelma Allred Mailing Address 17872 Mitchell north, Suite 250 City Irvine State CA Zip Code 92614 FEC ID number of contributing federal political committee. C Name of Employer Pool Water Products Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Transaction ID: 100001225 Amount of Each Receipt this Period 5000.00 Receipt
B. Full Name (Last, First, Middle Initial) Mary Ambrosiani Mailing Address 1075 W. Oden Bay Rd City Sandpoint State ID Zip Code 83864 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 100001110 Amount of Each Receipt this Period 2500.00 Receipt
C. Full Name (Last, First, Middle Initial) Bank of America Mailing Address 3 Center Plz City Boston State MA Zip Code 02108-2000 FEC ID number of contributing federal political committee. C Name of Employer Interest Income Occupation Interest Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2865.09			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6 Transaction ID: 100001696 Amount of Each Receipt this Period 2865.09 Receipt

SUBTOTAL of Receipts This Page (optional)

10365.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) David Arnold		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 255 W. 2nd Street		Transaction ID: 100001226
City Tustin	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Hillcrest Homes	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

B. Full Name (Last, First, Middle Initial) Kenneth Astle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 5635 St. Francis Circle East		Transaction ID: 100001248
City North Highlands	State CA	Zip Code 95660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Perry-Smith, LLP	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Thomas Atterman		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 271 Lone Pine Road		Transaction ID: 100001702
City Cache Junction	State UT	Zip Code 84304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Receipt

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 9 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
William Bain
Mailing Address 24 Webster Street

City State Zip Code
Needham MA 02494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bain Willard Companies

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 8 / 1 7 / 2 0 0 6

Transaction ID: 100001125

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Allen Ball
Mailing Address PO Box 51298

City State Zip Code
Idaho Falls ID 83405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ball Ventures

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: 100001260

Amount of Each Receipt this Period

1250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Diana Berthiaume
Mailing Address 18 Buttonwood Drive

City State Zip Code
Andover MA 01810

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 / 2 1 / 2 0 0 6

Transaction ID: 100001385

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Douglas Berthiaume
Mailing Address 18 Buttonwood Drive

City State Zip Code
Andover MA 01810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waters Corporation

Occupation
CEO/Chairman

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 1 / 2 0 0 6

Transaction ID: 100001384

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Bledsoe
Mailing Address 5333 Jessen Dr.

City State Zip Code
San Juan Capistran CA 92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kirkland & Ellis

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 100001558

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Allen Boerner
Mailing Address 2 Park Plaza Suite 800

City State Zip Code
Irvine CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Granite Investment Group

Occupation
CEO and Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001187

Amount of Each Receipt this Period

5000.00

Receipt

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)
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FOR LINE NUMBER: PAGE 11 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Lowell Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 2029 Century Park East		Transaction ID: 100001201
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Foley and Lardner	Occupation Attorney	
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) Sonja Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 17170 Kinzie Street		Transaction ID: 100001202
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Sonja Brown	Occupation Media Consultant	
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) Julie Bullen		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 18439 Calle La Serra		Transaction ID: 100001395
City State Zip Code Rancho Santa Fe CA 92091-0140	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None	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)

15000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

John Burk

Mailing Address 4411 Whitland Court

City State Zip Code
 Rocklin CA 95677

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Burk

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
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001219

Amount of Each Receipt this Period

500.00

Receipt

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

Anne Canfield

Mailing Address 823 Oronoco Street

City State Zip Code
 Quantico VA 22134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Canfield and Associates

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 7 / 2 0 0 6

Transaction ID: 100001541

Amount of Each Receipt this Period

5000.00

Receipt

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

Jason Cardinet

Mailing Address 5160 Virginiatown Road

City State Zip Code
 Newcastle CA 95658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bartig, Basler & Ray

Occupation
Tax Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 100001168

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7500.00

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 13 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Susanne Carlson

Mailing Address 137 Newton Street

City State Zip Code
 Weston MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001404

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Fred Carpenter

Mailing Address 100 West Broadway

City State Zip Code
 Glendale CA 91210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glenwood Financial Group

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 Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001188

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Paul Chapman

Mailing Address 9819 Hopkins Ct.

City State Zip Code
 Granite Bay CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paul Chapman

Occupation
Real Estate Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001249

Amount of Each Receipt this Period

2000.00

Receipt

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 14 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Jeff Clark

Mailing Address 885 E. 1700 N

City State Zip Code
 Ogden UT 84414

FEC ID number of contributing
federal political committee.

C

Name of Employer
JD Clark & Co.

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 7 / 1 3 / 2 0 0 6

Transaction ID: 100001056

Amount of Each Receipt this Period

5000.00

Receipt

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

Michael Cleary

Mailing Address 1707 19th Street, NW

City State Zip Code
 Washington DC 20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professionalink, LLC

Occupation
Management Consultant

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 8 / 2 0 0 6

Transaction ID: 100001365

Amount of Each Receipt this Period

500.00

Receipt

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

Richard Coen

Mailing Address 109 1/2 Church St

City State Zip Code
 Charleston SC 29401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coen and Densmore

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 71106.C6861

Amount of Each Receipt this Period

1000.00

Receipt

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 15 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Scott Coler

Mailing Address 4100 MacArthur Boulevard, Suite 15

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Pacific Holdings

Occupation
Division 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 8 / 2 5 / 2 0 0 6

Transaction ID: 100001227

Amount of Each Receipt this Period

5000.00

Receipt

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

Brian Conway

Mailing Address 301 Otis St

City State Zip Code
 Newton MA 02465

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Associates

Occupation
Private Equity Investor

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 5 / 2 0 0 6

Transaction ID: 100001432

Amount of Each Receipt this Period

3000.00

Receipt

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

David Corcoran

Mailing Address 546 Emerald Bay

City State Zip Code
 Laguna Beach CA 92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellison Educational Equip.

Occupation
CEO/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 1 / 2 0 0 6

Transaction ID: 100001382

Amount of Each Receipt this Period

5000.00

Receipt

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 16 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Lisa Corcoran		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 546 Emerald Bay		Transaction ID: 100001383
City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Ellison Educational Equip.	Occupation Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

B. Full Name (Last, First, Middle Initial) Jon Corey		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 1132 Green Lane		Transaction ID: 100001557
City La Canada Flintrid	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Quinn Emanuel	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Stephen Couig		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 4100 MacArthur Blvd. Suite 150		Transaction ID: 100001154
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Capital Pacific Holding	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

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 17 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Peter Crowell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 1104 Dartmouth Avenue		Transaction ID: 100001189
City Roseville	State CA	Zip Code 95678
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Premier Financial	Occupation Broker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ghaleb Daouk		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 4 Ross Rd.		Transaction ID: 100001301
City Belmont	State MA	Zip Code 02478-2115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MGH Hospital	Occupation Pediatrician	Receipt
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) Sandra Dickson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 7472 Shadow Oaks Lane		Transaction ID: 100001394
City Granite Bay	State CA	Zip Code 95746-9420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Dickson Electric Company	Occupation Bookkeeper	Receipt
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)

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: PAGE 18 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Sead Dizadarevic

Mailing Address 196 Rt. 202 North

City State Zip Code
 Far Hills NJ 07931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sead Dizadarevic

Occupation
Self Employed

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 1 / 2 0 0 6

Transaction ID: 100001386

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Kristina Dodge

Mailing Address 63 Monarch Bay Dr

City State Zip Code
 Dana Point CA 92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Sterling Corp.

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001228

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Lawrence Dodge

Mailing Address 63 MONarch Bay Dr

City State Zip Code
 Dana Point CA 92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Sterling Corp.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001218

Amount of Each Receipt this Period

5000.00

Receipt

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: PAGE 19 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Dana Dowers		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 26 Corporate Park, Suite 200		Transaction ID: 100001381
City Irvine	State CA	Zip Code 92606-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer D.L.D. Insurance Broker	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Receipt

B. Full Name (Last, First, Middle Initial) Mariana Duncan		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 150 Beacon Street, No. 2		Transaction ID: 100001364
City Boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Donald Dwight		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 92 Shoestrap Road		Transaction ID: 100001312
City Lyme	State NH	Zip Code 03768
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dwight Partners, Inc.	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Receipt

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: PAGE 20 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Wesley Eaton

Mailing Address 304 Brooksby Village Dr

City State Zip Code
 Peabody MA 01960

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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
 0 9 / 1 1 / 2 0 0 6

Transaction ID: 100001314

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Dick Ebersol

Mailing Address 2850 Ocean Park Blvd., Suite 300

City State Zip Code
 Santa Monica CA 90405-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
NBC Sports

Occupation
Chairman

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 8 / 2 0 0 6

Transaction ID: 100001367

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Howard Edwards

Mailing Address PO Box 680934

City State Zip Code
 Park City UT 84068-0937

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

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 7 / 2 0 0 6

Transaction ID: 100001527

Amount of Each Receipt this Period

250.00

Receipt

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
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FOR LINE NUMBER: PAGE 21 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Margaret Favero
Mailing Address 5089 Westbury Cir.

City State Zip Code
Granite Bay CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

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: 100001333

Amount of Each Receipt this Period

1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Paul Fireman
Mailing Address 150 Woodland Rd.

City State Zip Code
Chestnut Hill MA 02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
PFP Associates

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 / 2 7 / 2 0 0 6

Transaction ID: 100001532

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Paul Folino
Mailing Address 3333 Susan Street

City State Zip Code
Costa Mesa CA 92626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emulex Corporation

Occupation
CEO and Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001190

Amount of Each Receipt this Period

5000.00

Receipt

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 22 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Dean Forman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 18505 Sierra Ranch Road		Transaction ID: 100001169
City Colfax	State CA	Zip Code 95713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Genovese Forman	Occupation Owner	Receipt
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) Charles Freeman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 5020 Wissioming Road		Transaction ID: 100001704
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Armstrong Teasdale L.L.P.	Occupation Attorney	Receipt
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) Shellie Frey		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 12171 Country Lane		Transaction ID: 100001191
City Santa Ana	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Golden State Foods	Occupation Communications Director	Receipt
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)

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: PAGE 23 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Allan Frumkin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 15250 Hesperian Blvd. Suite 102		Transaction ID: 100001250
City San Leandro	State CA	Zip Code 94578
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Allan Frumkin	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Receipt

B. Full Name (Last, First, Middle Initial) Joseph Fuller		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 32 Suffolk Road		Transaction ID: 100001136
City Chestnut Hill	State MA	Zip Code 02467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Monitor Group	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Marc Fuller		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1968 Sheridan Road		Transaction ID: 100001536
City Salt Lake City	State UT	Zip Code 84108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WET Design	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

5750.00

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 24 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Mark Fuller
Mailing Address 155 Somerset St.

City State Zip Code
Belmont MA 02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monitor Group

Occupation
Director, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001132

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ruthanne Fuller
Mailing Address 32 Suffolk Road

City State Zip Code
Chestnut Hill MA 02467-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 8 / 1 7 / 2 0 0 6

Transaction ID: 100001135

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Gendron
Mailing Address 60 Cross Road

City State Zip Code
Lunenburg MA 01462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tims Fabricators, Inc.

Occupation
Construction Worker

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 / 0 8 / 2 0 0 6

Transaction ID: 100001309

Amount of Each Receipt this Period

1000.00

Receipt

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 25 / 267

(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)

The Commonwealth PAC

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

Mailing Address 87 Fruitledge Rd.

City State Zip Code
Glen Head NY 11545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Simpson Thacher and Bartlett.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
0	9		1	4		2	0	0	6

Transaction ID: 100001351

Amount of Each Receipt this Period

5000.00

Receipt

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

Mailing Address 695 W. 246th Street

City State Zip Code
Bronx NY 10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goldberg Lindsay and Co.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		1	2		2	0	0	6

Transaction ID: 100001323

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Miriam Goldberg

Mailing Address 695 W. 246th Street

City State Zip Code
Bronx NY 10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
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		1	2		2	0	0	6

Transaction ID: 100001318

Amount of Each Receipt this Period

5000.00

Receipt

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Frank Gooch		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 1210 Homewood Lane		Transaction ID: 100001552
City La Canada Flintrid	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Gilchrist and Rutter	Occupation Attorney	Receipt
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) Rita Gooch		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 1210 Homewood Lane		Transaction ID: 100001553
City La Canada Flintrid	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Homemaker	Receipt
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) Dola Hamilton Stenberg		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 5 Louisburg Square		Transaction ID: 100001475
City Boston	State MA	Zip Code 02108-1202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer None	Occupation Homemaker	Receipt
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)

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: PAGE 27 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Dan Harkey

Mailing Address 76 Ritz Cove

City State Zip Code
 Dana Point CA 92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Point Center Financial

Occupation
Mortgage Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001159

Amount of Each Receipt this Period

1000.00

Receipt

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

David Henle

Mailing Address 33 Dusenberry Road

City State Zip Code
 Bronxville NY 10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goldman Sachs

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001311

Amount of Each Receipt this Period

5000.00

Receipt

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

Meredith Higbee

Mailing Address 235 W. 102nd St. Apt. 6D

City State Zip Code
 New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citi Cards, Citibank

Occupation
VP Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: 100001349

Amount of Each Receipt this Period

300.00

Receipt

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Lawrence Higby		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 26220 Enterprise Court		Transaction ID: 100001223
City Lake Forest	State CA	Zip Code 92630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Apria Healthcare	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

B. Full Name (Last, First, Middle Initial) George Hoguet		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 17 Chesham Rd.		Transaction ID: 100001373
City Brookline	State MA	Zip Code 02445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer State Street	Occupation Portfolio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Receipt

C. Full Name (Last, First, Middle Initial) Mark Holt		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 9225 Silverwood Ct.		Transaction ID: 100001251
City Granite Bay	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mark Holt	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Leslie Humphrey

Mailing Address 5055 Hillsdale Cr

City State Zip Code
 El Dorado Hills CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
CCG Concepts

Occupation
Interior Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001229

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. M. Howard Jacobson

Mailing Address 46 Powder Hill Way

City State Zip Code
 Westborough MA 01581-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howieconnect

Occupation
Consultant

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 4 / 2 0 0 6

Transaction ID: 100001359

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

C. B. Tyron Jenkins

Mailing Address 13053 S. 1st East

City State Zip Code
 Idaho Falls ID 83404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: 100001111

Amount of Each Receipt this Period

1250.00

Receipt

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Christopher Jenny

Mailing Address 14 Moore Road

City State Zip Code
Wayland MA 01778-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parthenon Group

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001150

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Darlene Jordan

Mailing Address 10 Rows Wharf, Apt. 1202

City State Zip Code
Boston MA 02110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Darlene Jordan

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
0 9 / 2 5 / 2 0 0 6

Transaction ID: 100001421

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gerald Jordan

Mailing Address 10 Rows Wharf, Apt. 1202

City State Zip Code
Boston MA 02110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hellman Jordan Management,
Co.

Occupation
Investment Manager

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 5 / 2 0 0 6

Transaction ID: 100001428

Amount of Each Receipt this Period

5000.00

Receipt

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Leo Kahn

Mailing Address 180 Kent Rd.

City State Zip Code
Waban MA 02468-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Properties

Occupation
Businessman

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: 100001302

Amount of Each Receipt this Period

1000.00

Receipt

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

John Kaneb

Mailing Address 34 Masconomo St.

City State Zip Code
Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catamount Companies

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
07 26 2006

Transaction ID: 100001098

Amount of Each Receipt this Period

5000.00

Receipt

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

Virginia Kaneb

Mailing Address 34 Masconomo St.

City State Zip Code
Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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
07 26 2006

Transaction ID: 100001102

Amount of Each Receipt this Period

5000.00

Receipt

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Peter Karmanos
Mailing Address 4740 Dow Ridge Rd

City State Zip Code
West Bloomfield MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Compuware

Occupation
Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 100001070

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Kennedy
Mailing Address 2808 Canto Nubiado

City State Zip Code
San Clemente CA 92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIM Productions

Occupation
Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001193

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Fred Kenney
Mailing Address 9917 Cranleigh Dr

City State Zip Code
Granite Bay CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golfand

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 100001335

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Jim Kindred

Mailing Address 936 E. Lizzie Ln

City State Zip Code
 Saint George UT 84790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakety Yak

Occupation
Co-Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 100001062

Amount of Each Receipt this Period

2000.00

Receipt

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

Mailing Address 3 Charles Court

City State Zip Code
 Chappaqua NY 10514-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank of America Securities

Occupation
Investment Banker

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 1 / 2 0 0 6

Transaction ID: 100001315

Amount of Each Receipt this Period

5000.00

Receipt

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

Mailing Address 477 Madison Avenue, Suite 230

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watch Hill Partners

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: 100001347

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. William Koch

Mailing Address 974 South Ocean Boulevard

City State Zip Code
Palm Beach FL 33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Koch Industries

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 / 1 1 / 2 0 0 6

Transaction ID: 100001337

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Hillary Krouse

Mailing Address 3673 Carlton Place

City State Zip Code
Boca Raton FL 33496

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 / 2 5 / 2 0 0 6

Transaction ID: 100001400

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Rodger Krouse

Mailing Address 3673 Carlton Place

City State Zip Code
Boca Raton FL 33496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Capital Partners

Occupation
Co-CEO

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 5 / 2 0 0 6

Transaction ID: 100001399

Amount of Each Receipt this Period

5000.00

Receipt

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. C. Kevin Landry

Mailing Address 250 Boylston St.

City State Zip Code
 Boston MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Associates

Occupation
Investments

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 4 / 2 0 0 6

Transaction ID: 100001357

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Peggy Larsen

Mailing Address 267 W. 4650 N.

City State Zip Code
 Rexburg ID 83440

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: 100001294

Amount of Each Receipt this Period

1250.00

Receipt

Full Name (Last, First, Middle Initial)

C. Stan Leavitt

Mailing Address 8154 Miners Meadows Ct.

City State Zip Code
 Granite Bay CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merrill Lynch

Occupation
Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001230

Amount of Each Receipt this Period

750.00

Receipt

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Mailing Address 3420 Pine Tree Road

City State Zip Code
Lansing MI 48911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liggett Broadcast Group

Occupation
Chairman

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: 100001299

Amount of Each Receipt this Period

5000.00

Receipt

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

Victoria Liggett

Mailing Address 625 Lake Shore Road

City State Zip Code
Grosse Pointe MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 1 / 2 0 0 6

Transaction ID: 100001300

Amount of Each Receipt this Period

5000.00

Receipt

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

David Lipa

Mailing Address 30100 Town Center Suite 212

City State Zip Code
Laguna Niguel CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Lipa

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 100001170

Amount of Each Receipt this Period

1000.00

Receipt

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Lipschultz

Mailing Address 1021 Park Avenue, Apt. 3C

City State Zip Code
 New York NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 / 2 6 / 2 0 0 6

Transaction ID: 100001482

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Marc Lipschultz

Mailing Address 1021 Park Avenue, Apt. 3C

City State Zip Code
 New York NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kohlberg Kravis Roberts
& Co.

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
 0 9 / 2 6 / 2 0 0 6

Transaction ID: 100001481

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Edward Lozick

Mailing Address 29425 Chagrin Boulevard, Suite 201

City State Zip Code
 Beachwood OH 44122-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nerts Inc.

Occupation
Retired

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 5 / 2 0 0 6

Transaction ID: 100001467

Amount of Each Receipt this Period

250.00

Receipt

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 38 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Kent Lucken
Mailing Address 65 Fellsmere Road

City State Zip Code
Newton MA 02459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citigroup Private Banking

Occupation
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 7 / 2 0 0 6

Transaction ID: 100001554

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael McCormack
Mailing Address 21 Arnold Road

City State Zip Code
Wellesley Hills MA 02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCormack Firm, LLC

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
0 9 / 1 2 / 2 0 0 6

Transaction ID: 100001332

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edward McGourty
Mailing Address 3 Stone Bridge Lane

City State Zip Code
Milton MA 02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mullen and McGourty

Occupation
Attorney

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 5 / 2 0 0 6

Transaction ID: 100001430

Amount of Each Receipt this Period

2500.00

Receipt

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 39 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Thomas McKernan

Mailing Address 1070 Fallen Leaf Rd.

City State Zip Code
 Arcadia CA 91006-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto Club of S. CA

Occupation
President and CEO

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 1 / 2 0 0 6

Transaction ID: 100001334

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Francis Meaney

Mailing Address 45 Bitterweet Lane

City State Zip Code
 North Chatham MA 02650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mintz Levin

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
 0 8 / 1 9 / 2 0 0 6

Transaction ID: 100001165

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

C. Henry Meyer

Mailing Address PO Box 149

City State Zip Code
 Wakefield RI 02880

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 / 2 5 / 2 0 0 6

Transaction ID: 100001435

Amount of Each Receipt this Period

500.00

Receipt

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 40 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Dennis Miller		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 2626 Hillside Dr		Transaction ID: 100001109
City Salt Lake City	State UT	Zip Code 84117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 5000.00	

Receipt

B. Full Name (Last, First, Middle Initial) Donald Miller		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 588 Roundhill Road		Transaction ID: 100001107
City Greenwich	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Investor Aggregate Year-to-Date ▼ 5000.00	

Receipt

C. Full Name (Last, First, Middle Initial) David Moore		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 88 Linda Isle		Transaction ID: 100001471
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested CEO Aggregate Year-to-Date ▼ 5000.00	

Receipt

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Kathryn Moore

Mailing Address 88 Linda Isle

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 / 2 5 / 2 0 0 6

Transaction ID: 100001472

Amount of Each Receipt this Period

5000.00

Receipt

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

Kelvin Moss

Mailing Address 9970 Hadleigh Dr.

City State Zip Code
 Granite Bay CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
KH Moss Development

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001252

Amount of Each Receipt this Period

1000.00

Receipt

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

Martha Mugar

Mailing Address 218 Marsh St.

City State Zip Code
 Belmont MA 02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 7 / 2 0 0 6

Transaction ID: 100001305

Amount of Each Receipt this Period

5000.00

Receipt

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
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FOR LINE NUMBER: PAGE 42 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Eugene Mullen

Mailing Address 103 Loring Road

City State Zip Code
Weston MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mullen and McGourty

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 25 2006

Transaction ID: 100001431

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
S. Paul Musco

Mailing Address 28 Canyon Fairway Dr

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gemini Inc.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
08 17 2006

Transaction ID: 100001158

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Frederick Muzi

Mailing Address 10 Powisset St.

City State Zip Code
Dover MA 02030-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muzi Motors

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 25 2006

Transaction ID: 100001479

Amount of Each Receipt this Period

5000.00

Receipt

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Stuart Nagode		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 31 Knollwood Dr.		Transaction ID: 100001360
City Dover	State MA	Zip Code 02030-2422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Receipt

B. Full Name (Last, First, Middle Initial) Dwayne Nash		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 2905 Virginiatown Road		Transaction ID: 100001253
City Lincoln	State CA	Zip Code 95648-9768
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Kodiak Roofing and Waterp- roofi	Occupation Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Douglas Neff		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 19800 MacArthur Blvd.		Transaction ID: 100001171
City Irvine	State CA	Zip Code 92612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer IHP Capital Partners	Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

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
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FOR LINE NUMBER: PAGE 44 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Larry Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 8334 Gerber Road		Transaction ID: 100001231
City Sacramento	State CA	Zip Code 95828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Harman MGMT Corp.	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

B. Full Name (Last, First, Middle Initial) Linda Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 2 Avery Street		Transaction ID: 100001330
City Boston	State MA	Zip Code 02111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Receipt

C. Full Name (Last, First, Middle Initial) David Nierenberg		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 19605 NE 8th St		Transaction ID: 100001085
City Camas	State WA	Zip Code 98607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Nierenberg Investment Mgm- nt	Occupation Investment Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

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 45 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
 Patricia Nierenberg
 Mailing Address 19605 NE 8th Street

City State Zip Code
 Camas WA 98607

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nierenberg Investment Mgm-
 nt

Occupation
 Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001080

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Rodger Nordblom
 Mailing Address 200 Barnes Hill Rd.

City State Zip Code
 Concord MA 01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nordblom Co.

Occupation
 Real Estate

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 8 / 2 0 0 6

Transaction ID: 100001559

Amount of Each Receipt this Period

2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
 Robert OBrien
 Mailing Address 1115 Atlee Drive

City State Zip Code
 La Canada Flintrid CA 91011-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OBrien Abeles, LLP

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 100001556

Amount of Each Receipt this Period

500.00

Receipt

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 46 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Lindsay Orme		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 253 W. 93rd St., 4N		Transaction ID: 100001353
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Fox Cable Network	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Receipt

B. Full Name (Last, First, Middle Initial) David Parker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 51450		Transaction ID: 100001204
City Irvine	State CA	Zip Code 92619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer SRS Capital Partners	Occupation Managing Partners	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Lauren Parker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 51450		Transaction ID: 100001209
City Irvine	State CA	Zip Code 92619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

8300.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Randall Paul		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 5915 Quail Creek Lane		Transaction ID: 100001177
City American Fork	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>		Amount of Each Receipt this Period 1000.00
Name of Employer Paul Partners	Occupation Real Estate Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Receipt		

B. Full Name (Last, First, Middle Initial) Jonathan Payson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 58 West Street		Transaction ID: 100001533
City Beverly	State MA	Zip Code 01915-2228
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>		Amount of Each Receipt this Period 1000.00
Name of Employer Wellington Management Com- pany	Occupation Investment Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Receipt		

C. Full Name (Last, First, Middle Initial) Kathleen Pelick		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 7 Ledgeville Rd.		Transaction ID: 100001331
City Foxboro	State MA	Zip Code 02035
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Receipt		

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Lovett Peters		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 81 Old Orchard Rd		Transaction ID: 100001374
City Chestnut Hill	State MA	Zip Code 02467-1213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Pioneer Institute	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

B. Full Name (Last, First, Middle Initial) George Peterson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 25562 Paseo de la Paz		Transaction ID: 100001232
City San Juan Capistran	State CA	Zip Code 92675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Centra Realty Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Stanley Phillips		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 24 Valleyfields Farm		Transaction ID: 100001233
City High Point	State NC	Zip Code 27265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. J. Geoff Piceu

Mailing Address 24671 Telegraph Road

City State Zip Code
 Southfield MI 48034

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Paint & Chemical

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 100001703

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. John Pingree

Mailing Address 11 Sagamore Farm Road

City State Zip Code
 Hamilton MA 01936

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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
 0 9 / 2 8 / 2 0 0 6

Transaction ID: 100001561

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. R. Jan Pinney

Mailing Address 5150 Ellington Court

City State Zip Code
 Granite Bay CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinney Insurance

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001254

Amount of Each Receipt this Period

2000.00

Receipt

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Tracy Price

Mailing Address 8 Hughes

City State Zip Code
Irvine CA 92618

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Linc Group

Occupation
CEO and 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 8 / 1 8 / 2 0 0 6

Transaction ID: 100001195

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Robert Reynolds

Mailing Address 153 Garfield Rd

City State Zip Code
Concord MA 01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Investments

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 8 / 2 0 0 6

Transaction ID: 100001371

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Glen Richardson

Mailing Address 3079 Muir Woods Drive

City State Zip Code
El Dorado Hills CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weather Advisor

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: 100001234

Amount of Each Receipt this Period

1000.00

Receipt

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 51 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) David Rose Mailing Address 17541 17th Street City Tustin State CA Zip Code 92780 FEC ID number of contributing federal political committee. C Name of Employer RH Communities Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 100001091 Amount of Each Receipt this Period 5000.00 Receipt
B. Full Name (Last, First, Middle Initial) Arthur Ryan Mailing Address 119 Mt. Pleasant Ave. City Gloucester State MA Zip Code 01930 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 Transaction ID: 100001303 Amount of Each Receipt this Period 1000.00 Receipt
C. Full Name (Last, First, Middle Initial) Rod Sadlier Mailing Address 11976 Trail Crest Court City San Diego State CA Zip Code 92131-6145 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Transaction ID: 100001063 Amount of Each Receipt this Period 1000.00 Receipt

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Ehsan Sadri		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 705 Terra Bella		Transaction ID: 100001235
City Irvine	State CA	Zip Code 92602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ehsan Sadri	Occupation Eye Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

B. Full Name (Last, First, Middle Initial) Eden Saunders		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 4525 MacArthur Boulevard		Transaction ID: 100001179
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

C. Full Name (Last, First, Middle Initial) John Saunders		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 4525 MacArthur Boulevard		Transaction ID: 100001178
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Saunders Property Group	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

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
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FOR LINE NUMBER: PAGE 53 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Gabriel Schmergel

Mailing Address 15 Lowell Road

City State Zip Code
 Wellesley Hills MA 02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 / 1 8 / 2 0 0 6

Transaction ID: 100001369

Amount of Each Receipt this Period

5000.00

Receipt

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

Stephen Schwartzman

Mailing Address 345 Park Avenue, 31st Fl

City State Zip Code
 New York NY 10154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blackstone Group

Occupation
Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001113

Amount of Each Receipt this Period

5000.00

Receipt

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

Peter Seldin

Mailing Address 1000 Ponus Rdg

City State Zip Code
 New Canaan CT 06840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Energy Partner-
ship

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 100001265

Amount of Each Receipt this Period

1000.00

Receipt

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Simon Shaner		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 227 Riverside Drive Apt. 2E		Transaction ID: 100001352
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Davidson Kempner	Occupation Swaps Analyst	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Heath Sheppard		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 2660 Rogue Way		Transaction ID: 100001255
City Roseville	State CA	Zip Code 95747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sheppard Neilson Ins	Occupation Insurance Agent	Receipt
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) Logan Sheppard		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 9031 Hidden Glen Lane		Transaction ID: 100001256
City Orangevale	State CA	Zip Code 95662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sheppard and Neilson Insurance	Occupation Insurance Broker	Receipt
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)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Charles Shewmake

Mailing Address 3724 Clarke Ave.

City State Zip Code
 Fort Worth TX 76107

FEC ID number of contributing
federal political committee.

C

Name of Employer
BNSF

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
 0 7 / 2 6 / 2 0 0 6

Transaction ID: 100001116

Amount of Each Receipt this Period

1000.00

Receipt

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

Robert Shields

Mailing Address 206 Atlee Road

City State Zip Code
 Wayne PA 19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Questar Management

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 7 / 1 3 / 2 0 0 6

Transaction ID: 100001067

Amount of Each Receipt this Period

1000.00

Receipt

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

John Shoaf

Mailing Address 1500 Lexington Ave., Apt. 19P

City State Zip Code
 New York NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
David N. Deutsch & Co. LL-
C.

Occupation
Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: 100001362

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

L.E. Simmons

Mailing Address 2923 Del Monte

City State Zip Code
Houston TX 77019

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCF Partners

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
07 / 13 / 2006

Transaction ID: 100001057

Amount of Each Receipt this Period

5000.00

Receipt

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

R. Craig Smith

Mailing Address 51582 Bluebonnet Blvd.

City State Zip Code
Baton Rouge LA 70809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookwood Properties

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
09 / 30 / 2006

Transaction ID: 100001599

Amount of Each Receipt this Period

5000.00

Receipt

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

John Smoot

Mailing Address 9850 Genesee Ave. Ste. 300

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Smoot

Occupation
Plastic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2006

Transaction ID: 100001361

Amount of Each Receipt this Period

1000.00

Receipt

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 57 / 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Ronald Soderling

Mailing Address 901 Dove Street, Suite 270

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chapman University

Occupation
Chair of Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001153

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. John Sorensen

Mailing Address 47 Hastings

City State Zip Code
 Laguna Niguel CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Select Personal Services

Occupation
Vice-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 7 / 1 3 / 2 0 0 6

Transaction ID: 100001065

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Stephanie Sorensen

Mailing Address 47 Hastings

City State Zip Code
 Laguna Niguel CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 7 / 1 3 / 2 0 0 6

Transaction ID: 100001066

Amount of Each Receipt this Period

5000.00

Receipt

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Chris St. Hilare		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 3151 Airway Ave. Suite B3		Transaction ID: 100001356
City Costa Mesa	State CA	Zip Code 92626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Jury Impact	Occupation Consultant	Receipt
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) Debbie Stephenson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 9375 Oak Leaf Way		Transaction ID: 100001257
City Granite Bay	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Homemaker	Receipt
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) Jason Stone		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 307 Bridge St		Transaction ID: 100001436
City Chatham	State MA	Zip Code 02633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	Receipt
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)

5750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Karen Tierney		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 45 Old Farm Rd.		Transaction ID: 100001306
City Wellesley Hills	State MA	Zip Code 02481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Homemaker	Receipt
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) Jurrien Timmer		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 82 Deveonshire St. E33A		Transaction ID: 100001370
City Boston	State MA	Zip Code 02109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Fidelity Investments	Occupation Investments	Receipt
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) Woodbury Titcomb		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 4901 Gulf Shore Blvd., N		Transaction ID: 100001304
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Ivo Tjan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 2111 Business Center Drive		Transaction ID: 100001181	
City Irvine	State CA	Zip Code 92612	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Commerce West Bank	Occupation Chairman		
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) Donald Trump		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address 725 5th Avenue		Transaction ID: 100001090	
City New York	State NY	Zip Code 10022	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Trump Organization	Occupation Chairman		
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) Frank Vandersloot		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address PO Box 50305		Transaction ID: 100001112	
City Idaho Falls	State ID	Zip Code 83405	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Melaleuca	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
James Virtue
Mailing Address 69 Park Drive South

City State Zip Code
Rye NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Ocean Partners

Occupation
CEO

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 4 / 2 0 0 6

Transaction ID: 100001348

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ken Waterhouse
Mailing Address 500 Giuseppe Court Suite 2

City State Zip Code
Roseville CA 95678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waterhouse Management

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 100001182

Amount of Each Receipt this Period

2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Welch
Mailing Address 110 Kettle Hole Road

City State Zip Code
Bolton MA 01740-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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
0 9 / 1 1 / 2 0 0 6

Transaction ID: 100001313

Amount of Each Receipt this Period

1000.00

Receipt

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

William Weld

Mailing Address 26 E. 93rd St., Apt. 4C

City State Zip Code
 New York NY 10128-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Weld

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
 0 9 / 1 4 / 2 0 0 6

Transaction ID: 100001350

Amount of Each Receipt this Period

5000.00

Receipt

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

Paul Welday

Mailing Address 26725 Holly Hill

City State Zip Code
 Farmington MI 48334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paul Welday

Occupation
Financial Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 100001055

Amount of Each Receipt this Period

1000.00

Receipt

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

Jack Wheatley

Mailing Address 3225 Ash Street

City State Zip Code
 Palo Alto CA 94306

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 7 / 2 6 / 2 0 0 6

Transaction ID: 100001077

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Mary Lois Wheatley

Mailing Address 3225 Ash Street

City State Zip Code
Palo Alto CA 94306

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 7 / 2 6 / 2 0 0 6

Transaction ID: 100001079

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dag Wilkinson

Mailing Address 11 Vista Cielo

City State Zip Code
Dana Point CA 92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Pacific Holdings

Occupation
Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001160

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Carol Wilson

Mailing Address 25925 Ridgeview Ct

City State Zip Code
Colfax CA 95713-9450

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 100001052

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Douglas Wilson
Mailing Address 356 Pinecrest Drive

City State Zip Code
Laguna Beach CA 92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Next Solutions

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001183

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Woodsum
Mailing Address 21 Commonwealth Ave.

City State Zip Code
Boston MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Partners

Occupation
Venture Capital

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 7 / 2 0 0 6

Transaction ID: 100001555

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Wright
Mailing Address 3803 Heather Court

City State Zip Code
Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crescendo Properties

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 8 / 2 5 / 2 0 0 6

Transaction ID: 100001258

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Walter Wunderlich

Mailing Address 1814 Suffolk Way

City State Zip Code
 Carmichael CA 95608

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 8 / 2 5 / 2 0 0 6

Transaction ID: 100001259

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Linda Yellin

Mailing Address 2505 Miramar Ave.

City State Zip Code
 Long Beach CA 90815

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 8 / 1 8 / 2 0 0 6

Transaction ID: 100001185

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Robert Yellin

Mailing Address 2505 Miramar Ave.

City State Zip Code
 Long Beach CA 90815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cal Protection

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001184

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Rodger Young

Mailing Address 219 Guilford

City State Zip Code
 Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Young & Susser

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
 0 7 / 2 6 / 2 0 0 6

Transaction ID: 100001115

Amount of Each Receipt this Period

5000.00

Receipt

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

Angela Zobrist

Mailing Address 1626 Red Rock St

City State Zip Code
 Las Vegas NV 89146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Angela Zobrist

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 100001046

Amount of Each Receipt this Period

5000.00

Receipt

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

Richard Zobrist

Mailing Address 1626 Red Rock St

City State Zip Code
 Las Vegas NV 89146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Zobrist

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 100001050

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

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

Edward Zuker

Mailing Address PO Box 377

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chestnut Hill Real Estate

Occupation

Real Estate

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 100001391

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

560065.09

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Intl Group Pac

Mailing Address 70 Pine Street, 19th Fl.

City State Zip Code
 New York NY 10270

FEC ID number of contributing federal political committee.

C C00097725

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001429

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. At&t Pac

Mailing Address 1120 20th St. NW, Suite 1000

City State Zip Code
 Washington DC 20036

FEC ID number of contributing federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: 100001344

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Pfizer Pac

Mailing Address 235 East 42nd Street

City State Zip Code
 New York NY 10017

FEC ID number of contributing federal political committee.

C C00016683

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 100001297

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

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

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
The Irvine Company Pac

Mailing Address 550 Newport Center Dr

City State Zip Code
Newport Beach CA 92658

FEC ID number of contributing
federal political committee.

C C00131615

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 100001156

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

20000.00

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

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

FOR LINE NUMBER: PAGE 70 / 267

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
William Dailey
Mailing Address 1 Bushnell Drive

City State Zip Code
Lexington MA 02421-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sloane and Walsh, 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 / 19 / 2006

Transaction ID: 100001377

Amount of Each Receipt this Period

1000.00

Offsets to Operating Expe-
nditu

B. Full Name (Last, First, Middle Initial)
Carcieri for Governor
Mailing Address 413 Knight Street

City State Zip Code
Warwick RI 02886-

FEC ID number of contributing
federal political committee.

C

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
07 / 01 / 2006

Transaction ID: 100001295

Amount of Each Receipt this Period

1000.00

Offsets to Operating Expe-
nditu

C. Full Name (Last, First, Middle Initial)
Timothy Moran
Mailing Address 331 Denton St.

City State Zip Code
Council Bluffs IA 51503-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1268.36

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2006

Transaction ID: 100001709

Amount of Each Receipt this Period

1268.36

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

3268.36

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 71 / 267

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Johnson for Senate

Mailing Address RR 2, Box 105

City State Zip Code
Decorah IA 52101-

FEC ID number of contributing
federal political committee.

C

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 19 2006

Transaction ID: 100001376

Amount of Each Receipt this Period

1000.00

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4268.36

SCHEDULE 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 72 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Nstar		Transaction ID: 200002336 Date of Disbursement <div> <div>07</div> <div>11</div> <div>2006</div> </div>	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period <div>730.27</div>	
City Woburn State MA Zip Code 01888-4508	Purpose of Disbursement PRO-RATED OFFICE UTILITIES Candidate Name	<div>Category/Type</div>	PRO-RATED OFFICE UTILITIES
Office Sought: <input type="checkbox"/> House <input 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) Nstar		Transaction ID: 200002900 Date of Disbursement <div> <div>08</div> <div>08</div> <div>2006</div> </div>	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period <div>758.94</div>	
City Woburn State MA Zip Code 01888-4508	Purpose of Disbursement PRO-RATED OFFICE UTILITIES Candidate Name	<div>Category/Type</div>	PRO-RATED OFFICE UTILITIES
Office Sought: <input type="checkbox"/> House <input 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) Nstar		Transaction ID: 200003240 Date of Disbursement <div> <div>09</div> <div>05</div> <div>2006</div> </div>	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period <div>844.40</div>	
City Woburn State MA Zip Code 01888-4508	Purpose of Disbursement PRO-RATED OFFICE UTILITIES Candidate Name	<div>Category/Type</div>	PRO-RATED OFFICE UTILITIES
Office Sought: <input type="checkbox"/> House <input 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)

2333.61

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 73 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: 200002619 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address PO Box 1		Amount of Each Disbursement this Period <div>488.14</div>
City Worcester State MA Zip Code 01654-0001		
Purpose of Disbursement PRO-RATED OFFICE PHONES	<div>Category/Type</div>	
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) ▼	PRO-RATED OFFICE PHONES
B. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: 200002931 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address PO Box 1		Amount of Each Disbursement this Period <div>534.34</div>
City Worcester State MA Zip Code 01654-0001		
Purpose of Disbursement PRO-RATED OFFICE PHONES	<div>Category/Type</div>	
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) ▼	PRO-RATED OFFICE PHONES
C. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: 200003547 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 6</div> </div>
Mailing Address PO Box 1		Amount of Each Disbursement this Period <div>626.67</div>
City Worcester State MA Zip Code 01654-0001		
Purpose of Disbursement PRO-RATED OFFICE PHONES	<div>Category/Type</div>	
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) ▼	PRO-RATED OFFICE PHONES

SUBTOTAL of Disbursements This Page (optional)

1649.15

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 74 / 267

<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)
The Commonwealth PAC

A. Salesforce .Com Full Name (Last, First, Middle Initial) Mailing Address PO Box 5126 City Carol Stream State IL Zip Code 60197-5126 Purpose of Disbursement PRO-RATED DATABASE 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: 200002335 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 3465.00 PRO-RATED DATABASE
B. Mark Adomanis Full Name (Last, First, Middle Initial) Mailing Address 2313 Avon Road City Ardmore State PA Zip Code 19003- Purpose of Disbursement PAYROLL 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: 200004074 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 851.38 PAYROLL
C. Mark Adomanis Full Name (Last, First, Middle Initial) Mailing Address 2313 Avon Road City Ardmore State PA Zip Code 19003- Purpose of Disbursement PAYROLL 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: 200004092 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 340.55 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4656.93

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)

PAGE 75 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Mark Adomanis

Mailing Address 2313 Avon Road

City Ardmore State PA Zip Code 19003-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

182.76

PAYROLL

Full Name (Last, First, Middle Initial)

B. Chad Airhart

Mailing Address 4400 Park Ave. #30

City Des Moines State IA Zip Code 50321-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1184.12

PAYROLL

Full Name (Last, First, Middle Initial)

C. Chad Airhart

Mailing Address 4400 Park Ave. #30

City Des Moines State IA Zip Code 50321-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1184.12

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2551.00

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 76 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Chad Airhart

Mailing Address 4400 Park Ave. #30

City Des Moines State IA Zip Code 50321-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1184.12

PAYROLL

Full Name (Last, First, Middle Initial)

B. Chad Airhart

Mailing Address 4400 Park Ave. #30

City Des Moines State IA Zip Code 50321-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1184.12

PAYROLL

Full Name (Last, First, Middle Initial)

C. Chad Airhart

Mailing Address 4400 Park Ave. #30

City Des Moines State IA Zip Code 50321-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1184.12

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3552.36

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 77 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Chad Airhart		Transaction ID: 200004131 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>0</td><td>8</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	8		2	0	0	6													
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>8</td><td>4</td><td>.</td><td>1</td><td>2</td> </tr> </table>	1	1	8	4	.	1	2													
1	1		8	4	.	1	2															
City Des Moines State IA Zip Code 50321-	Category/ Type																					
Purpose of Disbursement PAYROLL																						
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) ▼	PAYROLL																				
B. Full Name (Last, First, Middle Initial) Chad Airhart		Transaction ID: 200004151 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>2</td><td>2</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	2		2	0	0	6													
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>8</td><td>4</td><td>.</td><td>1</td><td>2</td> </tr> </table>	1	1	8	4	.	1	2													
1	1		8	4	.	1	2															
City Des Moines State IA Zip Code 50321-	Category/ Type																					
Purpose of Disbursement PAYROLL																						
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) ▼	PAYROLL																				
C. Full Name (Last, First, Middle Initial) Tyler Allen		Transaction ID: 200004076 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td> <td>2</td><td>8</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	8		2	0	0	6													
Mailing Address 1181 W. Cahvez Drive		Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>1</td><td>0</td><td>.</td><td>8</td><td>3</td> </tr> </table>	5	1	0	.	8	3														
5	1		0	.	8	3																
City South Jordan State UT Zip Code 84095-	Category/ Type																					
Purpose of Disbursement PAYROLL																						
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) ▼	PAYROLL																				

SUBTOTAL of Disbursements This Page (optional)

2879.07

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)

PAGE 78 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Tyler Allen

Mailing Address 1181 W. Cahvez Drive

City South Jordan State UT Zip Code 84095-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004094

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

319.24

PAYROLL

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

Purpose of Disbursement
BANK MERCHANT FEES-JUNE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004194

Date of Disbursement

07 / 01 / 2006

Amount of Each Disbursement this Period

584.42

BANK MERCHANT FEES-JUNE

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004172

Date of Disbursement

07 / 01 / 2006

Amount of Each Disbursement this Period

37.57

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

941.23

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)

PAGE 79 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 3 Center Plz

City
Boston

State
MA

Zip Code
02108-2000

Purpose of Disbursement
MERCHANT FFES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1148.08

MERCHANT FFES

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 3 Center Plz

City
Boston

State
MA

Zip Code
02108-2000

Purpose of Disbursement
NSF

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004571

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

NSF

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 3 Center Plz

City
Boston

State
MA

Zip Code
02108-2000

Purpose of Disbursement
BANK MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4247.57

BANK MERCHANT FEES

SUBTOTAL of Disbursements This Page (optional)

15395.65

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004186

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

47.00

BANK FEES

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

Purpose of Disbursement
BANK MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004187

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

402.23

BANK MERCHANT FEES

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71015.E9241

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

905.54

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

1354.77

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71031.E9271

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

153.47

BANK FEE

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71031.E9275

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

BANK FEE

Full Name (Last, First, Middle Initial)

C. SCM Associates

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
PRO-RATED DIRECT MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002814

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

6112.92

PRO-RATED DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional)

7266.39

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. SCM Associates

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
PRO-RATED DIRECT MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003339

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

375.00

PRO-RATED DIRECT MAIL

Full Name (Last, First, Middle Initial)

B. SCM Associates

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
PRO-RATED DIRECT MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003492

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1661.78

PRO-RATED DIRECT MAIL

Full Name (Last, First, Middle Initial)

C. The Bridges At Rancho Santa Fe

Mailing Address PO Box 1322

City Rancho Santa Fe State CA Zip Code 92067-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002730

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

10119.90

PRO-RATED FUNDRAISING EXP-
ENSE

SUBTOTAL of Disbursements This Page (optional)

12156.68

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Blue Cross Blue Shield

Mailing Address PO Box 4701

City Woburn State MA Zip Code 01888-4701

Purpose of Disbursement
PRO-RATED HEALTHCARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002608

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1497.84

PRO-RATED HEALTHCARE

Full Name (Last, First, Middle Initial)

B. Blue Cross Blue Shield

Mailing Address PO Box 4701

City Woburn State MA Zip Code 01888-4701

Purpose of Disbursement
PRO-RATED HEALTHCARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1890.82

PRO-RATED HEALTHCARE

Full Name (Last, First, Middle Initial)

C. Blue Cross Blue Shield

Mailing Address PO Box 4701

City Woburn State MA Zip Code 01888-4701

Purpose of Disbursement
PRO-RATED HEALTHCARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2113.50

PRO-RATED HEALTHCARE

SUBTOTAL of Disbursements This Page (optional)

5502.16

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)
The Commonwealth PAC

A. Patton Boggs Full Name (Last, First, Middle Initial) Mailing Address 2550 M St NW City Washington State DC Zip Code 20037-1301 Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200002817 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2338.96 PRO-RATED LEGAL FEES
B. Patton Boggs Full Name (Last, First, Middle Initial) Mailing Address 2550 M St NW City Washington State DC Zip Code 20037-1301 Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200003114 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 1416.72 PRO-RATED LEGAL FEES
C. Nicholas Breeding Full Name (Last, First, Middle Initial) Mailing Address 900 Taylor St Apt. 212 City Columbia State SC Zip Code 29201- Purpose of Disbursement PAYROLL 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: 200004178 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1432.16 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5187.84

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Nicholas Breeding

Mailing Address 900 Taylor St Apt. 212

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004182

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL

Full Name (Last, First, Middle Initial)

B. Nicholas Breeding

Mailing Address 900 Taylor St Apt. 212

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PRO-RATED REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PRO-RATED REIMBURSEMENT:
SEE BELOW

Full Name (Last, First, Middle Initial)

C. Nicholas Breeding

Mailing Address 900 Taylor St Apt. 212

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PRO-RATED MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002625

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]
MEMO: PRO-RATED MILEAGE

SUBTOTAL of Disbursements This Page (optional)

1137.86

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Nicholas Breeding

Mailing Address 900 Taylor St Apt. 212

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PRO-RATED MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002629

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.63

[MEMO ITEM]

MEMO: PRO-RATED MILEAGE

Full Name (Last, First, Middle Initial)

B. Nicholas Breeding

Mailing Address 900 Taylor St Apt. 212

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PRO-RATED MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.14

[MEMO ITEM]

MEMO: PRO-RATED MILEAGE

Full Name (Last, First, Middle Initial)

C. Nicholas Breeding

Mailing Address 900 Taylor St Apt. 212

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PRO-RATED MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002627

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.27

[MEMO ITEM]

MEMO: PRO-RATED MILEAGE

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)
The Commonwealth PAC

A. Nicholas Breeding Full Name (Last, First, Middle Initial) Mailing Address 900 Taylor St Apt. 212 City Columbia State SC Zip Code 29201- Purpose of Disbursement PAYROLL 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: 200004061 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 1557.65 PAYROLL
B. Nicholas Breeding Full Name (Last, First, Middle Initial) Mailing Address 900 Taylor St Apt. 212 City Columbia State SC Zip Code 29201- Purpose of Disbursement PAYROLL 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: 200004077 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 1557.65 PAYROLL
C. Nicholas Breeding Full Name (Last, First, Middle Initial) Mailing Address 900 Taylor St Apt. 212 City Columbia State SC Zip Code 29201- Purpose of Disbursement PAYROLL 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: 200004095 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 1557.65 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4672.95

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Nicholas Breeding		Transaction ID: 200004114 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2006</div> </div>
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period <div>1557.65</div>
City Columbia State SC Zip Code 29201-	Category/ Type	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL
B. Full Name (Last, First, Middle Initial) Nicholas Breeding		Transaction ID: 200003091 Date of Disbursement <div> <div>08</div> <div>30</div> <div>2006</div> </div>
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period <div>1557.65</div>
City Columbia State SC Zip Code 29201-	Category/ Type	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL
C. Full Name (Last, First, Middle Initial) Nicholas Breeding		Transaction ID: 200004132 Date of Disbursement <div> <div>09</div> <div>08</div> <div>2006</div> </div>
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period <div>1557.65</div>
City Columbia State SC Zip Code 29201-	Category/ Type	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4672.95

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)
The Commonwealth PAC

A. Nicholas Breeding Full Name (Last, First, Middle Initial) Mailing Address 900 Taylor St Apt. 212 City Columbia State SC Zip Code 29201- Purpose of Disbursement PAYROLL 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: 200004152 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 1557.65 PAYROLL
B. Capital Campaigns Full Name (Last, First, Middle Initial) Mailing Address 921 11th St, Suite 420 City Sacramento State CA Zip Code 95814- Purpose of Disbursement PRO-RATED CONSULTING 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: 200002343 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 213.87 PRO-RATED CONSULTING
C. Capital Campaigns Full Name (Last, First, Middle Initial) Mailing Address 921 11th St, Suite 420 City Sacramento State CA Zip Code 95814- Purpose of Disbursement PRO-RATED CONSULTING 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: 200002609 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 85.88 PRO-RATED CONSULTING

SUBTOTAL of Disbursements This Page (optional)

1857.40

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Capital Campaigns

Mailing Address 921 11th St, Suite 420

City Sacramento State CA Zip Code 95814-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

146.02

PRO-RATED CONSULTING

B. Capital Campaigns

Mailing Address 921 11th St, Suite 420

City Sacramento State CA Zip Code 95814-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003495

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1372.86

PRO-RATED CONSULTING

C. Capital Campaigns

Mailing Address 921 11th St, Suite 420

City Sacramento State CA Zip Code 95814-

Purpose of Disbursement
PRO--RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16801.45

PRO--RATED CONSULTING

SUBTOTAL of Disbursements This Page (optional)

18320.33

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Sally Canfield		Transaction ID: 200004062 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period <div>3704.22</div>	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	
B. Full Name (Last, First, Middle Initial) Sally Canfield		Transaction ID: 200004078 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period <div>3704.22</div>	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	
C. Full Name (Last, First, Middle Initial) Sally Canfield		Transaction ID: 200004096 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period <div>3704.22</div>	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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)

11112.66

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Sally Canfield		Transaction ID: 200004115 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 9 W Broadway			
City Boston	State MA	Zip Code 02127-1039	
Purpose of Disbursement PAYROLL		<div> <div>Amount of Each Disbursement this Period</div> <div>3704.22</div> </div>	
Candidate Name		<div> <div>Category/Type</div> <div>PAYROLL</div> </div>	
Office Sought: <input type="checkbox"/> House <input 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) Sally Canfield		Transaction ID: 200004133 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 9 W Broadway			
City Boston	State MA	Zip Code 02127-1039	
Purpose of Disbursement PAYROLL		<div> <div>Amount of Each Disbursement this Period</div> <div>3704.22</div> </div>	
Candidate Name		<div> <div>Category/Type</div> <div>PAYROLL</div> </div>	
Office Sought: <input type="checkbox"/> House <input 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) Sally Canfield		Transaction ID: 200004153 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>	
Mailing Address 9 W Broadway			
City Boston	State MA	Zip Code 02127-1039	
Purpose of Disbursement PAYROLL		<div> <div>Amount of Each Disbursement this Period</div> <div>3704.22</div> </div>	
Candidate Name		<div> <div>Category/Type</div> <div>PAYROLL</div> </div>	
Office Sought: <input type="checkbox"/> House <input 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)		<div> <div>11112.66</div> </div>	
TOTAL This Period (last page this line number only)		<div> <div></div> </div>	

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

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

FOR LINE NUMBER:
(check only one)

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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Craig Cannon

Mailing Address 1409 W. Port Au Prince Ln.

City Phoenix State AZ Zip Code 85023-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004079

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

147.76

PAYROLL

Full Name (Last, First, Middle Initial)

B. Craig Cannon

Mailing Address 1409 W. Port Au Prince Ln.

City Phoenix State AZ Zip Code 85023-

Purpose of Disbursement
PRO-RATED REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002914

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

75.55

PRO-RATED REIMBURSEMENT:
SEE BELOW

Full Name (Last, First, Middle Initial)

C. Craig Cannon

Mailing Address 1409 W. Port Au Prince Ln.

City Phoenix State AZ Zip Code 85023-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004097

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

369.40

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

592.71

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Craig Cannon

Mailing Address 1409 W. Port Au Prince Ln.

City Phoenix State AZ Zip Code 85023-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

369.40

PAYROLL

Full Name (Last, First, Middle Initial)

B. Craig Cannon

Mailing Address 1409 W. Port Au Prince Ln.

City Phoenix State AZ Zip Code 85023-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

369.40

PAYROLL

Full Name (Last, First, Middle Initial)

C. Craig Cannon

Mailing Address 1409 W. Port Au Prince Ln.

City Phoenix State AZ Zip Code 85023-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004154

Date of Disbursement

/ /

Amount of Each Disbursement this Period

369.40

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1108.20

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)
The Commonwealth PAC

A. Emilee Cannon Full Name (Last, First, Middle Initial) Mailing Address 129 West 56th St., #4R City New York State NY Zip Code 10019- Purpose of Disbursement PRO-RATED REIMBURSEMENT: 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) ▼		Transaction ID: 200003504 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 648.28 PRO-RATED REIMBURSEMENT: SEE BELOW
B. Blatt Billiards Full Name (Last, First, Middle Initial) Mailing Address 809 Broadway City New York State NY Zip Code 10003- Purpose of Disbursement PRO-RATED EVENT EXPENSE 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: 200003505 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 648.28 [MEMO ITEM] MEMO: PRO-RATED EVENT EXP- ENSE
C. Ritz Carlton Full Name (Last, First, Middle Initial) Mailing Address 15 Arlington Street City Boston State MA Zip Code 02116- Purpose of Disbursement PRO-RATED CATERING 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: 200003752 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 PRO-RATED CATERING

SUBTOTAL of Disbursements This Page (optional)

1148.28

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Capers Catering, Inc.

Mailing Address 21 Emerson Street

City Stoneham State MA Zip Code 02180-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2084.45

PRO-RATED FUNDRAISING EXP-
ENSE

Full Name (Last, First, Middle Initial)

B. Capers Catering, Inc.

Mailing Address 21 Emerson Street

City Stoneham State MA Zip Code 02180-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.73

PRO-RATED FUNDRAISING EXP-
ENSE

Full Name (Last, First, Middle Initial)

C. Jules Catering

Mailing Address 66 South Street

City Somerville State MA Zip Code 02143-

Purpose of Disbursement
PRO-RATED CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

965.77

PRO-RATED CATERING

SUBTOTAL of Disbursements This Page (optional)

3180.95

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Jules Catering		Transaction ID: 200003014 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 6</div> </div>
Mailing Address 66 South Street		Amount of Each Disbursement this Period <div>984.40</div>
City Somerville State MA Zip Code 02143-		
Purpose of Disbursement PRO-RATED CATERING	<div>Category/Type</div>	
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) ▼	PRO-RATED CATERING
B. Full Name (Last, First, Middle Initial) Jules Catering		Transaction ID: 200003747 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 6</div> </div>
Mailing Address 66 South Street		Amount of Each Disbursement this Period <div>561.67</div>
City Somerville State MA Zip Code 02143-		
Purpose of Disbursement PRO-RATED CATERING	<div>Category/Type</div>	
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) ▼	PRO-RATED CATERING
C. Full Name (Last, First, Middle Initial) The Crescent Club		Transaction ID: 200003667 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 6</div> </div>
Mailing Address 200 Crescent Court		Amount of Each Disbursement this Period <div>1650.00</div>
City Dallas State TX Zip Code 75201-		
Purpose of Disbursement PRO-RATED EVENT EXPENSE	<div>Category/Type</div>	
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) ▼	PRO-RATED EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional)

3196.07

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Boston Coach Mailing Address 69 Norman St City Everett State MA Zip Code 02149-1951 Purpose of Disbursement PRO-RATED CAR SERVICE 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: 200002908 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>2</td><td>9</td><td>5</td><td>.</td><td>2</td><td>2</td> </tr> </table> PRO-RATED CAR SERVICE	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	6	3	2	9	5	.	2	2
M	M	/	D	D	/	Y	Y	Y	Y																				
0	8		0	8		2	0	0	6																				
3	2	9	5	.	2	2																							
B. Full Name (Last, First, Middle Initial) Boston Coach Mailing Address 69 Norman St City Everett State MA Zip Code 02149-1951 Purpose of Disbursement PRO-RATED CAR SERVICE 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: 200003224 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>0</td><td>6</td><td>1</td><td>.</td><td>4</td><td>9</td> </tr> </table> PRO-RATED CAR SERVICE	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	6	1	0	6	1	.	4	9
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		0	5		2	0	0	6																				
1	0	6	1	.	4	9																							
C. Full Name (Last, First, Middle Initial) The Romney Committee Mailing Address 85 Merrimac Street, Sute 400 City Boston State MA Zip Code 02114- Purpose of Disbursement PRO-RATED DATABASE 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: 200003753 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>5</td><td>5</td><td>7</td><td>.</td><td>3</td><td>0</td> </tr> </table> PRO-RATED DATABASE	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6	5	5	5	7	.	3	0
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	6		2	0	0	6																				
5	5	5	7	.	3	0																							
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>9</td><td>9</td><td>1</td><td>4</td><td>.</td><td>0</td><td>1</td> </tr> </table>	9	9	1	4	.	0	1																				
9	9	1	4	.	0	1																							
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																											

SCHEDULE 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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. OBrien Communications

Mailing Address PO Box 659

City Wrentham State MA Zip Code 02093-0659

Purpose of Disbursement
PRO-RATED PHONE INSTALLATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002818

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

175.00

PRO-RATED PHONE INSTALLATION

Full Name (Last, First, Middle Initial)

B. OBrien Communications

Mailing Address PO Box 659

City Wrentham State MA Zip Code 02093-0659

Purpose of Disbursement
PRO-RATED PHONE INSTALLATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003501

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

248.75

PRO-RATED PHONE INSTALLATION

Full Name (Last, First, Middle Initial)

C. Sea Island Company

Mailing Address 100 Salt Marsh Road

City Saint Simons Islan State GA Zip Code 31522-

Purpose of Disbursement
PRO-RATED EVENT EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003086

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

9900.00

PRO-RATED EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional)

10323.75

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. The Moran Company

Mailing Address 1655 N. Fort Myer Dr. Suite 1250

City Arlington State VA Zip Code 22209-

Purpose of Disbursement
REIMBURSEMENT: TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

346.47

REIMBURSEMENT: TRAVEL

Full Name (Last, First, Middle Initial)

B. Accu Conference

Mailing Address 6300 Ridglea Place #318

City Bellevue State WA Zip Code 98005-

Purpose of Disbursement
PRO-RATED CONFERENCE CALL SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.84

PRO-RATED CONFERENCE CALL
SERVICES

Full Name (Last, First, Middle Initial)

C. Accu Conference

Mailing Address 6300 Ridglea Place #318

City Bellevue State WA Zip Code 98005-

Purpose of Disbursement
PRO-RATED CONFERENCE CALL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.84

PRO-RATED CONFERENCE CALL

SUBTOTAL of Disbursements This Page (optional)

754.15

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Accu Conference

Mailing Address 6300 Ridglea Place #318

City Bellevue State WA Zip Code 98005-

Purpose of Disbursement
PRO-RATED CONFERENCE CALL SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003329

Date of Disbursement

/ /

Amount of Each Disbursement this Period

401.05

PRO-RATED CONFERENCE CALL SERVICES

B. Research in Motion Corporation

Mailing Address 12432 Collections Center Dr.

City Chicago State IL Zip Code 60693-

Purpose of Disbursement
PRO-RATED LICENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003338

Date of Disbursement

/ /

Amount of Each Disbursement this Period

214.50

PRO-RATED LICENSES

C. Culinary Crafts

Mailing Address 1400 West 400 North

City Orem State UT Zip Code 84057-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002341

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1405.53

PRO-RATED FUNDRAISING EXP-
ENSE

SUBTOTAL of Disbursements This Page (optional)

2021.08

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Staples Credit Plan

Mailing Address PO Box 689020

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
PRO-RATED OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002618

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

496.42

PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Staples Credit Plan

Mailing Address PO Box 689020

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
PRO-RATED OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002929

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

378.82

PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Hui Jojo Deng

Mailing Address 117 Beaconsfield Rd

City Brookline State MA Zip Code 02445-

Purpose of Disbursement
PRO-RATED BOOKKEEPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002331

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

396.00

PRO-RATED BOOKKEEPING

SUBTOTAL of Disbursements This Page (optional)

1271.24

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Hui Jojo Deng		Transaction ID: 200002820 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div>	
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period <div> <div></div> <div>453.75</div> </div>	
City Brookline State MA Zip Code 02445-	Purpose of Disbursement PRO-RATED BOOKKEEPING		
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) ▼		
		PRO-RATED BOOKKEEPING	
B. Full Name (Last, First, Middle Initial) Hui Jojo Deng		Transaction ID: 200003234 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period <div> <div></div> <div>660.00</div> </div>	
City Brookline State MA Zip Code 02445-	Purpose of Disbursement PRO-RATED BOOKKEEPING		
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) ▼		
		PRO-RATED BOOKKEEPING	
C. Full Name (Last, First, Middle Initial) Paul DiMaggio		Transaction ID: 200004080 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>	
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period <div> <div></div> <div>1021.65</div> </div>	
City Bryn Mawr State PA Zip Code 19010-	Purpose of Disbursement PAYROLL		
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) ▼		
		PAYROLL	

SUBTOTAL of Disbursements This Page (optional)

2135.40

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Paul DiMaggio		Transaction ID: 200004098 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period <div>340.55</div>	
City Bryn Mawr	State PA		Zip Code 19010-
Purpose of Disbursement PAYROLL			<div>Category/Type</div>
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) ▼		
B. Full Name (Last, First, Middle Initial) Paul DiMaggio		Transaction ID: 200004116 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period <div>340.55</div>	
City Bryn Mawr	State PA		Zip Code 19010-
Purpose of Disbursement PAYROLL			<div>Category/Type</div>
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) ▼		
C. Full Name (Last, First, Middle Initial) Paul DiMaggio		Transaction ID: 200004135 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period <div>340.55</div>	
City Bryn Mawr	State PA		Zip Code 19010-
Purpose of Disbursement PAYROLL			<div>Category/Type</div>
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)

1021.65

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)
The Commonwealth PAC

A. Paul DiMaggio Full Name (Last, First, Middle Initial) Mailing Address 325 Highland Lane City Bryn Mawr State PA Zip Code 19010- Purpose of Disbursement PAYROLL 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: 200004155 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 340.55 PAYROLL
B. CDW Direct, LLC Full Name (Last, First, Middle Initial) Mailing Address PO Box 75723 City Chicago State IL Zip Code 60675-5723 Purpose of Disbursement SOFTWARE LICENSE 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: 200002915 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 26.25 SOFTWARE LICENSE
C. Modern Display Full Name (Last, First, Middle Initial) Mailing Address 424 South 700 East City Salt Lake City State UT Zip Code 84102- Purpose of Disbursement PRO-RATED MEETING EXPENSE 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: 200002731 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 950.00 PRO-RATED MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

1316.80

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Caplin & Drysdale

Mailing Address One Thomas Cir. NW, Suite 1100

City Washington State DC Zip Code 20005-

Purpose of Disbursement
PRO-RATED LEGAL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002610

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2655.97

PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial)

B. Caplin & Drysdale

Mailing Address One Thomas Cir. NW, Suite 1100

City Washington State DC Zip Code 20005-

Purpose of Disbursement
PRO-RATED LEGAL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4364.21

PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial)

C. Caplin & Drysdale

Mailing Address One Thomas Cir. NW, Suite 1100

City Washington State DC Zip Code 20005-

Purpose of Disbursement
PRO-RATED LEGAL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4296.55

PRO-RATED LEGAL FEES

SUBTOTAL of Disbursements This Page (optional)

11316.73

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Rainmaker Sport and Entertainment, LLC

Mailing Address 9350 South 150 East, Suite 100

City Sandy State UT Zip Code 84070-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002898

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial)

B. Rainmaker Sport and Entertainment, LLC

Mailing Address 9350 South 150 East, Suite 100

City Sandy State UT Zip Code 84070-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003502

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial)

C. The Entity, Inc.

Mailing Address 110055 Gambol Oak Circle

City American Fork State UT Zip Code 84003-

Purpose of Disbursement
PRO-RATED WEBSITE DEVELOPMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003503

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

PRO-RATED WEBSITE DEVELOPMENT

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 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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. The Entity, Inc.

Mailing Address 110055 Gambol Oak Circle

City American Fork State UT Zip Code 84003-

Purpose of Disbursement
PRO-RATED WEBSITE DEVELOPMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003613

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

PRO-RATED WEBSITE DEVELOPMENT

Full Name (Last, First, Middle Initial)

B. Power Events, LLC

Mailing Address 9293 Ivy Tree Lane

City Great Falls State VA Zip Code 22066-

Purpose of Disbursement
PRO-RATED CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1754.00

PRO-RATED CATERING

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002548

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3234.37

PRO-RATED CREDIT CARD:
SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

14988.37

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Empress Hotel

Mailing Address 7766 Fay Ave

City La Jolla State CA Zip Code 92037-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002505

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

209.80

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Little America Hotel

Mailing Address 500 South Main Street

City Salt Lake City State UT Zip Code 84101-

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002529

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

15.46

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. Little America Hotel

Mailing Address 500 South Main Street

City Salt Lake City State UT Zip Code 84101-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002525

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

142.63

[MEMO ITEM]

MEMO: PRO-RATED LODGING

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Little America Hotel

Mailing Address 500 South Main Street

City Salt Lake City State UT Zip Code 84101-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002523

Date of Disbursement

/ /

Amount of Each Disbursement this Period

57.61

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Marriott Hotel

Mailing Address 660 K St.

City San Diego State CA Zip Code 92101-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002507

Date of Disbursement

/ /

Amount of Each Disbursement this Period

580.49

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. Sheraton Hotels

Mailing Address 530 West Pico Boulevard

City Santa Monica State CA Zip Code 90405-1223

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002517

Date of Disbursement

/ /

Amount of Each Disbursement this Period

113.48

[MEMO ITEM]

MEMO: PRO-RATED LODGING

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Sheraton Hotels

Mailing Address 530 West Pico Boulevard

City Santa Monica State CA Zip Code 90405-1223

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002513

Date of Disbursement

06 / 11 / 2006

Amount of Each Disbursement this Period

135.11

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Sheraton Hotels

Mailing Address 530 West Pico Boulevard

City Santa Monica State CA Zip Code 90405-1223

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002519

Date of Disbursement

06 / 11 / 2006

Amount of Each Disbursement this Period

1.27

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. Sheraton Hotels

Mailing Address 530 West Pico Boulevard

City Santa Monica State CA Zip Code 90405-1223

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002515

Date of Disbursement

06 / 11 / 2006

Amount of Each Disbursement this Period

132.53

[MEMO ITEM]

MEMO: PRO-RATED LODGING

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Avis Rent A Car

Mailing Address 1670 Kattner Blvd. #1

City San Diego State CA Zip Code 92101-

Purpose of Disbursement
PRO-RATED RENTAL CAR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002509

Date of Disbursement

06 / 10 / 2006

Amount of Each Disbursement this Period

421.74

[MEMO ITEM]

MEMO: PRO-RATED RENTAL CAR

Full Name (Last, First, Middle Initial)

B. Avis Rent A Car

Mailing Address 656 N. 3800 W

City Salt Lake City State UT Zip Code 84116-

Purpose of Disbursement
PRO-RATED RENTAL CAR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002539

Date of Disbursement

06 / 17 / 2006

Amount of Each Disbursement this Period

576.16

[MEMO ITEM]

MEMO: PRO-RATED RENTAL CAR

Full Name (Last, First, Middle Initial)

C. Avis Rent A Car

Mailing Address 2140 N. Skyline Dr

City Idaho Falls State ID Zip Code 83402-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002543

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

314.77

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13081.89

PRO-RATED CREDIT CARD:
SEE BELOW

Full Name (Last, First, Middle Initial)

B. C-Span

Mailing Address 400 North Capitol Street Northwest

City Washington State DC Zip Code 20001-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004557

Date of Disbursement

/ /

Amount of Each Disbursement this Period

256.00

[MEMO ITEM]
MEMO: PRO-RATED FUNDRAISI-
NG EXPENSE

Full Name (Last, First, Middle Initial)

C. C-Span

Mailing Address 400 North Capitol Street Northwest

City Washington State DC Zip Code 20001-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004556

Date of Disbursement

/ /

Amount of Each Disbursement this Period

309.50

[MEMO ITEM]
MEMO: PRO-RATED FUNDRAISI-
NG EXPENSE

SUBTOTAL of Disbursements This Page (optional)

13081.89

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 114 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 25 Court Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004555

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

125.99

[MEMO ITEM]

MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 25 Court Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004553

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

413.88

[MEMO ITEM]

MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 25 Court Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004554

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

213.41

[MEMO ITEM]

MEMO: PRO-RATED OFFICE SUPPLIES

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004515

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

131.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004502

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004486

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

359.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004487

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

359.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004503

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004511

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

131.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004514

Date of Disbursement

/ /

Amount of Each Disbursement this Period

131.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004512

Date of Disbursement

/ /

Amount of Each Disbursement this Period

131.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

131.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004516

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

131.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004522

Date of Disbursement

06 / 25 / 2006

Amount of Each Disbursement this Period

173.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004491

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004509

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

342.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004507

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

342.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004508

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

342.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004510

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

342.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004517

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

319.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004520

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

339.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004519

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

339.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004505

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

319.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004496

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

126.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004497

Date of Disbursement

/ /

Amount of Each Disbursement this Period

141.00

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004488

Date of Disbursement

/ /

Amount of Each Disbursement this Period

354.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004489

Date of Disbursement

/ /

Amount of Each Disbursement this Period

359.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004492

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

127.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004495

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

354.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004493

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

252.50

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004494

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2006

Amount of Each Disbursement this Period

384.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004518

Date of Disbursement

MM / DD / YYYY
07 / 04 / 2006

Amount of Each Disbursement this Period

219.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004504

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2006

Amount of Each Disbursement this Period

164.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004498

Date of Disbursement

/ /

Amount of Each Disbursement this Period

384.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

267.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004490

Date of Disbursement

/ /

Amount of Each Disbursement this Period

184.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

351.05

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004501

Date of Disbursement

/ /

Amount of Each Disbursement this Period

183.90

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

389.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004521

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

347.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. PI Alley

Mailing Address 275 Washington St

City Boston State MA Zip Code 02108-4304

Purpose of Disbursement
PRO-RATED PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004548

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial)

C. Borders Books

Mailing Address 24 School Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004552

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

100.45

[MEMO ITEM]

MEMO: PRO-RATED FUNDRAISING EXPENSE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Hertz Rent-A-Car

Mailing Address 1530 South 500 West

City Salt Lake City State UT Zip Code 84115-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004564

Date of Disbursement

/ /

Amount of Each Disbursement this Period

197.02

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial)

B. Ritz Carlton

Mailing Address 100 Carondelet Plaza

City Saint Louis State MO Zip Code 63105-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

176.08

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. Ritz Carlton

Mailing Address 100 Carondelet Plaza

City Saint Louis State MO Zip Code 63105-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004540

Date of Disbursement

/ /

Amount of Each Disbursement this Period

482.91

[MEMO ITEM]

MEMO: PRO-RATED LODGING

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)
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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Dell Computers

Mailing Address One Dell Way

City Round Rock State TX Zip Code 78682-

Purpose of Disbursement
PRO-RATED COMPUTER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004533

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

508.27

[MEMO ITEM]

MEMO: PRO-RATED COMPUTER

Full Name (Last, First, Middle Initial)

B. Dell Computers

Mailing Address One Dell Way

City Round Rock State TX Zip Code 78682-

Purpose of Disbursement
PRO-RATED COMPUTER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004534

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

512.40

[MEMO ITEM]

MEMO: PRO-RATED COMPUTER

Full Name (Last, First, Middle Initial)

C. CDW Direct, LLC

Mailing Address PO Box 75723

City Chicago State IL Zip Code 60675-5723

Purpose of Disbursement
PRO-RATED SOFTWARE LICENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004532

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

493.78

[MEMO ITEM]

MEMO: PRO-RATED SOFTWARE LICENSES

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Inverness Hotel

Mailing Address 200 Inverness Drive

City Englewood State CO Zip Code 80112-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004542

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

118.26

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Inverness Hotel

Mailing Address 200 Inverness Drive

City Englewood State CO Zip Code 80112-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004543

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

118.26

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. Inverness Hotel

Mailing Address 200 Inverness Drive

City Englewood State CO Zip Code 80112-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004541

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

118.26

[MEMO ITEM]

MEMO: PRO-RATED LODGING

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)
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Detailed Summary Page

FOR LINE NUMBER:
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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Ninezero Hotel

Mailing Address 90 Tremont Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004536

Date of Disbursement

06 / 24 / 2006

Amount of Each Disbursement this Period

474.17

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Ninezero Hotel

Mailing Address 90 Tremont Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004535

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

470.04

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. Omni Parker House Hotel

Mailing Address 60 School Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004528

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

130.00

[MEMO ITEM]

MEMO: PRO-RATED MEETING
EXPENSE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Omni Parker House Hotel

Mailing Address 60 School Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004537

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

182.50

[MEMO ITEM]

MEMO: PRO-RATED MEETING
EXPENSE

Full Name (Last, First, Middle Initial)

B. Phoenix Hotel

Mailing Address 520 North Capitol Street, NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004545

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

228.43

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. St. Regis Hotel

Mailing Address One Monarch Beach Resort

City Dana Point State CA Zip Code 92629-

Purpose of Disbursement
PRO-RATED STAFF LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004558

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

273.88

[MEMO ITEM]

MEMO: PRO-RATED STAFF LOD-
GING

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)
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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Fedex Kinkos

Mailing Address 2 Center Plaza

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004529

Date of Disbursement

/ /

Amount of Each Disbursement this Period

187.57

[MEMO ITEM]

MEMO: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial)

B. Fedex Kinkos

Mailing Address 2 Center Plaza

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

166.46

[MEMO ITEM]

MEMO: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial)

C. Smooth Move Moving

Mailing Address 7476 New Ridge Rd

City Hanover State MD Zip Code 21076-

Purpose of Disbursement
PRO-RATED MOVING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

964.00

[MEMO ITEM]

MEMO: PRO-RATED MOVING

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)
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Detailed Summary Page

FOR LINE NUMBER:
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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Central Parking

Mailing Address 50 New Sudbury Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
PRO-RATED PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial)

B. North End Parking

Mailing Address 600 Commercial Street

City Boston State MA Zip Code 02113-

Purpose of Disbursement
PRO-RATED PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004549

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial)

C. USPS Post Office

Mailing Address 7 Avenue de Lafayette

City Boston State MA Zip Code 02111-

Purpose of Disbursement
PRO-RATED POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004550

Date of Disbursement

/ /

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

MEMO: PRO-RATED POSTAGE

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)
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Detailed Summary Page

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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Boston Red Sox

Mailing Address 4 Yawkey Way

City Boston State MA Zip Code 02215-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004524

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

190.00

[MEMO ITEM]

MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

B. Boston Red Sox

Mailing Address 4 Yawkey Way

City Boston State MA Zip Code 02215-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004525

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

142.50

[MEMO ITEM]

MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

C. Avis Rent A Car

Mailing Address 83 East 120th Avenue

City Denver State CO Zip Code 80221-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004565

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

212.59

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Enterprise Rent A Car

Mailing Address 6400 East Pacific Coast Hwy

City Long Beach State CA Zip Code 90804-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004559

Date of Disbursement

/ /

Amount of Each Disbursement this Period

132.03

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial)

B. Enterprise Rent A Car

Mailing Address 220 William F. McClellan Hwy

City Boston State MA Zip Code 02128-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004561

Date of Disbursement

/ /

Amount of Each Disbursement this Period

775.23

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial)

C. Hertz Rent A Car

Mailing Address 207 Porter Street

City Boston State MA Zip Code 02128-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004562

Date of Disbursement

/ /

Amount of Each Disbursement this Period

227.59

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Intuit Software

Mailing Address 6220 Greenwich Drive

City San Diego State CA Zip Code 92122-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

124.50

[MEMO ITEM]

MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

B. Ruth Chris Steakhouse

Mailing Address 45 School Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004523

Date of Disbursement

/ /

Amount of Each Disbursement this Period

186.51

[MEMO ITEM]

MEMO: PRO-RATED MEETING EXPENSE

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44183.91

PRO-RATED CREDIT CARD:
SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

44183.91

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004385

Date of Disbursement

/ /

Amount of Each Disbursement this Period

372.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

372.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

372.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004392

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2006

Amount of Each Disbursement this Period

267.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004384

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2006

Amount of Each Disbursement this Period

372.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004277

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2006

Amount of Each Disbursement this Period

324.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

267.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

267.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

267.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004401

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

437.11

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED CHANGE FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004208

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

MEMO: PRO-RATED CHANGE FEE

Full Name (Last, First, Middle Initial)

C. Northwest Airlines

Mailing Address 7500 Airline Dr

City Minneapolis State MN Zip Code 55450-1101

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004210

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

MEMO: PRO-RATED FEE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 142 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004296

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004298

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004297

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004295

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004294

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004291

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004293

Date of Disbursement

/ /

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004290

Date of Disbursement

/ /

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 400 East Sky Harbour Boulevard

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
PRO-RATED REIMBURSED TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004258

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-389.30

[MEMO ITEM]

MEMO: PRO-RATED REIMBURSED TRAVEL

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004212

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004268

Date of Disbursement

/ /

Amount of Each Disbursement this Period

209.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIRFARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004324

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

262.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004266

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

209.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004222

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

387.30

[MEMO ITEM]

MEMO: PRO-RATED AIRFARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004279

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2006

Amount of Each Disbursement this Period

102.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4255 Arnon Carter Blvd

City Fort Worth State TX Zip Code 76155-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004224

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2006

Amount of Each Disbursement this Period

387.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004230

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2006

Amount of Each Disbursement this Period

46.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004262

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2006

Amount of Each Disbursement this Period

328.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004264

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2006

Amount of Each Disbursement this Period

328.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004231

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2006

Amount of Each Disbursement this Period

46.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004320

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

339.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004242

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

216.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004246

Date of Disbursement

07 / 12 / 2006

Amount of Each Disbursement this Period

664.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004204

Date of Disbursement

08 / 06 / 2006

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004206

Date of Disbursement

08 / 06 / 2006

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED RETURN TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004249

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

-309.65

[MEMO ITEM]

MEMO: PRO-RATED RETURN TR-
AVEL

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED REIMBURSED TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004251

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2006

Amount of Each Disbursement this Period

-309.65

[MEMO ITEM]

MEMO: PRO-RATED REIMBURSED TRAVEL

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004353

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004366

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2006

Amount of Each Disbursement this Period

124.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIRFARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004352

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED REIMBURSED AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004256

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2006

Amount of Each Disbursement this Period

162.50

[MEMO ITEM]

MEMO: PRO-RATED REIMBURSED AIRFARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004270

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2006

Amount of Each Disbursement this Period

360.05

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004351

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004350

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004275

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2006

Amount of Each Disbursement this Period

118.90

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Midwest Airlines

Mailing Address 6744 South Howell Ave

City State Zip Code
Oak Creek WI 53154-

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004340

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address PO Box 36647

City State Zip Code
Dallas TX 75235-1647

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address PO Box 36647

City State Zip Code
Dallas TX 75235-1647

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 155 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004282

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

504.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004378

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

612.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004379

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

612.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004288

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

339.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004374

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004380

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

612.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004346

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

412.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004348

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

412.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004342

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004344

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004368

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

487.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004284

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

354.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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

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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004286

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

362.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004369

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

487.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004373

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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

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(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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Amf Ohare State IL Zip Code 60666-0100

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004372

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

357.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004409

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

166.40

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004407

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

37.50

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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

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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004405

Date of Disbursement

07 / 23 / 2006

Amount of Each Disbursement this Period

328.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004411

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

179.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-7435

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004403

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

184.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004308

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

381.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004310

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

381.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004400

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

1343.70

[MEMO ITEM]

MEMO: STAFF AIRFARE

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 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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004312

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004314

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004328

Date of Disbursement

07 / 29 / 2006

Amount of Each Disbursement this Period

118.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004330

Date of Disbursement

07 / 29 / 2006

Amount of Each Disbursement this Period

184.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004332

Date of Disbursement

07 / 29 / 2006

Amount of Each Disbursement this Period

237.60

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004326

Date of Disbursement

07 / 29 / 2006

Amount of Each Disbursement this Period

118.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004316

Date of Disbursement

M M / D D / Y Y Y Y
07 / 24 / 2006

Amount of Each Disbursement this Period

307.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004322

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2006

Amount of Each Disbursement this Period

336.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004273

Date of Disbursement

M M / D D / Y Y Y Y
08 / 09 / 2006

Amount of Each Disbursement this Period

333.90

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004234

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

176.15

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004236

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

309.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004200

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

2.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004260

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2006

Amount of Each Disbursement this Period

309.65

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004244

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2006

Amount of Each Disbursement this Period

254.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004337

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2006

Amount of Each Disbursement this Period

156.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004334

Date of Disbursement

07 / 29 / 2006

Amount of Each Disbursement this Period

156.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004338

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

166.80

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. PI Alley

Mailing Address 275 Washington St

City Boston State MA Zip Code 02108-4304

Purpose of Disbursement
PRO-RATED STAFF PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004457

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

17.50

[MEMO ITEM]

MEMO: PRO-RATED STAFF PARKING

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) PI Alley		Transaction ID: 200004460 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div>
Mailing Address 275 Washington St		Amount of Each Disbursement this Period <div>225.00</div>
City Boston State MA Zip Code 02108-4304		
Purpose of Disbursement PRO-RATED STAFF PARKING	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING
B. Full Name (Last, First, Middle Initial) PI Alley		Transaction ID: 200004459 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div>
Mailing Address 275 Washington St		Amount of Each Disbursement this Period <div>225.00</div>
City Boston State MA Zip Code 02108-4304		
Purpose of Disbursement PRO-RATED STAFF PARKING	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING
C. Full Name (Last, First, Middle Initial) National Car Rental		Transaction ID: 200004480 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 50 Logan Airport		Amount of Each Disbursement this Period <div>372.67</div>
City Boston State MA Zip Code 02128-		
Purpose of Disbursement PRO-RATED CAR RENTAL	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. National Car Rental

Mailing Address 50 Logan Airport

City Boston State MA Zip Code 02128-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004478

Date of Disbursement

07 / 12 / 2006

Amount of Each Disbursement this Period

297.52

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial)

B. Hertz Rent-A-Car

Mailing Address 1530 South 500 West

City Salt Lake City State UT Zip Code 84115-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004474

Date of Disbursement

07 / 16 / 2006

Amount of Each Disbursement this Period

780.97

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial)

C. Ritz Carlton Boston Common

Mailing Address 10 Avery Street

City Boston State MA Zip Code 02111-

Purpose of Disbursement
PRO-RATED EVENT EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004443

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1468.02

[MEMO ITEM]

MEMO: PRO-RATED EVENT EXP-
ENSE

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Ritz Carlton		Transaction ID: 200004415 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period <div>325.00</div>
City Boston State MA Zip Code 02116-		
Purpose of Disbursement PRO-RATED LODGING	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING
B. Full Name (Last, First, Middle Initial) Boston Coach		Transaction ID: 200004214 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>
Mailing Address 69 Norman St		Amount of Each Disbursement this Period <div>63.42</div>
City Everett State MA Zip Code 02149-1951		
Purpose of Disbursement PRO-RATED CAR SERVICE	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR SERVICE
C. Full Name (Last, First, Middle Initial) Chez Daniel		Transaction ID: 200004453 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>
Mailing Address 2800 American Boulevard West		Amount of Each Disbursement this Period <div>365.82</div>
City Minneapolis State MN Zip Code 55431-		
Purpose of Disbursement PRO-RATED MEETING EXPENSE	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Saks Fifth Avenue

Mailing Address 700 Hickory Drive

City Aberdeen State MD Zip Code 21001-3628

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004413

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

263.50

[MEMO ITEM]

MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

B. Hotel At Gateway

Mailing Address US 30 Elmwood Drive

City Ames State IA Zip Code 50010-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004447

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

94.88

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. Hotel At Gateway

Mailing Address US 30 Elmwood Drive

City Ames State IA Zip Code 50010-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004445

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

1654.76

[MEMO ITEM]

MEMO: PRO-RATED LODGING

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)
The Commonwealth PAC

A. Redstone Grill Full Name (Last, First, Middle Initial) Mailing Address 8000 Eden Road City Edens Prairie State MN Zip Code 55344- Purpose of Disbursement PRO-RATED MEETING EXPENSE 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: 200004455 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 1562.32 [MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE
B. Embassy Suites Hotel Full Name (Last, First, Middle Initial) Mailing Address 1811 Broadway City Nashville State TN Zip Code 37203- Purpose of Disbursement PRO-RATED 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: 200004431 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 267.00 [MEMO ITEM] MEMO: PRO-RATED LODGING
C. Hilton Hotel Full Name (Last, First, Middle Initial) Mailing Address 7373 Turfway Road City Florence State KY Zip Code 41042- Purpose of Disbursement PRO-RATED 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: 200004435 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 46.01 [MEMO ITEM] MEMO: PRO-RATED LODGING

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Hilton Hotel		Transaction ID: 200004433 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 7373 Turfway Road		Amount of Each Disbursement this Period <div>124.68</div>
City Florence State KY Zip Code 41042-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) ▼	
B. Full Name (Last, First, Middle Initial) Hilton Hotel		Transaction ID: 200004429 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 7373 Turfway Road		Amount of Each Disbursement this Period <div>130.61</div>
City Florence State KY Zip Code 41042-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) ▼	
C. Full Name (Last, First, Middle Initial) Intercontinental Hotel		Transaction ID: 200004439 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 701 Congress Avenue		Amount of Each Disbursement this Period <div>85.88</div>
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 176 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Intercontinental Hotel

Mailing Address 701 Congress Avenue

City Austin State TX Zip Code 78701-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004421

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2006

Amount of Each Disbursement this Period

146.10

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Intercontinental Hotel

Mailing Address 701 Congress Avenue

City Austin State TX Zip Code 78701-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004440

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2006

Amount of Each Disbursement this Period

85.88

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. Intercontinental Hotel

Mailing Address 701 Congress Avenue

City Austin State TX Zip Code 78701-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004423

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2006

Amount of Each Disbursement this Period

114.43

[MEMO ITEM]

MEMO: PRO-RATED LODGING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 177 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Sofitel Hotel

Mailing Address 806 15th Street NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004437

Date of Disbursement

08 / 05 / 2006

Amount of Each Disbursement this Period

286.08

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Fedex Kinkos

Mailing Address 2 Center Plaza

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004467

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

169.35

[MEMO ITEM]

MEMO: PRO-RATED PRINTING

Full Name (Last, First, Middle Initial)

C. Fedex Kinkos

Mailing Address 2 Center Plaza

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004469

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

176.40

[MEMO ITEM]

MEMO: PRO-RATED PRINTING

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Central Parking

Mailing Address 50 New Sudbury Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
PRO-RATED STAFF PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004463

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

MEMO: PRO-RATED STAFF PARKING

Full Name (Last, First, Middle Initial)

B. Cranbury Printing

Mailing Address 19 Richards Road

City Plymouth State MA Zip Code 02360-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004471

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

6395.86

[MEMO ITEM]

MEMO: PRINTING

Full Name (Last, First, Middle Initial)

C. Avis Rent A Car

Mailing Address 9012 Taylorsville Road

City Louisville State KY Zip Code 40299-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004476

Date of Disbursement

08 / 05 / 2006

Amount of Each Disbursement this Period

304.49

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. The Setai South Beach

Mailing Address 2001 Collins Avenue

City Miami State FL Zip Code 33139-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004425

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

12.66

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. The Setai South Beach

Mailing Address 2001 Collins Avenue

City Miami State FL Zip Code 33139-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004426

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

2.98

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

C. The Setai South Beach

Mailing Address 2001 Collins Avenue

City Miami State FL Zip Code 33139-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004417

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

305.10

[MEMO ITEM]

MEMO: PRO-RATED LODGING

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. The Setai South Beach

Mailing Address 2001 Collins Avenue

City Miami State FL Zip Code 33139-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004418

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

305.10

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. T-Mobile Telephone

Mailing Address 36 South State Street

City Salt Lake City State UT Zip Code 84111-

Purpose of Disbursement
PRO-RATED CELL PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004465

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

213.08

[MEMO ITEM]

MEMO: PRO-RATED CELL PHONE

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71031.E9274

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

4.50

MERCHANT FEES

SUBTOTAL of Disbursements This Page (optional)

4.50

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)

PAGE 181 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71031.E9273

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1984.70

MERCHANT FEES

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003870

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

1810.91

PRO-RATED CREDIT CARD:
SEE BELOW

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003833

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

167.16

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-
FARE

SUBTOTAL of Disbursements This Page (optional)

3795.61

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003829

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.01

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

309.30

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 183 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
PRO-RATED STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003837

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

76.55

[MEMO ITEM]

MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial)

B. National Car Rental

Mailing Address 50 Logan Airport

City Boston State MA Zip Code 02128-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003861

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

353.92

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial)

C. Boston Coach

Mailing Address 69 Norman St

City Everett State MA Zip Code 02149-1951

Purpose of Disbursement
PRO-RATED CAR SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003841

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

43.04

[MEMO ITEM]

MEMO: PRO-RATED CAR SERVICE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Dell Computers

Mailing Address One Dell Way

City Round Rock State TX Zip Code 78682-

Purpose of Disbursement
PRO-RATED COMPUTER ACCESSORY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003823

Date of Disbursement

08 / 19 / 2006

Amount of Each Disbursement this Period

94.48

[MEMO ITEM]

MEMO: PRO-RATED COMPUTER ACCESSORY

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003845

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

16.04

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003843

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003815

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003793

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

16.04

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003795

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003791

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003802

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003806

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 187 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003804

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

16.04

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003817

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

16.04

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003819

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003810

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2006

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003812

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2006

Amount of Each Disbursement this Period

16.04

[MEMO ITEM]

MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PRO-RATED FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003808

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2006

Amount of Each Disbursement this Period

16.04

[MEMO ITEM]

MEMO: PRO-RATED FEE

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003859

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

34.09

[MEMO ITEM]

MEMO: PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003867

Date of Disbursement

08 / 27 / 2006

Amount of Each Disbursement this Period

11.31

[MEMO ITEM]

MEMO: PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003857

Date of Disbursement

08 / 20 / 2006

Amount of Each Disbursement this Period

1.05

[MEMO ITEM]

MEMO: PRO-RATED SHIPPING

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Omni Parker House Hotel

Mailing Address 60 School Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRO-RATED MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003800

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

43.94

[MEMO ITEM]

MEMO: PRO-RATED MEETING
EXPENSE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002339

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

525.73

PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002611

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

237.06

PRO-RATED SHIPPING

SUBTOTAL of Disbursements This Page (optional)

762.79

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 191 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002733

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

243.60

PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002903

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

247.78

PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002922

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

440.42

PRO-RATED SHIPPING

SUBTOTAL of Disbursements This Page (optional)

931.80

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)

PAGE 192 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003111

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

356.49

PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003335

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

134.53

PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003498

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

201.51

PRO-RATED SHIPPING

SUBTOTAL of Disbursements This Page (optional)

692.53

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
PRO-RATED SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003749

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

218.07

PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial)

B. Eric Fehrstrom

Mailing Address 83 Risley Rd

City Chestnut Hill State MA Zip Code 02467-3274

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002344

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

66.00

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Eric Fehrstrom

Mailing Address 83 Risley Rd

City Chestnut Hill State MA Zip Code 02467-3274

Purpose of Disbursement
PRO-RATED REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003771

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

171.93

PRO-RATED REIMBURSEMENT:
SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

456.00

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 194 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Hilton Hotel		Transaction ID: 200003768 Date of Disbursement <div> <div>09</div> <div>22</div> <div>2006</div> </div>
Mailing Address 1919 Connecticut Avenue NW		Amount of Each Disbursement this Period <div>113.93</div>
City Washington State DC Zip Code 20009-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED 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) ▼	
B. Full Name (Last, First, Middle Initial) Congress Fine Dining		Transaction ID: 200002822 Date of Disbursement <div> <div>08</div> <div>01</div> <div>2006</div> </div>
Mailing Address 355 Congress St.		Amount of Each Disbursement this Period <div>1989.57</div>
City Boston State MA Zip Code 02210-	PRO-RATED MEETING EXPENSE	
Purpose of Disbursement PRO-RATED MEETING EXPENSE		
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) ▼	
C. Full Name (Last, First, Middle Initial) Mason Fink		Transaction ID: 200004063 Date of Disbursement <div> <div>07</div> <div>14</div> <div>2006</div> </div>
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period <div>2011.15</div>
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement PAYROLL		
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)

4000.72

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Mason Fink		Transaction ID: 200004081 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>	
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period <div>2011.15</div>	
City Irvine State CA Zip Code 92612-	Purpose of Disbursement PAYROLL		
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) ▼		
		PAYROLL	
B. Full Name (Last, First, Middle Initial) Mason Fink		Transaction ID: 200004099 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period <div>2011.15</div>	
City Irvine State CA Zip Code 92612-	Purpose of Disbursement PAYROLL		
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) ▼		
		PAYROLL	
C. Full Name (Last, First, Middle Initial) Mason Fink		Transaction ID: 200004117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period <div>2011.15</div>	
City Irvine State CA Zip Code 92612-	Purpose of Disbursement PAYROLL		
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) ▼		
		PAYROLL	

SUBTOTAL of Disbursements This Page (optional)

6033.45

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)
The Commonwealth PAC

A. Mason Fink Full Name (Last, First, Middle Initial) Mailing Address 60 Palatine st. #329 City Irvine State CA Zip Code 92612- Purpose of Disbursement PAYROLL 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: 200004136 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 2011.15 PAYROLL
B. Mason Fink Full Name (Last, First, Middle Initial) Mailing Address 60 Palatine st. #329 City Irvine State CA Zip Code 92612- Purpose of Disbursement PAYROLL 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: 200004156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 2011.15 PAYROLL
C. Derek Flowers Full Name (Last, First, Middle Initial) Mailing Address 716 N. Elm St City Creston State IA Zip Code 50801- Purpose of Disbursement PAYROLL 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: 200004064 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 1202.13 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5224.43

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Derek Flowers

Mailing Address 716 N. Elm St

City Creston State IA Zip Code 50801-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004082

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1202.13

PAYROLL

Full Name (Last, First, Middle Initial)

B. Derek Flowers

Mailing Address 716 N. Elm St

City Creston State IA Zip Code 50801-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1202.13

PAYROLL

Full Name (Last, First, Middle Initial)

C. Derek Flowers

Mailing Address 716 N. Elm St

City Creston State IA Zip Code 50801-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1202.13

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3606.39

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Derek Flowers		Transaction ID: 200004137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 716 N. Elm St			
City Creston	State IA	Zip Code 50801-	Amount of Each Disbursement this Period <div>1202.13</div>
Purpose of Disbursement PAYROLL		<div>Category/Type</div>	
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) ▼		PAYROLL

B. Full Name (Last, First, Middle Initial) Derek Flowers		Transaction ID: 200004157 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>	
Mailing Address 716 N. Elm St			
City Creston	State IA	Zip Code 50801-	Amount of Each Disbursement this Period <div>1202.13</div>
Purpose of Disbursement PAYROLL		<div>Category/Type</div>	
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) ▼		PAYROLL

C. Full Name (Last, First, Middle Initial) Media Forge, Inc.		Transaction ID: 200003169 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 6405 South 3000 East Suite 200			
City Salt Lake City	State UT	Zip Code 84121-	Amount of Each Disbursement this Period <div>12500.00</div>
Purpose of Disbursement PRO-RATED FUNDRAISING DEVELOPMENT		<div>Category/Type</div>	
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) ▼		PRO-RATED FUNDRAISING DEV- ELOPMENT

SUBTOTAL of Disbursements This Page (optional)

14904.26

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Doug Gamble

Mailing Address PO Box 4517

City Carmel By The Sea State CA Zip Code 93921-4517

Purpose of Disbursement
PRO-RATED CONSULTANT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

PRO-RATED CONSULTANT

Full Name (Last, First, Middle Initial)

B. Standard Chair of Gardener

Mailing Address 1 South Main St

City Gardner State MA Zip Code 01440-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

572.00

PRO-RATED FUNDRAISING EXP-
ENSE

Full Name (Last, First, Middle Initial)

C. Standard Chair of Gardener

Mailing Address 1 South Main St

City Gardner State MA Zip Code 01440-

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003751

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

PRO-RATED FUNDRAISING EXP-
ENSE

SUBTOTAL of Disbursements This Page (optional)

1222.00

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Ben Godley

Mailing Address 1817 Commonwealth Avenue

City Auburndale State MA Zip Code 02466-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4575.07

PAYROLL

Full Name (Last, First, Middle Initial)

B. Ben Godley

Mailing Address 1817 Commonwealth Avenue

City Auburndale State MA Zip Code 02466-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004065

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2249.80

PAYROLL

Full Name (Last, First, Middle Initial)

C. Ben Godley

Mailing Address 1817 Commonwealth Avenue

City Auburndale State MA Zip Code 02466-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2190.76

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

9015.63

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Ben Godley		Transaction ID: 200002909 Date of Disbursement <div> <div>08</div> <div>08</div> <div>2006</div> </div>	
Mailing Address 1817 Commonwealth Avenue			
City Auburndale	State MA	Zip Code 02466-	Amount of Each Disbursement this Period <div>571.19</div>
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		<div></div>	
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) ▼		PRO-RATED REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial) Ben Godley		Transaction ID: 200004101 Date of Disbursement <div> <div>08</div> <div>11</div> <div>2006</div> </div>	
Mailing Address 1817 Commonwealth Avenue			
City Auburndale	State MA	Zip Code 02466-	Amount of Each Disbursement this Period <div>2190.76</div>
Purpose of Disbursement PAYROLL		<div></div>	
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) ▼		PAYROLL

C. Full Name (Last, First, Middle Initial) Ben Godley		Transaction ID: 200004119 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2006</div> </div>	
Mailing Address 1817 Commonwealth Avenue			
City Auburndale	State MA	Zip Code 02466-	Amount of Each Disbursement this Period <div>2190.76</div>
Purpose of Disbursement PAYROLL		<div></div>	
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) ▼		PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4952.71

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 202 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Ben Godley		Transaction ID: 200004138 Date of Disbursement <div> <div>09</div> <div>08</div> <div>2006</div> </div>	
Mailing Address 1817 Commonwealth Avenue			
City Auburndale	State MA	Zip Code 02466-	Amount of Each Disbursement this Period <div>2186.69</div>
Purpose of Disbursement PAYROLL		<div></div>	
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) ▼		PAYROLL

B. Full Name (Last, First, Middle Initial) Ben Godley		Transaction ID: 200004158 Date of Disbursement <div> <div>09</div> <div>22</div> <div>2006</div> </div>	
Mailing Address 1817 Commonwealth Avenue			
City Auburndale	State MA	Zip Code 02466-	Amount of Each Disbursement this Period <div>2186.69</div>
Purpose of Disbursement PAYROLL		<div></div>	
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) ▼		PAYROLL

C. Full Name (Last, First, Middle Initial) Big Cottonwood Group, Inc.		Transaction ID: 200002607 Date of Disbursement <div> <div>07</div> <div>19</div> <div>2006</div> </div>	
Mailing Address 2755 East Cottonwood Pkwy Suite 350			
City Salt Lake City	State UT	Zip Code 84121-	Amount of Each Disbursement this Period <div>1250.00</div>
Purpose of Disbursement PRO-RATED CONSULTING		<div></div>	
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) ▼		PRO-RATED CONSULTING

SUBTOTAL of Disbursements This Page (optional) ►

5623.38

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Big Cottonwood Group, Inc.

Mailing Address 2755 East Cottonwood Pkwy
Suite 350

City Salt Lake City State UT Zip Code 84121-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial)

B. Big Cottonwood Group, Inc.

Mailing Address 2755 East Cottonwood Pkwy
Suite 350

City Salt Lake City State UT Zip Code 84121-

Purpose of Disbursement
PRO-RATED REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.66

PRO-RATED REIMBURSEMENT:
SEE BELOW

Full Name (Last, First, Middle Initial)

C. Big Cottonwood Group, Inc.

Mailing Address 2755 East Cottonwood Pkwy
Suite 350

City Salt Lake City State UT Zip Code 84121-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

PRO-RATED CONSULTING

SUBTOTAL of Disbursements This Page (optional)

1780.66

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. The Amaral Group LLC

Mailing Address 201 Great Rd Ste 2
Suite 2

City Acton State MA Zip Code 01720-5700

Purpose of Disbursement
PRO-RATED IT CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002333

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

297.50

PRO-RATED IT CONSULTING

Full Name (Last, First, Middle Initial)

B. Brian Henderson

Mailing Address 1126 South 1450 East

City Provo State UT Zip Code 84606-

Purpose of Disbursement
PRO-RATED REIMBURSEMENT: SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003508

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

289.70

PRO-RATED REIMBURSEMENT:
SUPPLIES

Full Name (Last, First, Middle Initial)

C. Jurys Boston Hotel

Mailing Address 350 Stuart Street

City Boston State MA Zip Code 02116-

Purpose of Disbursement
PRO-RATED CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002338

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

704.50

PRO-RATED CATERING

SUBTOTAL of Disbursements This Page (optional)

1291.70

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Jurys Boston Hotel		Transaction ID: 200002829 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div>	
Mailing Address 350 Stuart Street		Amount of Each Disbursement this Period <div>1409.90</div>	
City Boston State MA Zip Code 02116-	PRO-RATED CATERING		
Purpose of Disbursement PRO-RATED CATERING			Category/ Type
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) ▼		
B. Full Name (Last, First, Middle Initial) CMDI Inc.		Transaction ID: 200002342 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period <div>3900.00</div>	
City Falls Church State VA Zip Code 22043-	PRO-RATED DATABASE SERVIC-ES		
Purpose of Disbursement PRO-RATED DATABASE SERVICES			Category/ Type
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) ▼		
C. Full Name (Last, First, Middle Initial) CMDI Inc.		Transaction ID: 200002906 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period <div>1175.40</div>	
City Falls Church State VA Zip Code 22043-	PRO-RATED DATABASE SERVIC-ES		
Purpose of Disbursement PRO-RATED DATABASE SERVICES			Category/ Type
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)

6485.30

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) CMDI Inc.		Transaction ID: 200003496 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 6</div> </div>	
Mailing Address 7704 Leesburg Pike			
City Falls Church State VA Zip Code 22043-		Amount of Each Disbursement this Period <div>970.48</div>	
Purpose of Disbursement PRO-RATED DATABASE SERVICES		<div>Category/Type</div>	
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) ▼		
		PRO-RATED DATABASE SERVICES	
B. Full Name (Last, First, Middle Initial) Paychex Inc.		Transaction ID: 200004181 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address 120 Presidential Way			
City Woburn State MA Zip Code 01801-1181		Amount of Each Disbursement this Period <div>250.53</div>	
Purpose of Disbursement PAYROLL TAXES		<div>Category/Type</div>	
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) ▼		
		PAYROLL TAXES	
C. Full Name (Last, First, Middle Initial) Paychex Inc.		Transaction ID: 71011.E9231 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 0 6</div> </div>	
Mailing Address 120 Presidential Way			
City Woburn State MA Zip Code 01801-1181		Amount of Each Disbursement this Period <div>360.25</div>	
Purpose of Disbursement PAYROLL FEES		<div>Category/Type</div>	
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) ▼		
		PAYROLL FEES	

SUBTOTAL of Disbursements This Page (optional)

1581.26

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71011.E9234

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

40.00

PAYROLL FEES

Full Name (Last, First, Middle Initial)

B. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71011.E9233

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

1062.52

PAYROLL FEES

Full Name (Last, First, Middle Initial)

C. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71011.E9232

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

9135.15

PAYROLL FEES

SUBTOTAL of Disbursements This Page (optional)

10237.67

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71011.E9235

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

37.33

PAYROLL FEES

Full Name (Last, First, Middle Initial)

B. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71011.E9236

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

9172.33

PAYROLL FEES

Full Name (Last, First, Middle Initial)

C. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004188

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

268.91

PAYROLL FEES

SUBTOTAL of Disbursements This Page (optional)

9478.57

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004111

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

10954.92

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71011.E9237

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

40.00

PAYROLL FEES

Full Name (Last, First, Middle Initial)

C. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004130

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

12376.54

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

23371.46

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004150

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11673.97

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

233.79

PAYROLL FEES

Full Name (Last, First, Middle Initial)

C. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

PAYROLL FEES

SUBTOTAL of Disbursements This Page (optional)

11947.76

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Paychex Inc.

Mailing Address 120 Presidential Way

City Woburn State MA Zip Code 01801-1181

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004171

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13194.32

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Theikos Inc.

Mailing Address 153 Cordaville Road, Suite 100

City Southborough State MA Zip Code 01772-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003017

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8970.00

PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial)

C. Theikos Inc.

Mailing Address 153 Cordaville Road, Suite 100

City Southborough State MA Zip Code 01772-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003241

Date of Disbursement

/ /

Amount of Each Disbursement this Period

784.56

PRO-RATED CONSULTING

SUBTOTAL of Disbursements This Page (optional)

22948.88

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 212 / 267

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Sentient Jet

Mailing Address 97 Libbey Parkway

City Weymouth State MA Zip Code 02189-

Purpose of Disbursement
PRO-RATED STAFF TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002616

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17309.45

PRO-RATED STAFF TRAVEL

Full Name (Last, First, Middle Initial)

B. Sentient Jet

Mailing Address 97 Libbey Parkway

City Weymouth State MA Zip Code 02189-

Purpose of Disbursement
PRO-RATED STAFF TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1557.07

PRO-RATED STAFF TRAVEL

Full Name (Last, First, Middle Initial)

C. Sentient Jet

Mailing Address 97 Libbey Parkway

City Weymouth State MA Zip Code 02189-

Purpose of Disbursement
PRO-RATED STAFF TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003018

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13833.82

PRO-RATED STAFF TRAVEL

SUBTOTAL of Disbursements This Page (optional)

32700.34

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Timothy Jost		Transaction ID: 200004066 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period <div>1031.87</div>
City Boston State MA Zip Code 02109-	PAYROLL	
Purpose of Disbursement PAYROLL		
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) ▼	
B. Full Name (Last, First, Middle Initial) Timothy Jost		Transaction ID: 200004084 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period <div>1031.87</div>
City Boston State MA Zip Code 02109-	PAYROLL	
Purpose of Disbursement PAYROLL		
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) ▼	
C. Full Name (Last, First, Middle Initial) Timothy Jost		Transaction ID: 200004102 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period <div>1031.87</div>
City Boston State MA Zip Code 02109-	PAYROLL	
Purpose of Disbursement PAYROLL		
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)

3095.61

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Timothy Jost		Transaction ID: 200002930 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div>	
Mailing Address 21 Salutation Street, Apt. 2			
City Boston	State MA	Zip Code 02109-	Amount of Each Disbursement this Period <div>50.19</div>
Purpose of Disbursement PRO-RATED REIMBURSEMENT		<div></div>	
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:	PRO-RATED REIMBURSEMENT		
B. Full Name (Last, First, Middle Initial) Timothy Jost		Transaction ID: 200004120 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2006</div> </div>	
Mailing Address 21 Salutation Street, Apt. 2			
City Boston	State MA	Zip Code 02109-	Amount of Each Disbursement this Period <div>1031.87</div>
Purpose of Disbursement PAYROLL		<div></div>	
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:	PAYROLL		
C. Full Name (Last, First, Middle Initial) Timothy Jost		Transaction ID: 200004139 Date of Disbursement <div> <div>09</div> <div>08</div> <div>2006</div> </div>	
Mailing Address 21 Salutation Street, Apt. 2			
City Boston	State MA	Zip Code 02109-	Amount of Each Disbursement this Period <div>1031.87</div>
Purpose of Disbursement PAYROLL		<div></div>	
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:	PAYROLL		

SUBTOTAL of Disbursements This Page (optional)

2113.93

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)

PAGE 215 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Timothy Jost

Mailing Address 21 Salutation Street, Apt. 2

City Boston State MA Zip Code 02109-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1031.87

PAYROLL

Full Name (Last, First, Middle Initial)

B. Old City Landmark Corporation

Mailing Address 45 School St

City Boston State MA Zip Code 02108-3206

Purpose of Disbursement
PRO-RATED RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002614

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4756.00

PRO-RATED RENT

Full Name (Last, First, Middle Initial)

C. Old City Landmark Corporation

Mailing Address 45 School St

City Boston State MA Zip Code 02108-3206

Purpose of Disbursement
PRO-RATED RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002926

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4756.00

PRO-RATED RENT

SUBTOTAL of Disbursements This Page (optional)

10543.87

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 216 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Old City Landmark Corporation Mailing Address 45 School St City Boston State MA Zip Code 02108-3206 Purpose of Disbursement PRO-RATED 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: 200003750 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>7</td><td>5</td><td>6</td><td>.</td><td>0</td><td>0</td> </tr> </table> PRO-RATED RENT	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6	4	7	5	6	.	0	0
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	6		2	0	0	6																				
4	7	5	6	.	0	0																							
B. Full Name (Last, First, Middle Initial) Elizabeth Lascaze Mailing Address PO Box 44 City Boston State MA Zip Code 02133-0044 Purpose of Disbursement REIMBURSEMENT: 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) ▼		Transaction ID: 200003194 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>8</td><td>.</td><td>6</td><td>9</td> </tr> </table> REIMBURSEMENT: SEE BELOW	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	6	1	8	.	6	9		
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		0	5		2	0	0	6																				
1	8	.	6	9																									
C. Full Name (Last, First, Middle Initial) Elizabeth Lascaze Mailing Address PO Box 44 City Boston State MA Zip Code 02133-0044 Purpose of Disbursement PAYROLL 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: 200004140 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>5</td><td>8</td><td>.</td><td>9</td><td>0</td> </tr> </table> PAYROLL	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	6	5	5	8	.	9	0	
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		0	8		2	0	0	6																				
5	5	8	.	9	0																								

SUBTOTAL of Disbursements This Page (optional)

5333.59

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 217 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Elizabeth Lascaze		Transaction ID: 200004160 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>
Mailing Address PO Box 44		Amount of Each Disbursement this Period <div>1064.39</div>
City Boston State MA Zip Code 02133-0044		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL
B. Full Name (Last, First, Middle Initial) Joshua Leffler		Transaction ID: 200004067 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period <div>1566.92</div>
City Lynnfield State MA Zip Code 01940-1625		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL
C. Full Name (Last, First, Middle Initial) Joshua Leffler		Transaction ID: 200004085 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period <div>1566.92</div>
City Lynnfield State MA Zip Code 01940-1625		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4198.23

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)

PAGE 218 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Joshua Leffler		Transaction ID: 200004103 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period <div>1566.92</div>	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PAYROLL Candidate Name	<div>Category/Type</div>	PAYROLL
Office Sought: <input type="checkbox"/> House <input 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) Joshua Leffler		Transaction ID: 200004121 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period <div>1562.84</div>	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PAYROLL Candidate Name	<div>Category/Type</div>	PAYROLL
Office Sought: <input type="checkbox"/> House <input 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) Joshua Leffler		Transaction ID: 200004141 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period <div>1562.84</div>	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PAYROLL Candidate Name	<div>Category/Type</div>	PAYROLL
Office Sought: <input type="checkbox"/> House <input 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)

4692.60

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 219 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Joshua Leffler		Transaction ID: 200004161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period <div>1562.84</div>	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PAYROLL	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:		
B. Full Name (Last, First, Middle Initial) ENIlsson, LLC		Transaction ID: 200002340 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 6 Depot St		Amount of Each Disbursement this Period <div>3806.41</div>	
City Westford State MA Zip Code 01886-2608	Purpose of Disbursement PRO-RATED WEBSITE DESIGN	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:		
C. Full Name (Last, First, Middle Initial) ENIlsson, LLC		Transaction ID: 200002821 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div>	
Mailing Address 6 Depot St		Amount of Each Disbursement this Period <div>7500.00</div>	
City Westford State MA Zip Code 01886-2608	Purpose of Disbursement PRO-RATED WEBSITE DESIGN	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)

12869.25

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) ENilsson, LLC		Transaction ID: 200002905 Date of Disbursement <div> <div>08</div> <div>08</div> <div>2006</div> </div>	
Mailing Address 6 Depot St			
City Westford	State MA	Zip Code 01886-2608	
Purpose of Disbursement PRO-RATED WEBSITE DESIGN		<div>4660.75</div>	
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) ▼		
		PRO-RATED WEBSITE DESIGN	
B. Full Name (Last, First, Middle Initial) SJZ, LLC		Transaction ID: 200002334 Date of Disbursement <div> <div>07</div> <div>11</div> <div>2006</div> </div>	
Mailing Address PO Box 151			
City Boston	State MA	Zip Code 02117-0151	
Purpose of Disbursement PRO-RATED CONSULTING		<div>9400.00</div>	
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) ▼		
		PRO-RATED CONSULTING	
C. Full Name (Last, First, Middle Initial) SJZ, LLC		Transaction ID: 200002927 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div>	
Mailing Address PO Box 151			
City Boston	State MA	Zip Code 02117-0151	
Purpose of Disbursement PRO-RATED CONSULTING		<div>12061.32</div>	
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) ▼		
		PRO-RATED CONSULTING	

SUBTOTAL of Disbursements This Page (optional)

26122.07

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)

PAGE 221 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) SJZ, LLC		Transaction ID: 200004189 Date of Disbursement <div> <div>09</div> <div>05</div> <div>2006</div> </div>	
Mailing Address PO Box 151			
City Boston	State MA	Zip Code 02117-0151	
Purpose of Disbursement PRO-RATED CONSULTING		<div>13417.50</div>	
Candidate Name		<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		PRO-RATED CONSULTING	
B. Full Name (Last, First, Middle Initial) SJZ, LLC		Transaction ID: 200003340 Date of Disbursement <div> <div>09</div> <div>12</div> <div>2006</div> </div>	
Mailing Address PO Box 151			
City Boston	State MA	Zip Code 02117-0151	
Purpose of Disbursement PRO-RATED CONSULTING		<div>45287.05</div>	
Candidate Name		<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		PRO-RATED CONSULTING	
C. Full Name (Last, First, Middle Initial) Nathan Locke		Transaction ID: 200004122 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2006</div> </div>	
Mailing Address 98 Fulton St.			
City Boston	State MA	Zip Code 02109-	
Purpose of Disbursement PAYROLL		<div>565.07</div>	
Candidate Name		<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		PAYROLL	

SUBTOTAL of Disbursements This Page (optional)

59269.62

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 222 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Nathan Locke		Transaction ID: 200003195 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period <div>1305.75</div>	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: 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) ▼		
PRO-RATED REIMBURSEMENT: SEE BELOW			
B. Full Name (Last, First, Middle Initial) US Airways		Transaction ID: 200003196 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 6</div> </div>	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period <div>302.10</div>	
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED AIRFARE		
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) ▼		
[MEMO ITEM] MEMO: PRO-RATED AIRFARE			
C. Full Name (Last, First, Middle Initial) US Airways		Transaction ID: 200003204 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period <div>374.60</div>	
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED LODGING		
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) ▼		
[MEMO ITEM] MEMO: PRO-RATED LODGING			

SUBTOTAL of Disbursements This Page (optional)

1305.75

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Holiday Inn Select Hotel

Mailing Address 5 Blossom Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
PRO-RATED LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

494.68

[MEMO ITEM]

MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial)

B. Nathan Locke

Mailing Address 98 Fulton St.

City Boston State MA Zip Code 02109-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1025.24

PAYROLL

Full Name (Last, First, Middle Initial)

C. Nathan Locke

Mailing Address 98 Fulton St.

City Boston State MA Zip Code 02109-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1025.24

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2050.48

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Kelly Maguire		Transaction ID: 200004068 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period <div>340.55</div>	
City Hanover State MA Zip Code 02339-	Purpose of Disbursement PAYROLL		
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) ▼		
B. Full Name (Last, First, Middle Initial) Kelly Maguire		Transaction ID: 200004086 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>	
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period <div>340.55</div>	
City Hanover State MA Zip Code 02339-	Purpose of Disbursement PAYROLL		
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) ▼		
C. Full Name (Last, First, Middle Initial) Kelly Maguire		Transaction ID: 200004104 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period <div>340.55</div>	
City Hanover State MA Zip Code 02339-	Purpose of Disbursement PAYROLL		
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)		<div>1021.65</div>	
TOTAL This Period (last page this line number only)		<div></div>	

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

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

FOR LINE NUMBER:
(check only one)

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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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Kelly Maguire		Transaction ID: 200004123 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period <div>340.55</div>	
City Hanover State MA Zip Code 02339-	PAYROLL		
Purpose of Disbursement PAYROLL			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
B. Full Name (Last, First, Middle Initial) Kelly Maguire		Transaction ID: 200004143 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period <div>182.76</div>	
City Hanover State MA Zip Code 02339-	PAYROLL		
Purpose of Disbursement PAYROLL			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
C. Full Name (Last, First, Middle Initial) Bostonian Jewelers Manufacturers, Inc.		Transaction ID: 200003225 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 333 Washington Street, Room 710-13		Amount of Each Disbursement this Period <div>727.65</div>	
City Boston State MA Zip Code 02108-	PRO-RATED FUNDRAISING EXP- ENSE		
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

1250.96

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 226 / 267

<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)
The Commonwealth PAC

A. Robert Millett Full Name (Last, First, Middle Initial) Mailing Address 370 Joseph Smith Building City Provo State UT Zip Code 84602- Purpose of Disbursement PRO-RATED REIMBURSEMENT: 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) ▼		Transaction ID: 200003172 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 566.99 PRO-RATED REIMBURSEMENT: SEE BELOW
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 PRO-RATED STAFF 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: 200003175 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 227.55 [MEMO ITEM] MEMO: PRO-RATED STAFF AIR- FARE
C. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 20706 City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement PRO-RATED 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: 200003174 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 227.55 [MEMO ITEM] MEMO: PRO-RATED AIRFARE

SUBTOTAL of Disbursements This Page (optional)

566.99

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Timothy Moran

Mailing Address 331 Denton St.

City Council Bluffs State IA Zip Code 51503-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004179

Date of Disbursement

07 / 01 / 2006

Amount of Each Disbursement this Period

1498.08

PAYROLL

Full Name (Last, First, Middle Initial)

B. Timothy Moran

Mailing Address 331 Denton St.

City Council Bluffs State IA Zip Code 51503-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004069

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

1268.36

PAYROLL

Full Name (Last, First, Middle Initial)

C. Timothy Moran

Mailing Address 331 Denton St.

City Council Bluffs State IA Zip Code 51503-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004087

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

1268.36

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4034.80

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Timothy Moran

Mailing Address 331 Denton St.

City Council Bluffs State IA Zip Code 51503-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004105

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

1268.36

PAYROLL

Full Name (Last, First, Middle Initial)

B. Timothy Moran

Mailing Address 331 Denton St.

City Council Bluffs State IA Zip Code 51503-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004124

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

1268.36

PAYROLL

Full Name (Last, First, Middle Initial)

C. Timothy Moran

Mailing Address 331 Denton St.

City Council Bluffs State IA Zip Code 51503-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200004144

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

1268.36

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3805.08

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Timothy Moran

Mailing Address 331 Denton St.

City Council Bluffs State IA Zip Code 51503-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1268.36

PAYROLL

Full Name (Last, First, Middle Initial)

B. Beth Myers

Mailing Address 201 Buckminster Road

City Brookline State MA Zip Code 02445-

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

982.00

PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial)

C. Lexis Nexis

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170-

Purpose of Disbursement
PRO-RATED SUBSCRIPTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002902

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.46

PRO-RATED SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional)

2356.82

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 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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Lexis Nexis

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170-

Purpose of Disbursement
PRO-RATED SUBSCRIPTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003337

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

PRO-RATED SUBSCRIPTION

Full Name (Last, First, Middle Initial)

B. Mike Nobil

Mailing Address 10 Kinsman Place

City Natick State MA Zip Code 01760-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

968.22

PAYROLL

Full Name (Last, First, Middle Initial)

C. Paul Norwood

Mailing Address 483 Main Street

City Amesbury State MA Zip Code 01913-

Purpose of Disbursement
PRO-RATED DESIGNER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002615

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1725.00

PRO-RATED DESIGNER

SUBTOTAL of Disbursements This Page (optional)

2843.22

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)
The Commonwealth PAC

A. Paul Norwood Full Name (Last, First, Middle Initial) Mailing Address 483 Main Street City Amesbury State MA Zip Code 01913- Purpose of Disbursement PRO-RATED DESIGNER 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: 200002899 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 650.00 Category/Type PRO-RATED DESIGNER
B. Blue Cross Of California Full Name (Last, First, Middle Initial) Mailing Address PO Box 9051 City Oxnard State CA Zip Code 93031- Purpose of Disbursement PRO-RATED INSURANCE 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: 200003109 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 209.00 Category/Type PRO-RATED INSURANCE
C. New England Office Supply Full Name (Last, First, Middle Initial) Mailing Address 135 Lundquist Dr City Braintree State MA Zip Code 02184-5208 Purpose of Disbursement PRO-RATED OFFICE FURNITURE 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: 200003113 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 602.92 Category/Type PRO-RATED OFFICE FURNITURE

SUBTOTAL of Disbursements This Page (optional)

1461.92

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Jessica Peterson		Transaction ID: 200004070 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period <div>1188.85</div>
City Chelsea State MA Zip Code 02150-3300		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	PAYROLL
B. Full Name (Last, First, Middle Initial) Jessica Peterson		Transaction ID: 200004183 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period <div>905.59</div>
City Chelsea State MA Zip Code 02150-3300		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	PAYROLL
C. Full Name (Last, First, Middle Initial) Jessica Peterson		Transaction ID: 200004088 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period <div>1916.74</div>
City Chelsea State MA Zip Code 02150-3300		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	PAYROLL
SUBTOTAL of Disbursements This Page (optional)		<div>4011.18</div>
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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Jessica Peterson

Mailing Address 175 Cottage St Unit 605
Unit 605

City Chelsea State MA Zip Code 02150-3300

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1916.74

PAYROLL

Full Name (Last, First, Middle Initial)

B. Jessica Peterson

Mailing Address 175 Cottage St Unit 605
Unit 605

City Chelsea State MA Zip Code 02150-3300

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1916.74

PAYROLL

Full Name (Last, First, Middle Initial)

C. Jessica Peterson

Mailing Address 175 Cottage St Unit 605
Unit 605

City Chelsea State MA Zip Code 02150-3300

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1916.74

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5750.22

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Jessica Peterson		Transaction ID: 200004165 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period <div>1916.74</div>
City Chelsea State MA Zip Code 02150-3300	Category/ Type	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL
B. Full Name (Last, First, Middle Initial) Jennifer Phelan		Transaction ID: 200004071 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period <div>947.15</div>
City Boston State MA Zip Code 02115-	Category/ Type	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL
C. Full Name (Last, First, Middle Initial) Jennifer Phelan		Transaction ID: 200004089 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period <div>921.03</div>
City Boston State MA Zip Code 02115-	Category/ Type	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3784.92

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 235 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Jennifer Phelan		Transaction ID: 200004108 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>	
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period <div>921.03</div>	
City Boston State MA Zip Code 02115-	PAYROLL		
Purpose of Disbursement PAYROLL			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
B. Full Name (Last, First, Middle Initial) Jennifer Phelan		Transaction ID: 200004126 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period <div>921.03</div>	
City Boston State MA Zip Code 02115-	PAYROLL		
Purpose of Disbursement PAYROLL			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
C. Full Name (Last, First, Middle Initial) Jennifer Phelan		Transaction ID: 200004146 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period <div>921.03</div>	
City Boston State MA Zip Code 02115-	PAYROLL		
Purpose of Disbursement PAYROLL			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional)

2763.09

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Phelan

Mailing Address 91 Westland Avenue #619

City Boston State MA Zip Code 02115-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004166

Date of Disbursement

09 / 22 / 2006

Amount of Each Disbursement this Period

921.03

PAYROLL

Full Name (Last, First, Middle Initial)

B. Kyle Plotkin

Mailing Address 25 Ridgeway Lane
Apt. 2

City Boston State MA Zip Code 02114-

Purpose of Disbursement
PRO-RATED REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002913

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

88.36

PRO-RATED REIMBURSEMENT:
SEE BELOW

Full Name (Last, First, Middle Initial)

C. PI Alley

Mailing Address 275 Washington St

City Boston State MA Zip Code 02108-4304

Purpose of Disbursement
PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003106

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]
MEMO: PARKING

SUBTOTAL of Disbursements This Page (optional)

1009.39

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200004109 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>912.81</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	PAYROLL
B. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200004127 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>640.31</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	PAYROLL
C. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200004147 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>640.30</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2193.42

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200004167 Date of Disbursement <div> <div>09</div> <div>22</div> <div>2006</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>886.68</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PAYROLL	<div>Category/Type</div>	
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) ▼	PAYROLL
B. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200003756 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2006</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>56.82</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<div>Category/Type</div>	
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) ▼	REIMBURSEMENT: SEE BELOW
C. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200003759 Date of Disbursement <div> <div>09</div> <div>22</div> <div>2006</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>2.87</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement MILEAGE	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: MILEAGE

SUBTOTAL of Disbursements This Page (optional)

943.50

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200003758 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>7.65</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement MILEAGE	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: MILEAGE
B. Full Name (Last, First, Middle Initial) Kyle Plotkin		Transaction ID: 200003757 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period <div>10.30</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement MILEAGE	<div>Category/Type</div>	
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) ▼	[MEMO ITEM] MEMO: MILEAGE
C. Full Name (Last, First, Middle Initial) Kendall Press		Transaction ID: 200002613 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period <div>731.85</div>
City Cambridge State MA Zip Code 02141-		
Purpose of Disbursement PRO-RATED PRINTING	<div>Category/Type</div>	
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) ▼	PRO-RATED PRINTING

SUBTOTAL of Disbursements This Page (optional)

731.85

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Cambridge Offset Printing

Mailing Address 56 Creighton St

City Cambridge State MA Zip Code 02140-2032

Purpose of Disbursement
PRO-RATED DIRECT MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002916

Date of Disbursement

/ /

Amount of Each Disbursement this Period

390.00

PRO-RATED DIRECT MAIL

Full Name (Last, First, Middle Initial)

B. Cambridge Offset Printing

Mailing Address 56 Creighton St

City Cambridge State MA Zip Code 02140-2032

Purpose of Disbursement
PRO-RATED PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3750.92

PRO-RATED PRINTING

Full Name (Last, First, Middle Initial)

C. Mr. George Ramsey

Mailing Address 510 Heywood St. Apt. 320

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1589.38

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5730.30

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Mr. George Ramsey

Mailing Address 510 Heywood St. Apt. 320

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1589.38

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. George Ramsey

Mailing Address 510 Heywood St. Apt. 320

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004148

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1589.38

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. George Ramsey

Mailing Address 510 Heywood St. Apt. 320

City Columbia State SC Zip Code 29201-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200004168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1589.38

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4768.14

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)

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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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Mr. Scott Rasmussen		Transaction ID: 200004072 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address 130 S. Hall Street		Amount of Each Disbursement this Period <div> <div></div> <div>361.75</div> </div>	
City Provo State UT Zip Code 84604-	Purpose of Disbursement PAYROLL		
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) ▼		
B. Full Name (Last, First, Middle Initial) Mitchell Reiss		Transaction ID: 200003112 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 108 John Fawler Rd		Amount of Each Disbursement this Period <div> <div></div> <div>273.20</div> </div>	
City Williamsburg State VA Zip Code 23185-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: 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) ▼		
C. Full Name (Last, First, Middle Initial) Airtran Airlines		Transaction ID: 200003157 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 6</div> </div>	
Mailing Address 9955 AirTran Blvd		Amount of Each Disbursement this Period <div> <div></div> <div>47.05</div> </div>	
City Orlando State FL Zip Code 32827-	Purpose of Disbursement PRO-RATED AIRFARE		
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) ▼		

[MEMO ITEM]
MEMO: PRO-RATED AIRFARE

SUBTOTAL of Disbursements This Page (optional)

634.95

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)

PAGE 243 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Airtran Airlines

Mailing Address 9955 AirTran Blvd

City Orlando State FL Zip Code 32827-

Purpose of Disbursement
PRO-RATED AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.05

[MEMO ITEM]

MEMO: PRO-RATED AIRFARE

Full Name (Last, First, Middle Initial)

B. Massachusetts Republican Party

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
PRO-RATED VIDEO RIGHTS PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12500.00

PRO-RATED VIDEO RIGHTS PURCHASE

Full Name (Last, First, Middle Initial)

C. Copper Hill Restaurant

Mailing Address 55 North St. #408

City Logan State UT Zip Code 84321-

Purpose of Disbursement
PRO-RATED EVENT EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2688.19

PRO-RATED EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional)

15188.19

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)

PAGE 244 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Mr. Steve Roche		Transaction ID: 200002828 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div>	
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period <div>14362.50</div>	
City Waltham State MA Zip Code 02453-	Purpose of Disbursement CONSULTING		
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) ▼		
B. Full Name (Last, First, Middle Initial) Mr. Steve Roche		Transaction ID: 200002912 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period <div>5000.00</div>	
City Waltham State MA Zip Code 02453-	Purpose of Disbursement CONSULTING FEE		
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) ▼		
C. Full Name (Last, First, Middle Initial) Mr. Steve Roche		Transaction ID: 200003219 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period <div>5000.00</div>	
City Waltham State MA Zip Code 02453-	Purpose of Disbursement CONSULTING FEE		
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)

24362.50

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steve Roche

Mailing Address 70 Hope Ave. #302

City Waltham State MA Zip Code 02453-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003763

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1369.06

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
STAFF AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003764

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

628.60

[MEMO ITEM]

MEMO: STAFF AIRFARE

Full Name (Last, First, Middle Initial)

C. Wellington Hotel

Mailing Address 871 Seveth Ave. @ 55th St.

City New York State NY Zip Code 10019-

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003765

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

580.96

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional)

1369.06

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)

PAGE 246 / 267

<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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Shelly Seguin		Transaction ID: 200004129 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 135 Mountain Road		Amount of Each Disbursement this Period <div>470.42</div>	
City Windsor State CT Zip Code 06095-	Purpose of Disbursement PAYROLL		
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) ▼		
B. Full Name (Last, First, Middle Initial) Poland Spring		Transaction ID: 200002606 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>	
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period <div>51.72</div>	
City Louisville State KY Zip Code 40258-	Purpose of Disbursement WATER		
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) ▼		
C. Full Name (Last, First, Middle Initial) Poland Spring		Transaction ID: 200003011 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 6</div> </div>	
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period <div>51.72</div>	
City Louisville State KY Zip Code 40258-	Purpose of Disbursement PRO-RATED WATER		
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)

573.86

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Poland Spring

Mailing Address 6661 Dixie Hwy, Suite 4

City Louisville State KY Zip Code 40258-

Purpose of Disbursement
PRO-RATED WATER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003541

Date of Disbursement

/ /

Amount of Each Disbursement this Period

141.24

PRO-RATED WATER

Full Name (Last, First, Middle Initial)

B. Don Stirling

Mailing Address 751 South Ave

City Weston State MA Zip Code 02493-1119

Purpose of Disbursement
PRO-RATED CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002904

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2800.00

PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial)

C. Don Stirling

Mailing Address 751 South Ave

City Weston State MA Zip Code 02493-1119

Purpose of Disbursement
PRO-RATED REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003181

Date of Disbursement

/ /

Amount of Each Disbursement this Period

838.37

PRO-RATED REIMBURSEMENT:
SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

3779.61

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 248 / 267

<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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003183

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

82.65

[MEMO ITEM]

MEMO: PRO-RATED AIRFARE

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PRO-RATED AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003186

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

609.00

[MEMO ITEM]

MEMO: PRO-RATED AIRFARE

Full Name (Last, First, Middle Initial)

C. Budget Rent A Car

Mailing Address 776 North Terminal Drive

City Salt Lake City State UT Zip Code 84112-

Purpose of Disbursement
PRO-RATED CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003185

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

109.47

[MEMO ITEM]

MEMO: PRO-RATED CAR RENTAL

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Jay Stirling		Transaction ID: 200004149 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 6</div> </div>	
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period <div> <div></div> <div>389.75</div> </div>	
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PAYROLL		
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) ▼		
		PAYROLL	
B. Full Name (Last, First, Middle Initial) Jay Stirling		Transaction ID: 200004170 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>	
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period <div> <div></div> <div>774.07</div> </div>	
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PAYROLL		
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) ▼		
		PAYROLL	
C. Full Name (Last, First, Middle Initial) Barry Security Systems, Inc.		Transaction ID: 200002729 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period <div> <div></div> <div>81.25</div> </div>	
City Tewksbury State MA Zip Code 01876-	Purpose of Disbursement SECURITY SYSTEM		
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) ▼		
		SECURITY SYSTEM	

SUBTOTAL of Disbursements This Page (optional)

1245.07

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Barry Security Systems, Inc.

Mailing Address 820 Livingston Street, Suite 10

City State Zip Code
Tewksbury MA 01876-

Purpose of Disbursement
PRO-RATED SECURITY SYSTEM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

162.53

PRO-RATED SECURITY SYSTEM

Full Name (Last, First, Middle Initial)

B. Barry Security Systems, Inc.

Mailing Address 820 Livingston Street, Suite 10

City State Zip Code
Tewksbury MA 01876-

Purpose of Disbursement
PRO-RATED SECURITY SYSTEM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

PRO-RATED SECURITY SYSTEM

Full Name (Last, First, Middle Initial)

C. Barry Security Systems, Inc.

Mailing Address 820 Livingston Street, Suite 10

City State Zip Code
Tewksbury MA 01876-

Purpose of Disbursement
PRO-RATED SECURITY SYSTEM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

PRO-RATED SECURITY SYSTEM

SUBTOTAL of Disbursements This Page (optional)

262.53

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Dan Taggart		Transaction ID: 200002920 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div>	
Mailing Address 10457 N. 6300 W			
City American Fork	State UT	Zip Code 84003-	Amount of Each Disbursement this Period <div>3750.00</div>
Purpose of Disbursement PRO-RATED CONSULTING		<div>Category/ Type</div>	PRO-RATED CONSULTING
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) ▼		
B. Full Name (Last, First, Middle Initial) Dan Taggart		Transaction ID: 200003334 Date of Disbursement <div> <div>09</div> <div>12</div> <div>2006</div> </div>	
Mailing Address 10457 N. 6300 W			
City American Fork	State UT	Zip Code 84003-	Amount of Each Disbursement this Period <div>4947.21</div>
Purpose of Disbursement PRO-RATED CONSULTING		<div>Category/ Type</div>	PRO-RATED CONSULTING
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) ▼		
C. Full Name (Last, First, Middle Initial) Dan Taggart		Transaction ID: 200003497 Date of Disbursement <div> <div>09</div> <div>19</div> <div>2006</div> </div>	
Mailing Address 10457 N. 6300 W			
City American Fork	State UT	Zip Code 84003-	Amount of Each Disbursement this Period <div>6250.00</div>
Purpose of Disbursement PRO-RATED CONSULTING		<div>Category/ Type</div>	PRO-RATED CONSULTING
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)

14947.21

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Mindshift Technologies, Inc.

Mailing Address 307 Waverly Oaks Rd. #201

City Waltham State MA Zip Code 02452-

Purpose of Disbursement
PRO-RATED OFFICE IT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1377.78

PRO-RATED OFFICE IT

Full Name (Last, First, Middle Initial)

B. Mindshift Technologies, Inc.

Mailing Address 307 Waverly Oaks Rd. #201

City Waltham State MA Zip Code 02452-

Purpose of Disbursement
PRO-RATED OFFICE IT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002925

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4723.70

PRO-RATED OFFICE IT

Full Name (Last, First, Middle Initial)

C. Mindshift Technologies, Inc.

Mailing Address 307 Waverly Oaks Rd. #201

City Waltham State MA Zip Code 02452-

Purpose of Disbursement
PRO-RATED OFFICE IT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5024.13

PRO-RATED OFFICE IT

SUBTOTAL of Disbursements This Page (optional)

11125.61

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Julie Teer		Transaction ID: 200001541 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 1 Devonshire PI Apt 3807 Apt 3807		Amount of Each Disbursement this Period <div>3125.00</div>
City Boston State MA Zip Code 02109-3581		
Purpose of Disbursement PRO-RATED CONSULTING	<div>Category/Type</div>	
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) ▼	PRO-RATED CONSULTING
B. Full Name (Last, First, Middle Initial) Julie Teer		Transaction ID: 200002612 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 1 Devonshire PI Apt 3807 Apt 3807		Amount of Each Disbursement this Period <div>6250.00</div>
City Boston State MA Zip Code 02109-3581		
Purpose of Disbursement PRO-RATED CONSULTING	<div>Category/Type</div>	
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) ▼	PRO-RATED CONSULTING
C. Full Name (Last, First, Middle Initial) Julie Teer		Transaction ID: 200002923 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 1 Devonshire PI Apt 3807 Apt 3807		Amount of Each Disbursement this Period <div>6250.00</div>
City Boston State MA Zip Code 02109-3581		
Purpose of Disbursement PRO-RATED CONSULTING	<div>Category/Type</div>	
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) ▼	PRO-RATED CONSULTING

SUBTOTAL of Disbursements This Page (optional)

15625.00

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)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Julie Teer		Transaction ID: 200003336 Date of Disbursement <div> <div>MM / DD / YY</div> <div>09 / 12 / 2006</div> </div>
Mailing Address 1 Devonshire PI Apt 3807 Apt 3807		Amount of Each Disbursement this Period <div>6250.00</div>
City Boston State MA Zip Code 02109-3581		
Purpose of Disbursement PRO-RATED CONSULTING	<div>Category/Type</div>	
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) ▼	PRO-RATED CONSULTING
B. Full Name (Last, First, Middle Initial) Logos To Go		Transaction ID: 200002337 Date of Disbursement <div> <div>MM / DD / YY</div> <div>07 / 11 / 2006</div> </div>
Mailing Address 145 High St		Amount of Each Disbursement this Period <div>429.00</div>
City Hingham State MA Zip Code 02043-3338		
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE	<div>Category/Type</div>	
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) ▼	PRO-RATED FUNDRAISING EXP-ENSE
C. Full Name (Last, First, Middle Initial) Logos To Go		Transaction ID: 200002732 Date of Disbursement <div> <div>MM / DD / YY</div> <div>07 / 25 / 2006</div> </div>
Mailing Address 145 High St		Amount of Each Disbursement this Period <div>6056.52</div>
City Hingham State MA Zip Code 02043-3338		
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE	<div>Category/Type</div>	
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) ▼	PRO-RATED FUNDRAISING EXP-ENSE

SUBTOTAL of Disbursements This Page (optional)

12735.52

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Logos To Go

Mailing Address 145 High St

City Hingham State MA Zip Code 02043-3338

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002819

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2006

Amount of Each Disbursement this Period

466.64

PRO-RATED FUNDRAISING EXP-
ENSE

Full Name (Last, First, Middle Initial)

B. Logos To Go

Mailing Address 145 High St

City Hingham State MA Zip Code 02043-3338

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002924

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2006

Amount of Each Disbursement this Period

1024.40

PRO-RATED FUNDRAISING EXP-
ENSE

Full Name (Last, First, Middle Initial)

C. St. Paul Travelers

Mailing Address 258 Blanchard Rd

City Belmont State MA Zip Code 02478-

Purpose of Disbursement
PRO-RATED INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002617

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2006

Amount of Each Disbursement this Period

903.00

PRO-RATED INSURANCE

SUBTOTAL of Disbursements This Page (optional)

2394.04

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Vineyard Vines

Mailing Address 37 Brown House Ct.

City Stamford State CT Zip Code 06902-6303

Purpose of Disbursement
PRO-RATED FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200003754

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1795.00

PRO-RATED FUNDRAISING EXP-
ENSE

Full Name (Last, First, Middle Initial)

B. Cingular Wireless

Mailing Address PO Box 6414

City Carol Stream State IL Zip Code 60197-6414

Purpose of Disbursement
PRO-RATED STAFF CELL PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1428.42

PRO-RATED STAFF CELL PHON-
ES

Full Name (Last, First, Middle Initial)

C. Cingular Wireless

Mailing Address PO Box 6414

City Carol Stream State IL Zip Code 60197-6414

Purpose of Disbursement
PRO-RATED CELL PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 200002736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

92.32

PRO-RATED CELL PHONES

SUBTOTAL of Disbursements This Page (optional)

3315.74

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Cingular Wireless

Mailing Address PO Box 6414

City Carol Stream State IL Zip Code 60197-6414

Purpose of Disbursement
PRO-RATED STAFF CELL PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002918

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

115.31

PRO-RATED STAFF CELL PHONES

B. Cingular Wireless

Mailing Address PO Box 6414

City Carol Stream State IL Zip Code 60197-6414

Purpose of Disbursement
PRO-RATED CELL PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003015

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

2021.54

PRO-RATED CELL PHONES

C. Cingular Wireless

Mailing Address PO Box 6414

City Carol Stream State IL Zip Code 60197-6414

Purpose of Disbursement
PRO-RATED STAFF CELL PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003748

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

2054.76

PRO-RATED STAFF CELL PHONES

SUBTOTAL of Disbursements This Page (optional)

4191.61

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 15023

City Worcester State MA Zip Code 01615-0023

Purpose of Disbursement
PRO-RATED CELL PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200002813

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

877.77

PRO-RATED CELL PHONES

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 15023

City Worcester State MA Zip Code 01615-0023

Purpose of Disbursement
PRO-RATED STAFF CELL PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003250

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

1019.10

PRO-RATED STAFF CELL PHONES

SUBTOTAL of Disbursements This Page (optional)

1896.87

TOTAL This Period (last page this line number only)

721188.46

SCHEDULE 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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Knollenberg for Congress

Mailing Address 31000 Telegraph Road, Suite 110

City Franklin State MI Zip Code 48025-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOSEPH K KNOLLENBERG

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 09

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 200002345

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Knollenberg Congress Committee

Mailing Address 31000 Telegraph Road, Suite 110

City Franklin State MI Zip Code 48025-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOSEPH K KNOLLENBERG

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 09

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 200003067

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Van Taylor for Congress Committee

Mailing Address PO Box 485

City Waco State TX Zip Code 76703-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
NICHOLAS VANCAMPEN TAYLOR

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 17

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 200003071

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

10000.00

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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Friends of David Reichert

Mailing Address 3023 80th Avenue SE

City Mercer Island State WA Zip Code 98040-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DAVE REICHERT

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 200003755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Jeb Bradley For Congress

Mailing Address 645 S. Main Street

City Wolfeboro State NH Zip Code 03894-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOSEPH E III BRADLEY

Office Sought: ☒ House
☐ Senate
☐ President

State: NH District: 01

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 200003070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Ralph Norman For Congress

Mailing Address PO Box 36335

City Rock Hill State SC Zip Code 29732-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RALPH W MR. JR NORMAN

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 05

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 200003658

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

5500.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Tim Walberg For Congress

Mailing Address 6769 Teachout Road

City State Zip Code
Tipton MI 49287-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
TIMOTHY WALBERG

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 07

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 200003069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. The Barrett For Congress Committ

Mailing Address PO Box 869

City State Zip Code
Westminster SC 29693-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JAMES GRESHAM BARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 03

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 200002835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Steele For Maryland

Mailing Address PO Box 347

City State Zip Code
Annapolis MD 21404-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MICHAEL STEELE

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District: 03

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 200003253

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2900.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

10400.00

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)
The Commonwealth PAC

A. Bouchard For US Senate Full Name (Last, First, Middle Initial) Mailing Address 4050 W. Maple Road City Bloomfield Hills State MI Zip Code 48301- Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL J BOUCHARD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200003068 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
B. Tom Kean For US Senate Full Name (Last, First, Middle Initial) Mailing Address 187 Mill Lane City Mountainside State NJ Zip Code 07092- Purpose of Disbursement CONTRIBUTION Candidate Name THOMAS H JR KEAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200002660 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00 CONTRIBUTION
C. Friends of George Allen Full Name (Last, First, Middle Initial) Mailing Address PO Box 6859 City Arlington State VA Zip Code 22206- Purpose of Disbursement CONTRIBUTION Candidate Name GEORGE ALLEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 200003687 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
SUBTOTAL of Disbursements This Page (optional)		13000.00
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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. The Palmetto Freedom Pac

Mailing Address PO Box 1995

City Lexington State SC Zip Code 29071-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: 200003398

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Maine Republican Party

Mailing Address 9 Higgins Street

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: 200003252

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2006

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. West Virginia Republican Party

Mailing Address PO Box 2711

City Charleston State WV Zip Code 25330-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: 200002737

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

11000.00

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)
The Commonwealth PAC

A. Chaffee for Senate Full Name (Last, First, Middle Initial) Mailing Address PO Box 7329 City Warwick State RI Zip Code 02887- Purpose of Disbursement CONTRIBUTION Candidate Name LINCOLN D CHAFFEE Office Sought: <input type="checkbox"/> House <input checked="" 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: RI District: 00		Transaction ID: 200003341 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
B. DeMint for Senate Full Name (Last, First, Middle Initial) Mailing Address PO Box 12425 City Columbia State SC Zip Code 29201- Purpose of Disbursement CONTRIBUTION Candidate Name JAMES W DEMINT Office Sought: <input type="checkbox"/> House <input checked="" 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: SC District: 00		Transaction ID: 200003397 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
C. Mike DeWine for U.S. Senate 2006 Full Name (Last, First, Middle Initial) Mailing Address PO Box 340188 City Columbus State OH Zip Code 43234- Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD MICHAEL DEWINE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00		Transaction ID: 200003604 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 CONTRIBUTION
SUBTOTAL of Disbursements This Page (optional)		5500.00
TOTAL This Period (last page this line number only)		55400.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial) Jim Douglas For Governor		Transaction ID: 200002833 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 7 / 2 0 0 6</div> </div>
Mailing Address 100 State Street Suite 308		Amount of Each Disbursement this Period <div>3000.00</div>
City Montpelier State VT Zip Code 05601-		
Purpose of Disbursement CONTRIBUTION	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
B. Full Name (Last, First, Middle Initial) Bob Riley For Governor		Transaction ID: 200003065 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div>
Mailing Address PO Box 59708		Amount of Each Disbursement this Period <div>5000.00</div>
City Birmingham State AL Zip Code 35209-		
Purpose of Disbursement CONTRIBUTION	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
C. Full Name (Last, First, Middle Initial) Bryson For Governor		Transaction ID: 200003073 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div>
Mailing Address PO Box 330158		Amount of Each Disbursement this Period <div>5000.00</div>
City Nashville State TN Zip Code 37203-		
Purpose of Disbursement CONTRIBUTION	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional)

13000.00

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

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(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)
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Casey Cagle For Lt. Governor

Mailing Address PO Box 489

City Oakwood State GA Zip Code 30566-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: 200003090

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Poizner for Insurance Commission

Mailing Address PO Box 508

City Los Altos State CA Zip Code 94023-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: 200003074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Perdue for a New Georgia

Mailing Address PO Box 12369

City Atlanta State GA Zip Code 30355-2369

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: 200002474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

The Commonwealth PAC

Full Name (Last, First, Middle Initial)

A. Hamilton County Republican Committee

Mailing Address 700 Walnut Street, Suite 309

City
Cincinnati

State
OH

Zip Code
45202-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: 200003603

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

24500.00