

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

ITS MY PARTY

ADDRESS (number and street) PO Box 225
 Check if different than previously reported. (ACC)
 Colonia NJ 07067

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

C00409169

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 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 Ronald R. Gravino

Signature of Treasurer Electronically Filed by Ronald R. Gravino Date 10 02 2006

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

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ITS MY PARTY

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 73328.98 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 73328.98 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 257841.13 | 257841.13 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 331170.11 | 331170.11 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 314210.00 | 314210.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 16960.11 | 16960.11 | | | | | | | | |
| 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**

Write or Type Committee Name
ITS MY PARTY

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 200850.00 | 200850.00 |
| (i) Itemized (use Schedule A) | 56991.13 | 56991.13 |
| (ii) Unitemized | 257841.13 | 257841.13 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 257841.13 | 257841.13 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 257841.13 | 257841.13 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 257841.13 | 257841.13 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 296410.00 | 296410.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 296410.00 | 296410.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15800.00 | 15800.00 |
| 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..... | 2000.00 | 2000.00 |
| 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)).. | 314210.00 | 314210.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 314210.00 | 314210.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 257841.13 | 257841.13 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 257841.13 | 257841.13 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 296410.00 | 296410.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 296410.00 | 296410.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Robert Gannett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 619 Pleasant Valley Road | | Transaction ID: 15912282 | |
| City Brattleboro | State VT | Zip Code 05301 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Lawyer | | |
| 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) Doreen Hamilton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3500 Hamlet Pl. | | Transaction ID: 15912287 | |
| City Chevy Chase | State MD | Zip Code 20815-4816 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| 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) James Hoch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 87 Tanglewylde Ave. | | Transaction ID: 15912295 | |
| City Bronxville | State NY | Zip Code 10708-3220 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Tailwind | Occupation Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JT Lindsey | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Box 98 | | Transaction ID: 15912302 |
| City Omega | State GA | Zip Code 31775-0098 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Omega Pharmacy | Occupation pharmacist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. William Potter | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 95 Greenhorn Rd. | | Transaction ID: 15912310 |
| City Hailey | State ID | Zip Code 83333 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer info requested | Occupation info requested | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Guy De Chazel | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 68 Wheatley Rd. | | Transaction ID: 15912332 |
| City Glen Head | State NY | Zip Code 11545-2922 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Morgan Stanley | Occupation Vice Chair | |
| 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) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Richard Dougherty | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address P.O. Box 1351 | | Transaction ID: 15912334 | |
| City Great Bend | State KS | Zip Code 67530-1351 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Mid-Continent LP | Occupation Retail | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Katharine Ferguson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 541 Gay St. | | Transaction ID: 15912337 | |
| City Westwood | State MA | Zip Code 02090-1731 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer homemaker | Occupation homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. J. Sidney Flowers | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address P.O. Box 618 | | Transaction ID: 15912338 | |
| City Hinesville | State GA | Zip Code 31310-0618 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self employed | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. Christine Jacobs | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 553 Timber Ln. | | Transaction ID: 15912344 | |
| City Devon | State PA | Zip Code 19333-1234 | Amount of Each Receipt this Period 2000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Exelon Energy | Occupation executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ralph Loveys | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 21 Parker Court | | Transaction ID: 15912349 | |
| City Florham Park | State NJ | Zip Code 07932-2501 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. John & Sally Morley | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 13485 N. Park Blvd. | | Transaction ID: 15912351 | |
| City Cleveland Heights | State OH | Zip Code 44118-4927 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| 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) | 3250.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jeffrey Wentworth | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 160 Country Ln. | | Transaction ID: 15912361 | |
| City State Zip Code San Antonio TX 78209-2228 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Loeffler, Jones, and Tuggey | | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Susan Ordway | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6 | |
| Mailing Address 26291 Siena Dr. | | Transaction ID: 15912363 | |
| City State Zip Code Bonita Springs FL 34134-1618 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Stephen K West | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 42 Old Wood Road | | Transaction ID: 15912369 | |
| City State Zip Code Bernardsville NJ 07924-1416 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| 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 11 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Wendell Peterson | | Date of Receipt MM / DD / YYYY 01 / 17 / 2006 |
| Mailing Address 12499 Timber Ridge Tr. | | Transaction ID: 15912378 |
| City Ida | State MI | Zip Code 48140-9574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer retired | Occupation retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Warren Batts | | Date of Receipt MM / DD / YYYY 01 / 18 / 2006 |
| Mailing Address 219 E. Lake Shore Dr., Unit 11 C/D | | Transaction ID: 15912382 |
| City Chicago | State IL | Zip Code 60611-1352 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer retired | Occupation retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. J.A. Frost | | Date of Receipt MM / DD / YYYY 01 / 18 / 2006 |
| Mailing Address 4700 N. Delhi Rd. | | Transaction ID: 15912386 |
| City Ann Arbor | State MI | Zip Code 48103-9479 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | |
| 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) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
ITS MY PARTY

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

Mailing Address 404 Missionary Ridge Dr.

City Springfield State IL Zip Code 62711-8285

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

Name of Employer IHCA Occupation Membership Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 15912387

Amount of Each Receipt this Period
250.00

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

Mailing Address 8160 N. Green Bay Rd.

City River Hills State WI Zip Code 53217-2062

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

Name of Employer Lubar & Co., Inc Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 15912391

Amount of Each Receipt this Period
250.00

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

Mailing Address 6634 Columbus Dr.

City Middleton State WI Zip Code 53562-2845

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

Name of Employer State of Wisconsin Higher Education Ad Occupation info requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 15912394

Amount of Each Receipt this Period
250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Kirk Henckels Mailing Address 88 Central Park W. City New York State NY Zip Code 10023-5209 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 Transaction ID: 15912395 Amount of Each Receipt this Period 250.00 |
| Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Real Estate Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Robert Beall Mailing Address 5300 Miramar Lane City Colleyville State TX Zip Code 76034-5554 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 Transaction ID: 15912396 Amount of Each Receipt this Period 500.00 |
| Name of Employer R.S. Beall Investments, Inc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation President/Owner Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Patrick McGettigan Mailing Address 3327 N. Street, NW City Washington State DC Zip Code 20007-2808 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Transaction ID: 15912414 Amount of Each Receipt this Period 2000.00 |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
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| SUBTOTAL of Receipts This Page (optional) | ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Thomas Stroock | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address P.O. Box 2875 | | Transaction ID: 15912423 |
| City Casper | State WY | Zip Code 82602-2875 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Oil & Gas Properties | Occupation executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. James Wood | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 93 Catherine Lane | | Transaction ID: 15912427 |
| City Bridgewater | State NJ | Zip Code 08807-2521 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer James H. Wood CPA | Occupation office manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Janice Barrow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 911 Briar Ridge Dr. | | Transaction ID: 15912431 |
| City Houston | State TX | Zip Code 77057-1117 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer Homemaker | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

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

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 / 140 |
| | (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)
ITS MY PARTY

| | | |
|--|------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) Lorrence Kellar Mailing Address 2615 Grandin Rd. City State Zip Code Cincinnati OH 45208-3433 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Transaction ID: 15912432 Amount of Each Receipt this Period 250.00 |
| Name of Employer Continental Properties Occupation real estate 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) Howard Burkart Mailing Address 118 Canoe Landing City State Zip Code Badin Lake NC 28127-8672 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 15912438 Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired Occupation Retired 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) Nancy Donovan Mailing Address 211 W. Westminister Rd. City State Zip Code Lake Forest IL 60045-2126 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 15912443 Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 140 |
| | <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)
ITS MY PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Thomas Graves | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 10663 Bardes Ct. | | Transaction ID: 15912451 |
| City Largo | State FL | Zip Code 33777-1222 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Robert Jeffrey | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 88 E. Broad St. (Suite 1400) | | Transaction ID: 15912457 |
| City Columbus | State OH | Zip Code 43215-3583 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Lawrence Kellner | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 10915 Pifer Way | | Transaction ID: 15912458 |
| City Houston | State TX | Zip Code 77024-5440 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Continental Airlines | Occupation executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

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

Mailing Address 398 N. Main St.

City State Zip Code
Russell PA 16345-1418

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

Name of Employer Blair Corporation Occupation director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 15912466

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 929

City State Zip Code
St. Charles IL 60174

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

Name of Employer Retired 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 Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 15912467

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Denis & Joanne Salamone

Mailing Address 440 Hillcrest Rd.

City State Zip Code
Ridgewood NJ 07450-1521

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

Name of Employer Hudson City Savings Occupation Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 15912476

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. John Simpson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 338 Heights Rd. | | Transaction ID: 15912478 | |
| City Ridgewood | State NJ | Amount of Each Receipt this Period 250.00 | |
| Zip Code 07450-2416 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Grant Thornton, LLP | Occupation Accountant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. M'Liss Chapman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 159 Watch Hill Rd. | | Transaction ID: 15912496 | |
| City Westerly | State RI | Amount of Each Receipt this Period 500.00 | |
| Zip Code 02891-5033 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer self employed | Occupation interior design | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Warren Eisenberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 245 Hartshorn Dr. | | Transaction ID: 15912499 | |
| City Short Hills | State NJ | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 07078-1916 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer retired | Occupation retired | | |
| 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) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Herbert Louis | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 6 |
| Mailing Address 5070 N. 40th St., Ste. 130 | | Transaction ID: 15912513 |
| City State Zip Code Phoenix AZ 85018-2193 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer retired | Occupation retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ellis Manning | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 6 |
| Mailing Address 116 Saint Andrews | | Transaction ID: 15912514 |
| City State Zip Code St Simons Island GA 31522-2477 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Isabel Potter | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 6 |
| Mailing Address 116 East 66th Street | | Transaction ID: 15912519 |
| City State Zip Code New York NY 10021-6547 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Domestic Engineer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1800.00 |
| 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 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Charles Erhart | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 149 East 73rd Street | | Transaction ID: 15912525 | |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mary Courim | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 570 Ocean Dr. Apt. 1202 | | Transaction ID: 15912528 | |
| City State Zip Code Juno Beach FL 33408-1955 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Charles Brennan III | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 281 S. Beach Road | | Transaction ID: 15912532 | |
| City State Zip Code Hobe Sound FL 33455-2603 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Business Owner | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 140 |
| | <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)
ITS MY PARTY

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Linda Burris Mailing Address 849 Harbour Isles Place City State Zip Code West Palm Beach FL 33410-4408 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: 15912533 Amount of Each Receipt this Period 250.00 |
| Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation developer Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|--|
| B. Full Name (Last, First, Middle Initial) Roger Davidson Mailing Address 72 Valley Rd. City State Zip Code Katonah NY 10536-1721 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: 15912537 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Musician Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Matthew Diggs Mailing Address 1160 Lytle Lane City State Zip Code Dayton OH 45409-2112 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: 15912538 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 140 |
| | <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)
ITS MY PARTY

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Robert Frederick Mailing Address P.O. Box 1428 City State Zip Code Boca Grande FL 33921-1428 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: 15912539 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) James Houston Mailing Address 345 N. Via Las Palmas City State Zip Code Palm Springs CA 92262-4292 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: 15912542 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation Self Employed Business Owner Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Betty Irvin Mailing Address 539 Spoleto Dr. City State Zip Code Pacific Palisades CA 90272-4517 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: 15912543 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Homemaker Homemaker Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Whitney Harris | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 2818 Stonington Pl. | | Transaction ID: 15912547 | |
| City State Zip Code Saint Louis MO 63131-3417 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Katherine Loo | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 19 Northgate Rd. | | Transaction ID: 15912549 | |
| City State Zip Code Colorado Springs CO 80906-4331 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer High Valley Group | Occupation executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Timothy Moore | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 3 Grove Isle Dr. Apt. 1609 | | Transaction ID: 15912550 | |
| City State Zip Code Miami FL 33133-4122 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Moore Overseas Constructi- on Co. | Occupation Contractor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Gerald Smith | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 1718 Long Field Dr. | | Transaction ID: 15912555 | |
| City State Zip Code Saint Helena Islan SC 29920-3812 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Robert Tointon | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 6305 W. 26th St. | | Transaction ID: 15912556 | |
| City State Zip Code Greeley CO 80634-8929 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Phelps-Tointon, Inc. | Occupation Executive. | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

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|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Lawrence Peirano | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 3435 Black Hawk Rd. | | Transaction ID: 15912572 | |
| City State Zip Code Lafayette CA 94549-2326 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) Lynda Weiser Mailing Address 555 Katie Park City Snowmass State CO Zip Code 81654-9135 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 15912573 Amount of Each Receipt this Period 250.00 |
| Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Info Requested Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Sharon Bell Mailing Address 5844 Beauregard Dr. City Nashville State TN Zip Code 37215-4805 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 15912574 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Executive Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Nancy Callahan Mailing Address 201B E. 82nd St. City New York State NY Zip Code 10028-2701 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 15912577 Amount of Each Receipt this Period 250.00 |
| Name of Employer AIG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Insurance Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) Patricia McElhone Mailing Address 100 W. Houston St. City State Zip Code New York NY 10012-2547 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 15912578 Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Daniel Adams Mailing Address 450 Lexington Ave. City State Zip Code New York NY 10017-3900 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 15912580 Amount of Each Receipt this Period 250.00 |
| Name of Employer retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation retired Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|--|
| C. Full Name (Last, First, Middle Initial) Gerald Blakeley Mailing Address 60 State Street, Ste. 3400 City State Zip Code Boston MA 02109-1800 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 15912582 Amount of Each Receipt this Period 250.00 |
| Name of Employer Blakeley Investment Co Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation President Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 140 |
| | <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)
ITS MY PARTY

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. George Charfauros | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 5842 Karen Ave. | | Transaction ID: 15912585 | |
| City State Zip Code Cypress CA 90630-3312 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Grolier Inc | Occupation educator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Harvey Cleland | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 22051 Shallowater Lane | | Transaction ID: 15912586 | |
| City State Zip Code Bonita Springs FL 34135-8150 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer info requested | Occupation info requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Nathaniel De Rothschild | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 1040 5th Ave. | | Transaction ID: 15912588 | |
| City State Zip Code New York NY 10028-0137 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Nathaniel de Rothschild Holdings LTD. | Occupation Self Employed - Private Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Alan Kristel | | Date of Receipt MM / DD / YYYY 01 / 26 / 2006 |
| Mailing Address 900 Grand Blvd. | | Transaction ID: 15912605 |
| City State Zip Code Deer Park NY 11729-5745 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 |
| Name of Employer Commercial Envelope Mfg. Co. | Occupation president | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Wayne Laufer | | Date of Receipt MM / DD / YYYY 01 / 26 / 2006 |
| Mailing Address 3511 236th St. SE | | Transaction ID: 15912607 |
| City State Zip Code Bothell WA 98021-8973 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer self employed | Occupation engineer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Raymond Saulnier | | Date of Receipt MM / DD / YYYY 01 / 26 / 2006 |
| Mailing Address 230 Heron Pt. | | Transaction ID: 15912617 |
| City State Zip Code Chestertown MD 21620-1676 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Stephen LeDoux | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 205 Old Post Rd. | | Transaction ID: 15912625 | |
| City State Zip Code Bedford NY 10506-1010 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Rothchild | Occupation finance | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Gary Jones | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 3801 Hillwood Way | | Transaction ID: 15912626 | |
| City State Zip Code Bedford TX 76021-2530 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Texas Pulmonary Hospital | Occupation physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. William Messerli | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 150 S. 5th St. | | Transaction ID: 15912627 | |
| City State Zip Code Minneapolis MN 55402-4200 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Messerli and Kramer | Occupation attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Jerry Stanton | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 775 Southbranch Dr. | | Transaction ID: 15912629 | |
| City State Zip Code Waukee IA 50263-9560 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 1000.00 | | |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ross Hartley | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address P.O. Box 477 | | Transaction ID: 15912630 | |
| City State Zip Code Teton Village WY 83025-0477 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation retired Aggregate Year-to-Date ▼ 250.00 | | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Michael Gold | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 1524 W. Voltz Rd. | | Transaction ID: 15912636 | |
| City State Zip Code Northbrook IL 60062-3824 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Arangold Corp. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Executive Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Colin Powell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 1317 Ballantrae Farm Dr. | | Transaction ID: 15912639 |
| City State Zip Code Mc Lean VA 22101-3028 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation retired Retired | | |
| 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) Howland Rogers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 89 S. Beach Rd. | | Transaction ID: 15912640 |
| City State Zip Code Hobe Sound FL 33455-2336 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired Retired | | |
| 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) Charles Whitman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address 450 Lexington Ave. | | Transaction ID: 15912651 |
| City State Zip Code New York NY 10017-3900 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Davis Polk & Wardwell Lawyer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. James Clark | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 340 Cocoanut Roe | | Transaction ID: 15912657 | |
| City State Zip Code Palm Beach FL 33480-4523 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. David De Leeuw | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1130 Park Ave. | | Transaction ID: 15912658 | |
| City State Zip Code New York NY 10128-1255 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lion Chemical | Occupation Managing Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Albert Estes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address P.O. Box 18005 | | Transaction ID: 15912659 | |
| City State Zip Code Clearwater FL 33762-1005 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Al Estes Bonding | Occupation bondsman | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Sue Kelly | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 187 Jay St. | | Transaction ID: 15912663 | |
| City Katonah | State NY | Amount of Each Receipt this Period 500.00 | |
| Zip Code 10536-3702 | | Transaction ID: 15912663 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer US Congress | Occupation representative | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Edwin Seipp | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 49 Tuscaloosa Ave. | | Transaction ID: 15912669 | |
| City Atherton | State CA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 94027-4014 | | Transaction ID: 15912669 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Paul Fulton | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 380 Knollwood St., Ste. 610 | | Transaction ID: 15912676 | |
| City Winston Salem | State NC | Amount of Each Receipt this Period 2000.00 | |
| Zip Code 27103-1849 | | Transaction ID: 15912676 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 | |
| Name of Employer Basset Furniture Corp. | Occupation Chairman | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Hendrick Meijer | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 | |
| Mailing Address P.O. Box 2822 | | Transaction ID: 15912686 | |
| City Grand Rapids | State MI | Amount of Each Receipt this Period 250.00 | |
| Zip Code 49501-2822 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Meijer | Occupation Retailer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Charles Snelling | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 | |
| Mailing Address 1280 Church St. | | Transaction ID: 15912688 | |
| City Fogelsville | State PA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 18051-1710 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Real Estate Developer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Helen Streett | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 | |
| Mailing Address 9012 Haverford Ter. | | Transaction ID: 15912689 | |
| City Saint Louis | State MO | Amount of Each Receipt this Period 250.00 | |
| Zip Code 63117-1050 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer homemaker | Occupation homemaker | | |
| 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) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) Robert Johnson Mailing Address 6450 Ellenwood Ave. City State Zip Code Saint Louis MO 63105-2229 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Transaction ID: 15912690 Amount of Each Receipt this Period 250.00 |
| Name of Employer St. Louis Hospital Occupation Surgeon 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) James Donovan Mailing Address 8805 Roberts Rd. City State Zip Code Odessa FL 33556-1920 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Transaction ID: 15912695 Amount of Each Receipt this Period 500.00 |
| Name of Employer Donovan Occupation Partner 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) Matthew McCall Mailing Address 686 Hill Rd. City State Zip Code Winnetka IL 60093-3915 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Transaction ID: 15912703 Amount of Each Receipt this Period 250.00 |
| Name of Employer Portage Ventures Occupation Venture Capital 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) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Gordon Segal | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 | |
| Mailing Address 34 Woodley Rd. | | Transaction ID: 15912706 | |
| City Winnetka | State IL | Amount of Each Receipt this Period 500.00 | |
| Zip Code 60093-3749 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Crate and Barrel | Occupation Retailer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Mary Warren | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 | |
| Mailing Address 235 E. 57th St. Apt. 18J | | Transaction ID: 15912710 | |
| City New York | State NY | Amount of Each Receipt this Period 500.00 | |
| Zip Code 10022-2842 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer info requested | Occupation info requested | | |
| 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) Paul Edgerley | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 | |
| Mailing Address 119 Hyslop Rd. | | Transaction ID: 15912714 | |
| City Brookline | State MA | Amount of Each Receipt this Period 5000.00 | |
| Zip Code 02445-5727 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Baon Capital | Occupation Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

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|--|---------|
| 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: (check only one) | PAGE 37 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Thomas Kean | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6 | |
| Mailing Address P.O. Box 332 | | Transaction ID: 15912720 | |
| City State Zip Code Far Hills NJ 07931-0332 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer THK Consulting LLC | Occupation consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Steven Kristel | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6 | |
| Mailing Address 900 Grand Blvd. | | Transaction ID: 15912721 | |
| City State Zip Code Deer Park NY 11729-5745 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Commercial Envelope | Occupation Envelope Manufacturer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Foster Bam | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 | |
| Mailing Address 51 Londonderry Dr. | | Transaction ID: 15912730 | |
| City State Zip Code Greenwich CT 06830-3508 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Foster & Foster | Occupation Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| 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 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) Rosalie Biedron Mailing Address P.O. Box 22 City State Zip Code Far Hills NJ 07931-0022 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Transaction ID: 15912733 Amount of Each Receipt this Period 500.00 |
| Name of Employer info requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation info requested Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Robert Earl Mailing Address 1227 Swanston Dr. City State Zip Code Sacramento CA 95818-3413 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Transaction ID: 15912740 Amount of Each Receipt this Period 250.00 |
| Name of Employer Earl Consulting Co., LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Lois Gable Mailing Address 836 Heritage Hill Dr. City State Zip Code York PA 17402-8400 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Transaction ID: 15912741 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Business Owner Aggregate Year-to-Date ▼ 1000.00 | |

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|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| 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 / 140 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Peter Prudden | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 | |
| Mailing Address 896 Graves Rd. | | Transaction ID: 15912752 | |
| City State Zip Code Conway MA 01341-9601 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Marilyn Brewer | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 | |
| Mailing Address 1603 Arch Bay Drive | | Transaction ID: 15912762 | |
| City State Zip Code Newport Beach CA 92660-6023 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Robert Gannett | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 | |
| Mailing Address 619 Pleasant Valley Road | | Transaction ID: 15912764 | |
| City State Zip Code Brattleboro VT 05301 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Lawyer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Whitney Harris | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 | |
| Mailing Address 2818 Stonington Pl. | | Transaction ID: 15912768 | |
| City State Zip Code Saint Louis MO 63131-3417 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Caleb Mears | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 | |
| Mailing Address 11654 Pennsylvania St. | | Transaction ID: 15912776 | |
| City State Zip Code Northglenn CO 80233-1911 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer info requested | Occupation info requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Wilhelmina Cole Holladay | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 3215 R. Street NW | | Transaction ID: 15912780 | |
| City State Zip Code Washington DC 20007-2941 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self employed | Occupation museum chair | | |
| 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) ▶ | 1300.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Eleonora Landy | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 605 Almeria Ave. | | Transaction ID: 15912783 | |
| City State Zip Code Coral Gables FL 33134-5602 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer homemaker | Occupation homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Frederick Mueller | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address Twelve Oaks Farm, PO Box 10 | | Transaction ID: 15912784 | |
| City State Zip Code Far Hills NJ 07931-0010 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Mueller Bros. Inc | Occupation Wholesale Florist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Thomas Pulling | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 34 Yellowcote Road | | Transaction ID: 15912785 | |
| City State Zip Code Oyster Bay NY 11771-4111 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. John Downing | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 985 Matlock Rd. | | Transaction ID: 15912788 | |
| City State Zip Code Bowling Green KY 42104-7408 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self employed Occupation physician | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Suzanne Meyer | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 1100 Pemridge Dr. #156 | | Transaction ID: 15912789 | |
| City State Zip Code Lake Forest IL 60045-4218 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer JP Morgan Occupation banker | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Eric Ross | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 2000 S. Ocean Boulevard 104S | | Transaction ID: 15912790 | |
| City State Zip Code Palm Beach FL 33480 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 43 / 140 | | | | | | |
| | (check only one) | | | | | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Patricia Ranson | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 | |
| Mailing Address 9324 W. Douglas Avenue | | Transaction ID: 15912804 | |
| City State Zip Code Wichita KS 67212 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Utility Consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Eric Ross | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 | |
| Mailing Address 2000 S. Ocean Boulevard 104S | | Transaction ID: 15912807 | |
| City State Zip Code Palm Beach FL 33480 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. C. Barrows Hall | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 | |
| Mailing Address 236 S. Beach Rd. | | Transaction ID: 15912833 | |
| City State Zip Code Hobe Sound FL 33455-2508 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 140 | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Mari Watts Mailing Address P.O. Box 143 City State Zip Code Oldwick NJ 08858-0143 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 15912844 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation retired retired Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Clive Runnells Mailing Address PO Box 22738 City State Zip Code Houston TX 77227-2738 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 15912846 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Self Employed, Investor Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) John McDonnell Mailing Address 1 Serendipity Ln. City State Zip Code Saint Louis MO 63131-1307 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 15912848 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | | |

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Richard Ninde | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 | |
| Mailing Address 85 Kendel Dr. | | Transaction ID: 15912849 | |
| City State Zip Code Oberlin OH 44074-1904 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Paul Anderson | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 6 | |
| Mailing Address 2440 N. Lakeview Ave. Apt. 5-A | | Transaction ID: 15912851 | |
| City State Zip Code Chicago IL 60614-2872 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Christopher Cross | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 6 | |
| Mailing Address 109 Sunhaven Rd. | | Transaction ID: 15912854 | |
| City State Zip Code Danville CA 94506-1902 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Cross & Joftus, LLC | Occupation Consultant | | |
| 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) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

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

Mailing Address 2 Commonwealth Ave., Apt. 12-F

City State Zip Code
Boston MA 02116-3157

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

Name of Employer Occupation
retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2006

Transaction ID: 15912863

Amount of Each Receipt this Period
375.00

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

Mailing Address PO Box 1425

City State Zip Code
Crystal Bay NV 84902

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 15912864

Amount of Each Receipt this Period
250.00

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

Mailing Address Perry Corners Rd., RR Box 311

City State Zip Code
Armenia NY 12501

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 15912875

Amount of Each Receipt this Period
500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1125.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Tom Petway | | Date of Receipt MM / DD / YYYY 02 / 13 / 2006 |
| Mailing Address 1601 Beach Avenue | | Transaction ID: 15912877 |
| City Atlantic Beach | State FL | Zip Code 32233-5840 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Zurich Insurance Services | Occupation Insurance Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. N. Beverley Tucker | | Date of Receipt MM / DD / YYYY 02 / 13 / 2006 |
| Mailing Address P.O. Box 785 | | Transaction ID: 15912883 |
| City Philip | State SD | Zip Code 57567-0785 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Michael Lubic | | Date of Receipt MM / DD / YYYY 02 / 13 / 2006 |
| Mailing Address 1441 Edgecliff Lane | | Transaction ID: 15912888 |
| City Pasadena | State CA | Zip Code 91107-1510 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Sonnenschein, Nath, & Rosenthal LLP | Occupation attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Douglas Grahn | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 | |
| Mailing Address 218 Walnut St. | | Transaction ID: 15912894 | |
| City Madison | State IN | Amount of Each Receipt this Period 250.00 | |
| Zip Code 47250-3556 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Newell Knight, Jr. | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 | |
| Mailing Address 28 Deerfield Rd. | | Transaction ID: 15912896 | |
| City Saint Louis | State MO | Amount of Each Receipt this Period 250.00 | |
| Zip Code 63124-1412 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Sholly Kagan | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 | |
| Mailing Address PO Box 447 | | Transaction ID: 15912904 | |
| City Marblehead | State MA | Amount of Each Receipt this Period 500.00 | |
| Zip Code 01945-0447 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation RETIRED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 / 140 | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Judith Smith | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 | |
| Mailing Address 2630 Route 52 | | Transaction ID: 15912911 | |
| City State Zip Code Hopewell Jct NY 12533-3206 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation NYS administrator | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Sharleen Cooper Cohen | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 | |
| Mailing Address 24858 Malibu Road | | Transaction ID: 15912913 | |
| City State Zip Code Malibu CA 90265-4617 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation info requested info requested | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. C. Correll Durling | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 | |
| Mailing Address P.O. Box 73 | | Transaction ID: 15912917 | |
| City State Zip Code Whitehouse NJ 08888-0073 | | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation retired retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Katherine Findlay | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 | |
| Mailing Address 185 South Beach Road | | Transaction ID: 15912918 | |
| City Hobe Sound | State FL | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 33455-2510 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Richard Landes | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 | |
| Mailing Address 5621 Corso Di Napoli | | Transaction ID: 15912920 | |
| City Long Beach | State CA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 90803-4009 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Lawyer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. John Mayer | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 | |
| Mailing Address 7 Upland Drive | | Transaction ID: 15912921 | |
| City Greenwich | State CT | Amount of Each Receipt this Period 500.00 | |
| Zip Code 06831-4423 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Frances Nelson Mailing Address 60 31st Ave City San Mateo State CA Zip Code 94403-3407 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 15912922 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Bohannon Development Co. Occupation Executive 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) Jesse Colton Mailing Address 1101 Park Ridge Drive City Nashville State TN Zip Code 37215-4515 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 15912971 Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired Occupation Retired 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) Susan Lynch Mailing Address 8 Bayberry Ln. City Greenwich State CT Zip Code 06831-3008 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 15912972 Amount of Each Receipt this Period 500.00 |
| Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. W. Laird Stabler | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 | |
| Mailing Address PO Box 124 | | Transaction ID: 15912974 | |
| City Montchanin | State DE | Zip Code 19710 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Margaret Humleker | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 | |
| Mailing Address 633 Ledgeview Blvd. | | Transaction ID: 15912991 | |
| City Fond Du Lac | State WI | Zip Code 54935-3726 | Amount of Each Receipt this Period 200.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Homemaker | Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Diane Parker | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 | |
| Mailing Address P.O. Box 1011 | | Transaction ID: 15913001 | |
| City Thomasville | State GA | Zip Code 31799-1011 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1450.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) John Pyne | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 |
| Mailing Address 580 Park Ave., 11-D | | Transaction ID: 15913002 |
| City State Zip Code New York NY 10021-7313 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Smith Barney | Occupation Investments | |
| 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) Essel Bailey | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 |
| Mailing Address 315 E. Eisenhower Pkwy | | Transaction ID: 15913007 |
| City State Zip Code Ann Arbor MI 48108-3350 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self employed | Occupation attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Stephen R. Cloud | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 13727 w. 82 street | | Transaction ID: 15913011 |
| City State Zip Code Lenexa KS 66215-4144 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer IBT, Inc. | Occupation Sales Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 54 / 140 |
| | (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)
ITS MY PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Suzanne Meyer | | Date of Receipt MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 1100 Pemridge Dr. #156 | | Transaction ID: 15913015 |
| City Lake Forest | State IL | Zip Code 60045-4218 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer JP Morgan | Occupation banker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Diana Dunnan | | Date of Receipt MM / DD / YYYY 02 / 24 / 2006 |
| Mailing Address 5110 Cammack Drive | | Transaction ID: 15913019 |
| City Bethesda | State MD | Zip Code 20816-2902 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Homemaker | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. David Cotton | | Date of Receipt MM / DD / YYYY 02 / 25 / 2006 |
| Mailing Address 506 N. 3rd. St. | | Transaction ID: 15913034 |
| City Nicholasville | State KY | Zip Code 40356-1039 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer CMTA Inc | Occupation engineer | |
| 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) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Timothy Whetsell | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6 | |
| Mailing Address 694 Mystic View | | Transaction ID: 15913035 | |
| City Laguna Beach | State CA | Zip Code 92651-1921 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Info Requested Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Niles Kinerk | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 | |
| Mailing Address 7602 Hyland Rd. | | Transaction ID: 15913037 | |
| City Guilford | State IN | Zip Code 47022-8777 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Gardens Alive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation manager Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Claire Carlson | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 | |
| Mailing Address P.O. Box 241 | | Transaction ID: 15913042 | |
| City Esopus | State NY | Zip Code 12429-0241 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| 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 56 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) Gary Eiserman Mailing Address 127 Woodcock Trl. City State Zip Code West Columbia SC 29169-3753 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 Transaction ID: 15913043 Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Richard Fryer Mailing Address P.O. Box 2813 City State Zip Code Winter Park FL 32790-2813 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 Transaction ID: 15913044 Amount of Each Receipt this Period 250.00 |
| Name of Employer Ifrec Real Estate Schools Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Real Estate School Owner Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) William Moore Mailing Address 7415 SW Fairway Loop City State Zip Code Wilsonville OR 97070-8740 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 Transaction ID: 15913049 Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Day Ravenscroft | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 | |
| Mailing Address 76300 N. La Canada Dr. # 2227 | | Transaction ID: 15913053 | |
| City State Zip Code Tucson AZ 85704 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Franklin Schaffer | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 | |
| Mailing Address 72 Butternut Hollow Rd. | | Transaction ID: 15913054 | |
| City State Zip Code Greenwich CT 06830-3431 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Aileen Train | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 | |
| Mailing Address 1801 Kalorama Square, NW | | Transaction ID: 15913057 | |
| City State Zip Code Washington DC 20008-4021 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Homemaker | Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. A.G. Divers | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 812 S. Bayside Drive | | Transaction ID: 15913065 |
| City Tampa | State FL | Zip Code 33609-3618 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer The Bank of Tampa | Occupation Commercial Banking | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. J. Robert Malone | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 570 Sea Oak Dr. | | Transaction ID: 15913066 |
| City Vero Beach | State FL | Zip Code 32963-3247 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Phillip Purdy | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 19235 Country Road 10 | | Transaction ID: 15913067 |
| City Corcoran | State MN | Zip Code 55340 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. David Nolan | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 | |
| Mailing Address 105 E. 80th St. | | Transaction ID: 15913072 | |
| City State Zip Code New York NY 10021-0305 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Millenium Partner Occupation investor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Stanley Rumbough | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 | |
| Mailing Address 44 Cocoanut Row #B-103 | | Transaction ID: 15913073 | |
| City State Zip Code Palm Beach FL 33480-4069 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self-employed Occupation investor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Rhondda Grant | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 | |
| Mailing Address 545 Race St. | | Transaction ID: 15913094 | |
| City State Zip Code Denver CO 80206-4122 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 / 140 |
| | <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)
ITS MY PARTY

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) Phyllis Nicholas Mailing Address 40 Howard Road City State Zip Code Greenwich CT 06831-3104 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 Transaction ID: 15913099 Amount of Each Receipt this Period 500.00 |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Michael Stubbs Mailing Address 88 Central Park W. City State Zip Code New York NY 10023-5209 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 Transaction ID: 15913105 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Patricia Alexander Mailing Address 6559 Crest Pt. Dr. City State Zip Code Dallas TX 75254-8614 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 Transaction ID: 15913108 Amount of Each Receipt this Period 500.00 |
| Name of Employer info requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation info requested Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 / 140 |
| | <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)
ITS MY PARTY

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Anne Estabrook | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 235 Birchwood Ave | | Transaction ID: 15913109 |
| City Cranford | State NJ | Zip Code 07016-2510 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Elberon Development Co. | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Cheryl Barr | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 21 Glendale Rd. | | Transaction ID: 15913111 |
| City Summit | State NJ | Zip Code 07901-3744 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Homemaker | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Michael Connelly | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006 |
| Mailing Address 26 Frost Road | | Transaction ID: 15913114 |
| City Greenwich | State CT | Zip Code 06830-3825 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 500.00 |
| Name of Employer Homemaker | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| 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 62 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Allan Hallquist | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 | |
| Mailing Address 8241 Woodcreek Dr. | | Transaction ID: 15913125 | |
| City State Zip Code Florence KY 41042-9119 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer St. Elizabeth Med Ctr | Occupation Phisician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Henri Pell Junod | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 | |
| Mailing Address 20200 N. Park Blvd. #202 | | Transaction ID: 15913129 | |
| City State Zip Code Shaker Heights OH 44118-5003 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. James Kunkler | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 | |
| Mailing Address 7309 18th Ave. Dr. W | | Transaction ID: 15913131 | |
| City State Zip Code Bradenton FL 34209-4909 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 63 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

A. Full Name (Last, First, Middle Initial)
L. Terry Stuart
 Mailing Address 875 Quince Ave.
 City State Zip Code
 Boulder CO 80304-0745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 retired retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 03 / 2006
Transaction ID: 15913144
 Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
John Payson
 Mailing Address 11870 S.E. Dixie Hwy.
 City State Zip Code
 Hobe Sound FL 33455-5456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self employed Art Dealer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2006
Transaction ID: 15913162
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Tracy Sunderlage
 Mailing Address 15304 Kishwaukee Valley Rd.
 City State Zip Code
 Woodstock IL 60098-9644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sunderlage Resource Group Inc. Financial Services
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2006
Transaction ID: 15913168
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | PAGE 64 / 140 |
| | (check only one) | |
| | <input checked="" 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)
ITS MY PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. John Tatum | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 | |
| Mailing Address 4931 Ranch Lane | | Transaction ID: 15913171 | |
| City State Zip Code Bloomfield Hills MI 48302-2449 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation business analyst Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Richard Turrell | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 | |
| Mailing Address 114 Turtle Creek Dr. | | Transaction ID: 15913172 | |
| City State Zip Code Jupiter FL 33469-1547 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Emp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Investment Advisor Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Becky Bartness | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 | |
| Mailing Address 4769 E. Valley Vista Lane | | Transaction ID: 15914660 | |
| City State Zip Code Paradise Valley AZ 85253-4068 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wilenchik & Bartness PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation attorney Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. William Conway | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 |
| Mailing Address 32400 Fairmount Blvd. | | Transaction ID: 15914661 |
| City State Zip Code Pepper Pike OH 44124-4830 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Carol Browne | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 |
| Mailing Address 237 Round Hill Rd. | | Transaction ID: 15914662 |
| City State Zip Code Greenwich CT 06831-3301 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Homemaker Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Gilman Perkins | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 |
| Mailing Address 375 Sasco Hill Rd. | | Transaction ID: 15914664 |
| City State Zip Code Fairfield CT 06824-5649 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self-employed Occupation sales/marketing executive | | |
| 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) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Michael Gieger | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 | |
| Mailing Address 3643 S. Staples St. | | Transaction ID: 15914682 | |
| City State Zip Code Corpus Christi TX 78411-2456 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Neurosurgery Institute of S. Texas | Occupation neurosurgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Thomas Dolan | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 | |
| Mailing Address 917 Essex Cir | | Transaction ID: 15914684 | |
| City State Zip Code Kalamazoo MI 49008-2378 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Signa Hermann | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 | |
| Mailing Address 30 Foreway Drive | | Transaction ID: 15914686 | |
| City State Zip Code Saint Louis MO 63124-1618 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. James Myerson | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 |
| Mailing Address P.O. Box 1330 | | Transaction ID: 15914689 |
| City State Zip Code Sun Valley ID 83353-1330 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Wine Warehouse Occupation distributor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. John Sokol | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 |
| Mailing Address 2561 Clarion Ct. | | Transaction ID: 15914690 |
| City State Zip Code Columbus OH 43220-2820 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Bancinsurance Corp. Occupation executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Betty Hill | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 |
| Mailing Address 8403 Timberfair | | Transaction ID: 15914754 |
| City State Zip Code San Antonio TX 78250-4191 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nancy Jones | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 | |
| Mailing Address 16644 Huerta Rd. | | Transaction ID: 15914757 | |
| City State Zip Code Van Nuys CA 91436-3503 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Thomas Merritt | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 | |
| Mailing Address PO Box 929 | | Transaction ID: 15914763 | |
| City State Zip Code St. Charles IL 60174 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Margaret Mizer | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 | |
| Mailing Address 3755 S. Oneida Way | | Transaction ID: 15914764 | |
| City State Zip Code Denver CO 80237-1324 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer info requested | Occupation info requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 140 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Christopher Felling | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 1855 Ironstone Rd. | | Transaction ID: 15915208 | |
| City State Zip Code Saint Louis MO 63131-3804 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ballas Anesthesia | Occupation Anesthesiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Richard Goldman | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address P.O. Box 29904 | | Transaction ID: 15915213 | |
| City State Zip Code San Francisco CA 94129-0904 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Monte Vista Mgmt. Co | Occupation Owner, Monte Vista Mgmt. Co | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Joanne Huelsman | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address P.O. Box 467 | | Transaction ID: 15915223 | |
| City State Zip Code Waukesha WI 53187-0467 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| 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) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 70 / 140 |
| | (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)
ITS MY PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Norman Mecalfe | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 2007 Bayadere Ter | | Transaction ID: 15915233 | |
| City State Zip Code Corona Del Mar CA 92625-1812 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Real Estate Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. James Menees | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address P.O. Box 2915 | | Transaction ID: 15915236 | |
| City State Zip Code Anaheim CA 92814-0915 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Charles Peck | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 6855 Pea Neck Rd. | | Transaction ID: 15915243 | |
| City State Zip Code Saint Michaels MD 21663-2725 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 / 140 |
| | <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)
ITS MY PARTY

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Laurance Rockefeller | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 15 E. 91st St. | | Transaction ID: 15916478 |
| City State Zip Code New York NY 10128-0648 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Natural Resources Defense Council | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Richard Swope | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 3900 Eagle Way | | Transaction ID: 15916488 |
| City State Zip Code Prospect KY 40059 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Sam Swope Auto Corp. | Occupation Auto Dealer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Diana Ward | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 |
| Mailing Address 14 Comstock Ct. | | Transaction ID: 15916636 |
| City State Zip Code Ridgefield CT 06877-5826 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Gerry Ward & Assoc.Inc. | Occupation Accountant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Matthew Dolan | | Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006 | |
| Mailing Address 14731 Morgan Trl. | | Transaction ID: 15917076 | |
| City State Zip Code Novelty OH 44072-9659 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ohio Occupation State Rep | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brent Scowcroft | | Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006 | |
| Mailing Address 6114 Wynnwood Rd. | | Transaction ID: 15917082 | |
| City State Zip Code Bethesda MD 20816-2017 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Consultant | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Andrew Borom | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 3656 Uncle Glover Rd. | | Transaction ID: 15917279 | |
| City State Zip Code Tallahassee FL 32312-1036 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Tallahassee Ortho Clinic Occupation Orthopedic Surgeon | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Harvey Clapp Mailing Address 1501 Sulgrave Ave., Ste. 201 City Baltimore State MD Zip Code 21209-3650 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 Transaction ID: 15917280 Amount of Each Receipt this Period 300.00 |
| Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation business owner Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Charles Ward Mailing Address 9087 Meadowrun Way City San Diego State CA Zip Code 92129-3330 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 Transaction ID: 15917283 Amount of Each Receipt this Period 250.00 |
| Name of Employer TRW Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation engineer Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|--|
| C. Full Name (Last, First, Middle Initial) William Ward Mailing Address 7490 Easy St. City Mason State OH Zip Code 45040-9423 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 Transaction ID: 15917284 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation manufacturing president Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Alan Altman | | Date of Receipt MM / DD / YYYY 03 / 09 / 2006 |
| Mailing Address 241 Perkins St. #D302 | | Transaction ID: 15918299 |
| City Jamaica Plain | State MA | Zip Code 02130-4009 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self employed | Occupation doctor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mark Bruce | | Date of Receipt MM / DD / YYYY 03 / 09 / 2006 |
| Mailing Address 2016 Yaupon Trail | | Transaction ID: 15918302 |
| City Round Rock | State TX | Zip Code 78664-7126 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer FPL | Occupation Director, Market Affairs, FPL, Energy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Bettie Coley | | Date of Receipt MM / DD / YYYY 03 / 09 / 2006 |
| Mailing Address 134 Brighton Rd. NE | | Transaction ID: 15918304 |
| City Atlanta | State GA | Zip Code 30309-1521 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Retired | Occupation Retired | |
| 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) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

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

Mailing Address 200 Pleasant Valley Rd.

City State Zip Code
Mendham NJ 07945-2920

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

Name of Employer Self employed Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: 15918316

Amount of Each Receipt this Period
250.00

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

Mailing Address 948 Wakefield St.

City State Zip Code
Birmingham MI 48009-3036

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

Name of Employer Larsen & Assoc., Inc. Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: 15918317

Amount of Each Receipt this Period
250.00

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

Mailing Address 2100 S. Ocean Blvd. Apt 604N

City State Zip Code
Palm Beach FL 33480-5227

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

Name of Employer Retired 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
03 / 09 / 2006

Transaction ID: 15918321

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Elsie Mitchell | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address P.O. Box 555159 | | Transaction ID: 15918322 | |
| City Boston | State MA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 02205-5900 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Crosby Advisors | Occupation executive | | |
| 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) Bill Ratliff | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address P.O. Box 1218 | | Transaction ID: 15918328 | |
| City Mount Pleasant | State TX | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 75456-1218 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|--|--|
| C. Full Name (Last, First, Middle Initial) William Konopnicki | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 1441 Thatcher Blvd. | | Transaction ID: 15918390 | |
| City Stafford | State AZ | Amount of Each Receipt this Period 2000.00 | |
| Zip Code 85540 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self-employed | Occupation McDonalds francisee | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Kristen Feldman | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 876 Park Avenue #9S | | Transaction ID: 15918899 |
| City State Zip Code New York NY 10021-1832 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Morgan Stanley | Occupation Investment Banker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. John Finlayson | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 550 Gatehouse Ln. E. | | Transaction ID: 15918900 |
| City State Zip Code York PA 17402-4329 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Susquehanna Pfaltzfraff Co. | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. George Handmann, III | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 333 Lambert Rd. | | Transaction ID: 15918903 |
| City State Zip Code Carpinteria CA 93013-3019 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer retired | Occupation retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Jesse Lovejoy | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 203 Hommocks Rd. | | Transaction ID: 15918909 |
| City | State | Zip Code |
| Larchmont | NY | 10538-3913 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Groton Partners LLC | Occupation Merchant Banker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Andrew Savage, III | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006 |
| Mailing Address P.O. Box 1002 | | Transaction ID: 15918914 |
| City | State | Zip Code |
| Charleston | SC | 29402-1002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Savage and Savage | Occupation attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Taunya White | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 3335 Coon Hollow Dr. | | Transaction ID: 15918917 |
| City | State | Zip Code |
| Seabrook Island | SC | 29455-6053 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer REACH Foundation | Occupation executive director | |
| 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) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Michael Shaut Mailing Address 18800 S. Woodland Rd. City State Zip Code Shaker Heights OH 44122-2561 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006 Transaction ID: 15918922 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Student Loan Xpress CEO 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) S. Rodgers Benjamin Mailing Address 27 Fox Grape Rd. City State Zip Code Flemington NJ 08822-4011 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006 Transaction ID: 15919009 Amount of Each Receipt this Period 100.00 |
| Name of Employer Occupation Flimington F. Co Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Thomas Callan Mailing Address 2790 Junipero Serra Blvd. City State Zip Code Daly City CA 94015-1634 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006 Transaction ID: 15919012 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation info requested info requested 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) | 600.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Nedenia Hartley | | Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006 | |
| Mailing Address 870 U.N. Plaza | | Transaction ID: 15919018 | |
| City State Zip Code New York NY 10017-1807 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Actress Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Jeffrey | | Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006 | |
| Mailing Address 88 E. Broad St. (Suite 1400) | | Transaction ID: 15919051 | |
| City State Zip Code Columbus OH 43215-3583 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Isabel Potter | | Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006 | |
| Mailing Address 116 East 66th Street | | Transaction ID: 15919057 | |
| City State Zip Code New York NY 10021-6547 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Domestic Engineer Aggregate Year-to-Date ▼ 750.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

A. Full Name (Last, First, Middle Initial)
Mary Elizabeth Woolpert

Mailing Address 449 Martinelli St.

City Watsonville State CA Zip Code 95076-2811

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

Name of Employer Retired 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 3 / 1 1 / 2 0 0 6

Transaction ID: 15919060

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 631

City Lumberton State NC Zip Code 28359-0631

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

Name of Employer Lumerton Ice Co 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 3 / 1 3 / 2 0 0 6

Transaction ID: 15919062

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 479

City Lake Delton State WI Zip Code 53940-0479

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

Name of Employer Self Occupation Restaurateur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 6

Transaction ID: 15919067

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. J. David Beam | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 |
| Mailing Address 1718 Canterbury Rd. | | Transaction ID: 15919069 |
| City Raleigh | State NC | Zip Code 27608-1110 |
| Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer retired | Occupation retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Robert Bunn | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 |
| Mailing Address 4130 SW Fairhaven Dr. | | Transaction ID: 15919073 |
| City Corvallis | State OR | Zip Code 97333-1428 |
| Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Donald Kendall | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 |
| Mailing Address 18 Porchuck Rd. | | Transaction ID: 15919081 |
| City Greenwich | State CT | Zip Code 06831-2922 |
| Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pepsico | Occupation Former CHM & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 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: (check only one) | PAGE 83 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Seth Pierrepont | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 1280 N. Sheridan Rd. | | Transaction ID: 15919089 | |
| City State Zip Code Lake Forest IL 60045-1442 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Sycamore Ventures | Occupation investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Henry Rushing | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address PO Box 1425 | | Transaction ID: 15919091 | |
| City State Zip Code Crystal Bay NV 84902 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Wolfgang Schmidt-Nowara | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 4331 Brookview Dr. | | Transaction ID: 15919092 | |
| City State Zip Code Dallas TX 75220-3803 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2700.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Gene Spence | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 9737 Frederick St. | | Transaction ID: 15923487 | |
| City State Zip Code Omaha NE 68124 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Marilyn Taylor | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 2345 White Horse Rd. | | Transaction ID: 15923490 | |
| City State Zip Code Berwyn PA 19312-2130 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Trevor Traina | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 2780 Broadway | | Transaction ID: 15923491 | |
| City State Zip Code San Francisco CA 94115-1105 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Traina Capital | Occupation Self Employed | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Jerry Green | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2006 |
| Mailing Address 1323 Annapolis Drive | | Transaction ID: 15923773 |
| City Anchorage | State AK | Zip Code 99508-4309 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer David Green and Sons | Occupation manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| | | Amount of Each Receipt this Period 250.00 |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Frederick Olk | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2006 |
| Mailing Address 1342 S. Austin Blvd. | | Transaction ID: 15923774 |
| City Cicero | State IL | Zip Code 60804-1033 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Cook County | Occupation Tax Examiner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| | | Amount of Each Receipt this Period 250.00 |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Robert Brucker | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2006 |
| Mailing Address 131 Clark Road | | Transaction ID: 15924322 |
| City Bernardsville | State NJ | Zip Code 07924-1013 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Seal Sport Corp. | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | | Amount of Each Receipt this Period 500.00 |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Greg Campbell | | Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006 |
| Mailing Address 4 Penacock Pl. | | Transaction ID: 15924326 |
| City State Zip Code Andover MA 01810-4737 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Campbell RE | Occupation Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Peter Georgeson | | Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006 |
| Mailing Address 102 Wilderness Dr. Unit 2117 | | Transaction ID: 15924328 |
| City State Zip Code Naples FL 34105-2635 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Paul Goodwin | | Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006 |
| Mailing Address 205 Deer Haven Dr. | | Transaction ID: 15924330 |
| City State Zip Code Ponte Vedra FL 32082-2108 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| 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 87 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paul Becker | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006 | |
| Mailing Address 111 Dove Palm Rd. | | Transaction ID: 15924763 | |
| City State Zip Code Vero Beach FL 32963 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Clarissa Chandler | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006 | |
| Mailing Address 902 N. Green Bay Rd. | | Transaction ID: 15924766 | |
| City State Zip Code Lake Forest IL 60045-1736 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Robert O'Brien | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006 | |
| Mailing Address 535 E. 86th St. Apt 20D | | Transaction ID: 15924771 | |
| City State Zip Code New York NY 10028-7533 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Credit Suisse | Occupation Banker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Pamela Grunder Sheiffer | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2006 | |
| Mailing Address 45 Sutton Place South | | Transaction ID: 15924880 | |
| City State Zip Code New York NY 10022-2444 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation consultant Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Parampal Gill | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address P.O. Box 8778 | | Transaction ID: 15927352 | |
| City State Zip Code Stockton CA 95208-0778 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physician Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lauren Lehman | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address P.O. Box 1059 | | Transaction ID: 15927357 | |
| City State Zip Code Longmont CO 80502-1059 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lehman Communications Corp. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 250.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 89 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Francis McAdoo | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address 58 Fox Hill Rd. | | Transaction ID: 15927360 | |
| City State Zip Code Califon NJ 07830-3006 | Amount of Each Receipt this Period 750.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | | |

| | | | |
|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) Edmund Sanderson | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address 4875 Pelican Colony Blvd. # 1904 | | Transaction ID: 15927364 | |
| City State Zip Code Bonita Springs FL 34134-6923 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| 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) Glenn Syperd | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address 233 Rue Des Lacs | | Transaction ID: 15927366 | |
| City State Zip Code Tarpon Springs FL 34688-8608 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer info requested | Occupation info requested | | |
| 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) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dorothy Ploeger | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address 808 St. Louis St. | | Transaction ID: 15927370 | |
| City State Zip Code Gonzales TX 78629-4114 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self-employed Occupation rancher | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ella Crosby | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006 | |
| Mailing Address 540 Indian Mound St. Apt. 3B | | Transaction ID: 15927379 | |
| City State Zip Code Wayzata MN 55391-1882 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Edward Lehman | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006 | |
| Mailing Address 68 Stanford Ln. | | Transaction ID: 15927384 | |
| City State Zip Code Longmont CO 80503-2109 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lehman Communications Corp. Occupation publisher | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Leonard Litwin | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006 | |
| Mailing Address 1200 Union Tpke | | Transaction ID: 15927385 | |
| City State Zip Code New Hyde Park NY 11040-1708 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Glenwood Management | Occupation president | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bruce Moore | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006 | |
| Mailing Address 140 Nassau St. Apt. 12C | | Transaction ID: 15927387 | |
| City State Zip Code New York NY 10038-1526 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ernst and Young | Occupation Actuary | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Norm Rousselot | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006 | |
| Mailing Address 126 Edgemont Rd. | | Transaction ID: 15927388 | |
| City State Zip Code Sonora TX 76950-6607 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer homemaker | Occupation homemaker | | |
| 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) ▶ | 1750.00 |
| 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 92 / 140 (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)
ITS MY PARTY

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--|--------|
| A. Full Name (Last, First, Middle Initial) Martha Sneed Mailing Address 334 Racquet Club Rd. <hr/> City State Zip Code Asheville NC 28803-3133 <hr/> FEC ID number of contributing federal political committee. C | Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 15927389 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| | 500.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Retired Occupation Retired <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> | | 500.00 | | | | | | | | | | | | | | | | | | | | |
| | 500.00 | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|--------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--|--------|
| B. Full Name (Last, First, Middle Initial) Frederick Tarr, III Mailing Address 107 Marmion Way <hr/> City State Zip Code Rockport MA 01966-1927 <hr/> FEC ID number of contributing federal political committee. C | Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 15927390 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| | 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Self Occupation Consultant <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | | |
| | 250.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--|---------|
| C. Full Name (Last, First, Middle Initial) G.E. Buck Waters Mailing Address 9641 Leeta Cornus Lane <hr/> City State Zip Code Nokesville VA 20181-3120 <hr/> FEC ID number of contributing federal political committee. C | Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 15927392 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| | 2000.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer retired Occupation retired <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2000.00</td> </tr> </table> | | 2000.00 | | | | | | | | | | | | | | | | | | | | |
| | 2000.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | <table border="1" style="width: 100%; text-align: right;"> <tr> <td>2750.00</td> </tr> </table> | 2750.00 |
| 2750.00 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="height: 20px;"></td> </tr> </table> | |
| | | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

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

Mailing Address 441 Glyn Wynne Rd.

City Haverford State PA Zip Code 19041-1741

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

Name of Employer Montgomery, McCracken, Walker & Rhoads Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2006

Transaction ID: 15927398

Amount of Each Receipt this Period
 250.00

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

Mailing Address 231 South Beach Rd.

City Hobe Sound State FL Zip Code 33455-2511

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

Name of Employer Homemaker 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
 03 / 20 / 2006

Transaction ID: 15927400

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 231 South Beach Rd.

City Hobe Sound State FL Zip Code 33455-2511

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

Name of Employer Retired 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
 03 / 20 / 2006

Transaction ID: 15927401

Amount of Each Receipt this Period
 500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Sharon Clark | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 | |
| Mailing Address 147 Hibbard Street | | Transaction ID: 15927404 | |
| City State Zip Code Pikeville KY 41501 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Clark & Associates | Occupation Insurance Agent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Gary Culver | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 | |
| Mailing Address 10500 NE 8th St. Ste. 700 | | Transaction ID: 15927411 | |
| City State Zip Code Bellevue WA 98004-4396 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. John Keller | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 | |
| Mailing Address 1095 Pine St. | | Transaction ID: 15927412 | |
| City State Zip Code Winnetka IL 60093-2040 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Keller Group Inc. | | Occupation chairman | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 / 140 |
| | <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)
ITS MY PARTY

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. James Adams | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006 |
| Mailing Address 209 Genesso Rd. | | Transaction ID: 15927426 |
| City State Zip Code San Antonio TX 78209-5913 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer retired | Occupation retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. George Beasley | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006 |
| Mailing Address 3033 Riviera Drive, Suite 200 | | Transaction ID: 15927430 |
| City State Zip Code Naples FL 34103 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Lavern Gaynor | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006 |
| Mailing Address 266-15th Avenue South | | Transaction ID: 15927433 |
| City State Zip Code Naples FL 34102 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 96 / 140 |
| | (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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Keith McClintock | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006 | |
| Mailing Address 1161 Melody Rd. | | Transaction ID: 15927434 | |
| City State Zip Code Lake Forest IL 60045-1500 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. David Cook | | Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006 | |
| Mailing Address 7836 N. Invergordon Place | | Transaction ID: 15927438 | |
| City State Zip Code Paradise Valley AZ 85253-3121 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Todd Schiffman | | Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006 | |
| Mailing Address 9229 Sunset Blvd. Suite 602 | | Transaction ID: 15927442 | |
| City State Zip Code Los Angeles CA 90069-3406 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Real Estate Investment | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Barbara Young | | Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006 | |
| Mailing Address 79 Braemar Dr. | | Transaction ID: 15927444 | |
| City Valparaiso State IN Zip Code 46385-7737 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Porter County Community Foundation | Occupation Executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. D. Anthony Canning | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 | |
| Mailing Address 57 S. Elliott Place | | Transaction ID: 15927455 | |
| City Brooklyn State NY Zip Code 11217 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | | Occupation retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. John Gleeson | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 | |
| Mailing Address 58 Red Bridge Drive | | Transaction ID: 15927458 | |
| City Sioux City State IA Zip Code 51104 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Klinger Companies, Inc | | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. H. Thorne Gould | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 |
| Mailing Address 3722 Hess Road | | Transaction ID: 15927459 |
| City State Zip Code Monkton MD 21111 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Murray Corp. | Occupation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Irwin Holzman | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 |
| Mailing Address 3724 SW 50th Avenue | | Transaction ID: 15927461 |
| City State Zip Code Portland OR 97221 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Reliable Credit Associati- on, Inc | Occupation Finance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. William Duhamel | | Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006 |
| Mailing Address 4 Verona Place | | Transaction ID: 15929225 |
| City State Zip Code Corte Madera CA 94925-1940 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Farallon Capital Managemen- t | Occupation Investor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Alan Kristel | | Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006 | |
| Mailing Address 900 Grand Blvd. | | Transaction ID: 15929233 | |
| City State Zip Code Deer Park NY 11729-5745 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Commercial Envelope Mfg. Co. | Occupation president | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Elkins Wetherill | | Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006 | |
| Mailing Address 2642 Butler Pike | | Transaction ID: 15929235 | |
| City State Zip Code Plymouth Meeting PA 19462 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Hale Ritchie | | Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006 | |
| Mailing Address 1002 N. Linden Cir. | | Transaction ID: 15929795 | |
| City State Zip Code Wichita KS 67206-4001 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ritchie Corp | Occupation CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | PAGE 100 / 140 |
| | (check only one) | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Larry Fielder | | Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006 | |
| Mailing Address 450 Inca Pkwy | | Transaction ID: 15929797 | |
| City State Zip Code Boulder CO 80303-3520 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Joe Fitzsimmons | | Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006 | |
| Mailing Address 101 N. Main St. # 1005 | | Transaction ID: 15929798 | |
| City State Zip Code Ann Arbor MI 48104-1475 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Michele Grimes | | Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006 | |
| Mailing Address 3612 16th Ave. E. | | Transaction ID: 15929799 | |
| City State Zip Code Palmetto FL 34221-2209 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Williams Parker | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Beatriz Rivera | | Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006 | |
| Mailing Address 1643 Tierra Del Rio NW | | Transaction ID: 15929802 | |
| City State Zip Code Albuquerque NM 87107-3244 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant, Self Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Jack Adams | | Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 | |
| Mailing Address 300 Hot Springs Rd., #A-20 | | Transaction ID: 15929805 | |
| City State Zip Code Santa Barbara CA 93108-2038 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Richards Barger | | Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 | |
| Mailing Address 633 West Fifth Street, 47th Floor | | Transaction ID: 15929806 | |
| City State Zip Code Los Angeles CA 90071-2005 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Barger & Wolen Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation attorney Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 / 140 |
| | <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)
ITS MY PARTY

| | | |
|--|------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) Harry Mahoney Mailing Address PO Box 70159 City State Zip Code Lansing MI 48907 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 Transaction ID: 15929814 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Occupation info requested 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) Jill Lillaney Mailing Address 1 Blackfield Drive #408 City State Zip Code Tiburon CA 94920-2053 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 Transaction ID: 15929815 Amount of Each Receipt this Period 500.00 |
| Name of Employer MRB Holdings Occupation CEO 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) Norman Crum Mailing Address 4322 Pebble Beach Dr. City State Zip Code Stockton CA 95219-1911 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 Transaction ID: 15929825 Amount of Each Receipt this Period 500.00 |
| Name of Employer Valley Pacific Petroleum Services Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 103 / 140 |
| | (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)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. John Mueller | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 9105 Corsea Del Fontana Way | | Transaction ID: 15929826 |
| City State Zip Code Naples FL 34109 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Relleum, Inc. | Occupation Business Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Tatiana Lowe | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 100 Clinton Rd. | | Transaction ID: 15929828 |
| City State Zip Code Bedford Hills NY 10507-2518 | Amount of Each Receipt this Period 350.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. T.J. Kukk | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 3660 Gin Lane | | Transaction ID: 15929830 |
| City State Zip Code Naples FL 34102 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Edith Courtenay | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 4003 Flint Road | | Transaction ID: 15929833 | |
| City State Zip Code Louisville KY 40207 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Homemaker | Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Langdon | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 5862 Lakehurst | | Transaction ID: 15929836 | |
| City State Zip Code Dallas TX 75230 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Frank Donaldson | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 2051 Meeting Street | | Transaction ID: 15929838 | |
| City State Zip Code Wayzata MN 55391 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Investments | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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|--|---------|
| 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: (check only one) | PAGE 105 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Charles Baker | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 81 Marmion Way | | Transaction ID: 15930154 | |
| City State Zip Code Rockport MA 01966-1928 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Georgette Brown | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 420 Hilltop Drive | | Transaction ID: 15930157 | |
| City State Zip Code Grants Pass OR 97527 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Josephine County, OR | Occupation County Clerk | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Betty Swenson | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 32 Princeton Cir | | Transaction ID: 15948230 | |
| City State Zip Code Longmont CO 80503-2106 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer retired | Occupation retired | | |
| 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) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Maryann Maloney | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 |
| Mailing Address 800 W. 1st Ste. 1505 | | Transaction ID: 15948231 |
| City State Zip Code Los Angeles CA 90012-2412 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Business Owner | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Eric Siddall | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 |
| Mailing Address 16900 Sunset Blvd. | | Transaction ID: 15948232 |
| City State Zip Code Pacific Palisades CA 90272-3207 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer The Securities Law Group Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Fred Plotke | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 |
| Mailing Address 1511 18th St. | | Transaction ID: 15948233 |
| City State Zip Code Santa Monica CA 90404-3403 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Time Realty Investments, Inc. Occupation Real Estate Management, Investments & | | |
| 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) ▶ | 750.00 |
| 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 107 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Fred Karger | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 2745 Woodstock Rd. | | Transaction ID: 15948234 | |
| City State Zip Code Los Angeles CA 90046-1118 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Tia Fisher | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 200 Hacienda Dr. | | Transaction ID: 15948235 | |
| City State Zip Code Arcadia CA 91006-2234 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Los Angeles County | Occupation Judge | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. William McLaughlin | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address P.O. Box 396 | | Transaction ID: 15948237 | |
| City State Zip Code Claremont CA 91711-0396 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Solid Team, LLC | Occupation Physicist | | |
| 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) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Christine Schoonover | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 400 Pike St. #701 | | Transaction ID: 15948240 | |
| City State Zip Code Cincinnati OH 45202-4223 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer info requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation info requested Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Thomas Grote | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 1 Miranova Pl Apt. 1525 | | Transaction ID: 15948249 | |
| City State Zip Code Columbus OH 43215-7209 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Equality Ohio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation board chair Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Randall Krakauer | | Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2006 | |
| Mailing Address 29 Lorrie Lane | | Transaction ID: 16963639 | |
| City State Zip Code Princeton Junction NJ 08550 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Aetna Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Medical Director Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Harold Wilmerding | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 |
| Mailing Address 55 Roxiticus Road | | Transaction ID: 16963671 |
| City State Zip Code Mendham NJ 07945 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Candace Straight | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 |
| Mailing Address 518 East Passaic Avenue | | Transaction ID: 16963672 |
| City State Zip Code Bloomfield NJ 07003 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Investments Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dorothy Straight | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 |
| Mailing Address 518 E Passaic Avenue | | Transaction ID: 16963673 |
| City State Zip Code Bloomfield NJ 07003 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. John Keller | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address 1095 Pine St. | | Transaction ID: 16963674 | |
| City Winnetka | State IL | Amount of Each Receipt this Period 500.00 | |
| Zip Code 60093-2040 | | Transaction ID: 16963674 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Keller Group Inc. | Occupation chairman | Amount of Each Receipt this Period 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | Amount of Each Receipt this Period 500.00 | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Sally Anson | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2006 | |
| Mailing Address 3220 W. Calhoun Pkwy. #502 | | Transaction ID: 17077169 | |
| City Minneapolis | State MN | Amount of Each Receipt this Period 250.00 | |
| Zip Code 55416-4691 | | Transaction ID: 17077169 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Homemaker | Occupation Homemaker | Amount of Each Receipt this Period 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | Amount of Each Receipt this Period 250.00 | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. David Beam | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 1718 Canterbury Road | | Transaction ID: 17077201 | |
| City Raleigh | State NC | Amount of Each Receipt this Period 500.00 | |
| Zip Code 27608 | | Transaction ID: 17077201 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Retired | Occupation Retired | Amount of Each Receipt this Period 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | Amount of Each Receipt this Period 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | 1250.00 |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 111 / 140 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Howard Buckhart, II | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 118 Canoe Landing | | Transaction ID: 17077207 | |
| City State Zip Code Badin Lake NC 28127 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Paul Cornelson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1129 Jo Carr Drive | | Transaction ID: 17077254 | |
| City State Zip Code Town & Country MI 11332 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Investments Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Norman Metcalfe | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 | |
| Mailing Address 2007 Bayadere Terrace | | Transaction ID: 17077256 | |
| City State Zip Code Corona Del Mar CA 92625 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 1000.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|--|
| A. Full Name (Last, First, Middle Initial) Mary Courim Mailing Address 570 Ocean Dr. Apt. 1202 City Juno Beach State FL Zip Code 33408-1955 FEC ID number of contributing federal political committee. C | | Date of Receipt <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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17077310 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | 500.00 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">1500.00</td> </tr> </table> | 1500.00 | | | | | | | | | | | | | | | | | | | | | |
| 1500.00 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|--|
| B. Full Name (Last, First, Middle Initial) Charles Francis Mailing Address 1527 Sixteenth St. # 7 City Washington State DC Zip Code 20036-1462 FEC ID number of contributing federal political committee. C | | Date of Receipt <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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17077461 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 6 | 1000.00 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | |
| 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 ▼ <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|--|
| C. Full Name (Last, First, Middle Initial) Felice Herthel Mailing Address Address Requested City State Zip Code FEC ID number of contributing federal political committee. C | | Date of Receipt <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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17077520 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 6 | 1000.00 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | |
| 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 ▼ <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 |
| 2500.00 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Sarah Ketterer | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 15900 Alcima Ave. | | Transaction ID: 17077566 | |
| City State Zip Code Pacific Palisades CA 90272-2404 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Caussway Capital Management LLC Investments | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Francis Leahr | | Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2006 | |
| Mailing Address 11 Norwood Avenue | | Transaction ID: 17077569 | |
| City State Zip Code Manchester MA 01944 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Margaret Lews | | Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2006 | |
| Mailing Address 6634 Columbus Drive | | Transaction ID: 17077572 | |
| City State Zip Code Middleton WY 53562 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation State of Wisconsin Education | | | |
| 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) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Bruce Nestande | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 119 Via Jucar | | Transaction ID: 17077586 | |
| City State Zip Code Newport Beach CA 92663-4909 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Employed Consultant | | | |
| 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) Foxhall Parker | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2006 | |
| Mailing Address 205 Honey Hollow Rd. | | Transaction ID: 17077589 | |
| City State Zip Code Pound Ridge NY 10576-1109 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation | | | |
| 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) Mike Petlow | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 544 Lado Cr. | | Transaction ID: 17077592 | |
| City State Zip Code Santa Barbara CA 93155 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired Retired | | | |
| 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) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jenny Petlow | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 544 Lado Cr. | | Transaction ID: 17077594 | |
| City State Zip Code Santa Barbara CA 93155 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. William Porter | | Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2006 | |
| Mailing Address 95 Greenhorn Road | | Transaction ID: 17077597 | |
| City State Zip Code Hailey ID 83333 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Investor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. William Rayner | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2006 | |
| Mailing Address 11-1/2 E. 76th St. | | Transaction ID: 17077602 | |
| City State Zip Code New York NY 10021-1702 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Painter | | | |
| 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) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 / 140 |
| | <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)
ITS MY PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. David Schectman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 888 W Sunset Boulevard, 2nd Floor | | Transaction ID: 17077605 | |
| City State Zip Code Los Angeles CA 90017 | Amount of Each Receipt this Period 250.00 | | |
| 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 ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. David Schectman | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 | |
| Mailing Address 888 W Sunset Boulevard, 2nd Floor | | Transaction ID: 17077607 | |
| City State Zip Code Los Angeles CA 90017 | Amount of Each Receipt this Period 350.00 | | |
| 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 ▼ 600.00 | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Todd Schiffman | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 | |
| Mailing Address 9229 Sunset Blvd. Suite 602 | | Transaction ID: 17077615 | |
| City State Zip Code Los Angeles CA 90069-3406 | Amount of Each Receipt this Period 1500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | | Occupation Real Estate Investment | |
| 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) ▶ | 2100.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Peter Schlesinger | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 11500 San Vicente Blvd. # 220 | | Transaction ID: 17077618 |
| City State Zip Code Los Angeles CA 90049-6222 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Gregg Schneider | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 10445 Wilshire Blvd. #1806 | | Transaction ID: 17077621 |
| City State Zip Code Los Angeles CA 90024-4666 | Amount of Each Receipt this Period 1000.00 | |
| 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 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Joe Serafin | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address Address Requested | | Transaction ID: 17077823 |
| City State Zip Code | Amount of Each Receipt this Period 250.00 | |
| 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 ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Eric Siddell | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 16900 Sunset Boulevard | | Transaction ID: 17077824 |
| City State Zip Code Pacific Palisades CA 90272 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 250.00 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Glen Syperda | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 |
| Mailing Address 233 Rue Des Lacs | | Transaction ID: 17077826 |
| City State Zip Code Tarpon Springs FL 34688 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physician Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) William Wishard | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 |
| Mailing Address 19755 Covello St. | | Transaction ID: 17077827 |
| City State Zip Code Winnetka CA 91306-3008 | Amount of Each Receipt this Period 275.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 275.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 775.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

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

Mailing Address 825 Walnut Avenue

City State Zip Code
Santa Barbara CA 93013

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

Name of Employer Retired 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
03 / 31 / 2006

Transaction ID: 17077828

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Chang Yu-Wen

Mailing Address 1925 McKinley Avenue, Suite F

City State Zip Code
La Varne CA 91750

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 17077829

Amount of Each Receipt this Period
1000.00

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

Mailing Address Address Requested

City State Zip Code
Los Angeles CA

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 17077831

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 / 140 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. David Bailey | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 534 Post Road | | Transaction ID: 17077996 |
| City State Zip Code Wakefield RI 02879-7512 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Alinda Wikert | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 4208 Armstrong Pkwy. | | Transaction ID: 17078048 |
| City State Zip Code Dallas TX 75205-3716 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed | Occupation Investor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Robert Ziff | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 153 East 53rd Street 45th Floor | | Transaction ID: 17078055 |
| City State Zip Code New York NY 10022 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ziff Brothers Investments, LLC | Occupation Investor | |
| 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) ▶ | 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 121 / 140 | |
| | (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"/> 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)
ITS MY PARTY

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

Mailing Address 129 Catherine Court

City State Zip Code
Orinda CA 94563

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

Name of Employer Occupation
Peggsus Group Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 17078058

Amount of Each Receipt this Period
2000.00

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 200850.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| A. American Air Full Name (Last, First, Middle Initial) Mailing Address 4255 Amon Carter Boulevard MD 2400 City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Travel Expense-PAC Candidate Name Office Sought: <input type="checkbox"/> House <input 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: 17073222 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 314.60 Travel Expense-PAC |
|---|--|--|

| | | |
|--|--|--|
| B. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 100 Middlesex Turnpike City Iselin State NJ Zip Code 08830 Purpose of Disbursement Travel/Meeting Expense-PAC Candidate Name Office Sought: <input type="checkbox"/> House <input 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: 17073375 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 245.00 Travel/Meeting Expense-PAC |
|--|--|--|

| | | |
|--|--|--|
| C. Authorize.net Full Name (Last, First, Middle Initial) Mailing Address 26541 Agoura Road #200 City Calabasa State CA Zip Code 91302 Purpose of Disbursement Bank Fees-PAC Candidate Name Office Sought: <input type="checkbox"/> House <input 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: 17076799 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 1218.57 Bank Fees-PAC |
|--|--|--|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1778.17 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE 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 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|----------------------|---|
| Full Name (Last, First, Middle Initial) A. Bernardsville Print Center | | Transaction ID: 17076203 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 21 Mine Brook Road | | Amount of Each Disbursement this Period 813.58 |
| City Bernardsville State NJ Zip Code 07924 | Printing Expense-PAC | |
| Purpose of Disbursement Printing Expense-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Bernardsville Print Center | | Transaction ID: 17076227 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 21 Mine Brook Road | | Amount of Each Disbursement this Period 23.85 |
| City Bernardsville State NJ Zip Code 07924 | Postage-PAC | |
| Purpose of Disbursement Postage-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------------------|---|
| Full Name (Last, First, Middle Initial) C. BLM Strategies LLC | | Transaction ID: 15983558 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 54 B Ridgedale Avenue | | Amount of Each Disbursement this Period 1500.00 |
| City Morristown State NJ Zip Code 07860 | Fundraising Consulting-PAC | |
| Purpose of Disbursement Fundraising Consulting-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2337.43 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 124 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|--|
| A. BLM Strategies LLC Full Name (Last, First, Middle Initial) Mailing Address 54 B Ridgedale Avenue City Morristown State NJ Zip Code 07860 Purpose of Disbursement Fundraising Consulting-PAC Candidate Name Office Sought: <input type="checkbox"/> House <input 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: 15983563 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 2500.00 Fundraising Consulting-P-AC |
|---|--|--|

| | | |
|---|--|---|
| B. BLM Strategies LLC Full Name (Last, First, Middle Initial) Mailing Address 54 B Ridgedale Avenue City Morristown State NJ Zip Code 07860 Purpose of Disbursement Fundraising Consulting-PAC Candidate Name Office Sought: <input type="checkbox"/> House <input 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: 15983564 Date of Disbursement 02 / 16 / 2006 Amount of Each Disbursement this Period 2500.00 Fundraising Consulting-PAC |
|---|--|---|

| | | |
|---|--|---|
| C. BLM Strategies LLC Full Name (Last, First, Middle Initial) Mailing Address 54 B Ridgedale Avenue City Morristown State NJ Zip Code 07860 Purpose of Disbursement Fundraising consulting-PAC Candidate Name Office Sought: <input type="checkbox"/> House <input 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: 15983565 Date of Disbursement 03 / 22 / 2006 Amount of Each Disbursement this Period 2500.00 Fundraising consulting-PAC |
|---|--|---|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | 7500.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|----------------|---|
| A. Full Name (Last, First, Middle Initial) Courter Kobert & Cohen PC | | Transaction ID: 15983566 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1001 Route 517 | | Amount of Each Disbursement this Period 2000.00 |
| City Hackettstown State NJ Zip Code 07840 | Legal Fees-PAC | |
| Purpose of Disbursement Legal Fees-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------|---|
| B. Full Name (Last, First, Middle Initial) Courter Kobert & Cohen PC | | Transaction ID: 15983567 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 1001 Route 517 | | Amount of Each Disbursement this Period 1650.00 |
| City Hackettstown State NJ Zip Code 07840 | Legal Fees-PAC | |
| Purpose of Disbursement Legal Fees-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------|---|
| C. Full Name (Last, First, Middle Initial) Courter Kobert & Cohen PC | | Transaction ID: 15983568 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 1001 Route 517 | | Amount of Each Disbursement this Period 2000.00 |
| City Hackettstown State NJ Zip Code 07840 | Legal Fees-PAC | |
| Purpose of Disbursement Legal Fees-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5650.00 |
| 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 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Grassroots Enterprise | | Transaction ID: 15983569 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 |
| Mailing Address 1101 17th Street NW Suite 1 | | Amount of Each Disbursement this Period 18000.00 |
| City Washington State DC Zip Code 20036 | Website-PAC | |
| Purpose of Disbursement Website-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------------|---|
| Full Name (Last, First, Middle Initial) B. Grizzle Consulting | | Transaction ID: 15983677 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 283 Avenue C #3D | | Amount of Each Disbursement this Period 5000.00 |
| City New York State NY Zip Code 10009 | Public Relations-PAC | |
| Purpose of Disbursement Public Relations-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------------|---|
| Full Name (Last, First, Middle Initial) C. Grizzle Consulting | | Transaction ID: 15983572 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 283 Avenue C #3D | | Amount of Each Disbursement this Period 2608.00 |
| City New York State NY Zip Code 10009 | Public Relations-PAC | |
| Purpose of Disbursement Public Relations-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 25608.00 |
| 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 127 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--------------------|---|
| Full Name (Last, First, Middle Initial) A. Penguin Group Inc. | | Transaction ID: 15983719 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 405 Murray Hill Parkway | | Amount of Each Disbursement this Period 4491.00 |
| City East Rutherford State NJ Zip Code 07073 | Office Expense-PAC | |
| Purpose of Disbursement Office Expense-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------------|---|
| Full Name (Last, First, Middle Initial) B. Penguin Group Inc. | | Transaction ID: 17076660 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 |
| Mailing Address 405 Murray Hill Parkway | | Amount of Each Disbursement this Period 759.66 |
| City East Rutherford State NJ Zip Code 07073 | Office Expense-PAC | |
| Purpose of Disbursement Office Expense-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------------|---|
| Full Name (Last, First, Middle Initial) C. Penguin Group Inc. | | Transaction ID: 17076662 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 405 Murray Hill Parkway | | Amount of Each Disbursement this Period 548.14 |
| City East Rutherford State NJ Zip Code 07073 | Office Expense-PAC | |
| Purpose of Disbursement Office Expense-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5798.80 |
| 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 128 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) A. Penguin Group Inc. | | Transaction ID: 15983725 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 405 Murray Hill Parkway | | Amount of Each Disbursement this Period 661.17 |
| City East Rutherford State NJ Zip Code 07073 | Office Expense-PAC | |
| Purpose of Disbursement Office Expense-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) B. Penguin Group Inc. | | Transaction ID: 15983733 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 405 Murray Hill Parkway | | Amount of Each Disbursement this Period 269.46 |
| City East Rutherford State NJ Zip Code 07073 | Office Expense-PAC | |
| Purpose of Disbursement Office Expense-PAC Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) C. Prince Street Catering | | Transaction ID: 15983738 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 8 Perkins Street | | Amount of Each Disbursement this Period 1999.99 |
| City Jamaica Plain State MA Zip Code 02130 | Fundraising Expense-PAC | |
| Purpose of Disbursement Fundraising Expense-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2930.62 |
| 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 129 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SCM Associates Inc. | | Transaction ID: 15983735 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 10 Main Street PO Box 720 | | Amount of Each Disbursement this Period 26027.64 |
| City Jaffrey State NH Zip Code 03452 | 003 Category/ Type Direct Mail Fundraising-P-AC | |
| Purpose of Disbursement Direct Mail Fundraising-PAC Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. SCM Associates Inc. | | Transaction ID: 15983741 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 10 Main Street PO Box 720 | | Amount of Each Disbursement this Period 29287.64 |
| City Jaffrey State NH Zip Code 03452 | 003 Category/ Type Direct Mail-PAC | |
| Purpose of Disbursement Direct Mail-PAC Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. SCM Associates Inc. | | Transaction ID: 15983742 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address 10 Main Street PO Box 720 | | Amount of Each Disbursement this Period 34020.29 |
| City Jaffrey State NH Zip Code 03452 | 003 Category/ Type Direct Mail-PAC | |
| Purpose of Disbursement Direct Mail-PAC Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input 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) ▶ | 89335.57 |
| 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)

PAGE 130 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|-----------------|---|
| Full Name (Last, First, Middle Initial) A. SCM Associates Inc. | | Transaction ID: 15983744 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 |
| Mailing Address 10 Main Street PO Box 720 | | Amount of Each Disbursement this Period 16124.00 |
| City Jaffrey State NH Zip Code 03452 | Direct Mail-PAC | |
| Purpose of Disbursement Direct Mail-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. SCM Associates Inc. | | Transaction ID: 17076665 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 |
| Mailing Address 10 Main Street PO Box 720 | | Amount of Each Disbursement this Period 21885.38 |
| City Jaffrey State NH Zip Code 03452 | Direct Mail Fundraising-P-AC | |
| Purpose of Disbursement Direct Mail Fundraising-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-----------------|---|
| Full Name (Last, First, Middle Initial) C. SCM Associates Inc. | | Transaction ID: 15983749 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6 |
| Mailing Address 10 Main Street PO Box 720 | | Amount of Each Disbursement this Period 37170.39 |
| City Jaffrey State NH Zip Code 03452 | Direct Mail-PAC | |
| Purpose of Disbursement Direct Mail-PAC Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 75179.77 |
| 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)

PAGE 131 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. SCM Associates Inc. | | Transaction ID: 15983793 Date of Disbursement MM / DD / YYYY 03 / 27 / 2006 |
| Mailing Address 10 Main Street PO Box 720 | | Amount of Each Disbursement this Period 24727.69 |
| City Jaffrey State NH Zip Code 03452 | Direct Mail-PAC Category/Type 003 | |
| Purpose of Disbursement Direct Mail-PAC Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Somerset Air Services Inc | | Transaction ID: 15983885 Date of Disbursement MM / DD / YYYY 01 / 19 / 2006 |
| Mailing Address PO Box 1007 | | Amount of Each Disbursement this Period 1173.53 |
| City Bedminster State NJ Zip Code 07921 | Travel-PAC Category/Type 002 | |
| Purpose of Disbursement Travel-PAC Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Staples | | Transaction ID: 17077110 Date of Disbursement MM / DD / YYYY 03 / 10 / 2006 |
| Mailing Address 7 Millbrook Road | | Amount of Each Disbursement this Period 395.90 |
| City Flemington State NJ Zip Code 08822 | Office Expense-PAC Category/Type 001 | |
| Purpose of Disbursement Office Expense-PAC 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) ▶ | 26297.12 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--|--|
| <p>A. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 7 Millbrook Road</p> <p>City Flemington State NJ Zip Code 08822</p> <p>Purpose of Disbursement Office Expense-PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 17077111</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>Office Expense-PAC</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | | |
|--|--|--|
| <p>B. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 7 Millbrook Road</p> <p>City Flemington State NJ Zip Code 08822</p> <p>Purpose of Disbursement Office Expense-PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 17077112</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="59.00"/></p> <p>Office Expense-PAC</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | | |
|--|--|---|
| <p>C. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 7 Millbrook Road</p> <p>City Flemington State NJ Zip Code 08822</p> <p>Purpose of Disbursement Office Expense-PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 17077113</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="474.00"/></p> <p>Office Expense-PAC</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | |
|---|--|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="583.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 133 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. The Simmons Group | | Transaction ID: 15983887 Date of Disbursement |
| Mailing Address 2232 S. Main Street #385 | | <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2006"/> |
| City Ann Arbor | State MI | Zip Code 48103 |
| Purpose of Disbursement Fundraising Consulting-PAC | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="7317.20"/> |
| 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) ▼ | Fundraising Consulting-PAC |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Simmons Group | | Transaction ID: 15983895 Date of Disbursement |
| Mailing Address 2232 S. Main Street #385 | | <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2006"/> |
| City Ann Arbor | State MI | Zip Code 48103 |
| Purpose of Disbursement Fundraising Consulting-PAC | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="5000.00"/> |
| 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) ▼ | Fundraising Consulting-PAC |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. The Simmons Group | | Transaction ID: 15983900 Date of Disbursement |
| Mailing Address 2232 S. Main Street #385 | | <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/> |
| City Ann Arbor | State MI | Zip Code 48103 |
| Purpose of Disbursement Fundraising Consulting-PAC | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="6944.80"/> |
| 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) ▼ | Fundraising Consulting-PAC |
| State: District: | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="19262.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|---------------------------|---|
| Full Name (Last, First, Middle Initial) A. Theresa Mondella | | Transaction ID: 15983717 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 330 Shore Drive Apt. C-23 | | Amount of Each Disbursement this Period 3000.00 |
| City Highlands State NJ Zip Code 07732 | Compliance Consulting-PAC | |
| Purpose of Disbursement Compliance Consulting-PAC Candidate Name | | 003 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------------------|---|
| Full Name (Last, First, Middle Initial) B. Tiffany Watkins | | Transaction ID: 15983911 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 6414 City Line Avenue | | Amount of Each Disbursement this Period 2500.00 |
| City Philadelphia State PA Zip Code 19151 | Fundraising Consulting-PAC | |
| Purpose of Disbursement Fundraising Consulting-PAC Candidate Name | | 003 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------|---|
| Full Name (Last, First, Middle Initial) C. Vocus Inc. | | Transaction ID: 15983903 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 4296 Forbes Blvd. | | Amount of Each Disbursement this Period 13754.00 |
| City Lanham State MD Zip Code 20706 | Database-PAC | |
| Purpose of Disbursement Database-PAC Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 19254.00 |
| 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 135 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. VoiceNation Conferencing | | Transaction ID: 15983909 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 54B Ridgedale Avenue | | Amount of Each Disbursement this Period 609.25 |
| City Morristown State NJ Zip Code 07860 | Category/ Type 001 Telecommunications-PAC | |
| Purpose of Disbursement Telecommunications-PAC Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. VoiceNation Conferencing | | Transaction ID: 15983910 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 54B Ridgedale Avenue | | Amount of Each Disbursement this Period 1553.62 |
| City Morristown State NJ Zip Code 07860 | Category/ Type 003 Telecommunications-PAC | |
| Purpose of Disbursement Telecommunications-PAC Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Whitman Consulting | | Transaction ID: 15983914 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 |
| Mailing Address PO Box 373 | | Amount of Each Disbursement this Period 4000.00 |
| City Oldwick State NJ Zip Code 08858 | Category/ Type 001 Management Consulting-PAC | |
| Purpose of Disbursement Management Consulting-PAC Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input 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) ▶ | 6162.87 |
| 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 136 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Whitman Consulting | | Transaction ID: 15983963 Date of Disbursement 03 / 22 / 2006 |
| Mailing Address PO Box 373 | | Amount of Each Disbursement this Period 1518.60 |
| City Oldwick State NJ Zip Code 08858 | Purpose of Disbursement Travel-PAC Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Travel-PAC |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Whitman Consulting | | Transaction ID: 17076726 Date of Disbursement 03 / 22 / 2006 |
| Mailing Address PO Box 373 | | Amount of Each Disbursement this Period 4000.00 |
| City Oldwick State NJ Zip Code 08858 | Purpose of Disbursement Management Consulting-PAC Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Management Consulting-PAC |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Xquizit | | Transaction ID: 15983970 Date of Disbursement 01 / 06 / 2006 |
| Mailing Address 155 Franklin Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Nutley State NJ Zip Code 07110 | Purpose of Disbursement Website-PAC Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Website-PAC |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6518.60 |
| 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 137 / 140

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

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NAME OF COMMITTEE (In Full)
ITS MY PARTY

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Xquizit | | Transaction ID: 15983988 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 | |
| Mailing Address 155 Franklin Avenue | | Amount of Each Disbursement this Period 1000.00 | |
| City Nutley State NJ Zip Code 07110 | Purpose of Disbursement Website-PAC Candidate Name | Category/ Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | | Website-PAC | |

| | | |
|--|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 295195.95 |

**SCHEDULE 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 138 / 140

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
ITS MY PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Marilyn Brewer For Congress | | Transaction ID: 17077833 Date of Disbursement 01 / 27 / 2006 |
| Mailing Address 30151 Tomas | | Amount of Each Disbursement this Period 2900.00 |
| City Rancho Santa Marga State CA Zip Code 92688 | 011 Category/ Type | |
| Purpose of Disbursement Primary Contribution-PAC | | |
| Candidate Name Marilyn Brewer | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Primary Contribution-PAC |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Campaign To Elect Nancy Detert | | Transaction ID: 15983993 Date of Disbursement 02 / 16 / 2006 |
| Mailing Address 200 Capri Isles Blvd | | Amount of Each Disbursement this Period 5000.00 |
| City Venice State FL Zip Code 34292 | 011 Category/ Type | |
| Purpose of Disbursement Contribution-PAC | | |
| Candidate Name Nancy Detert | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution-PAC |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Tom Kean For Us Senate Inc | | Transaction ID: 15984021 Date of Disbursement 03 / 31 / 2006 |
| Mailing Address PO Box 225 | | Amount of Each Disbursement this Period 5000.00 |
| City Colonia State NJ Zip Code 07067 | 011 Category/ Type | |
| Purpose of Disbursement Contribution-Federal Senate NJ Primary | | |
| Candidate Name Mr. Thomas Kean | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution-Federal Sena- te NJ Primary |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 12900.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 / 140

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
ITS MY PARTY

| | | | |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. Snowe For Senate | | Transaction ID: 15983884 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 | |
| Mailing Address P.O. Box 2006 | | Amount of Each Disbursement this Period 2900.00 | |
| City Portland | State ME | Zip Code 04104 | 011 Category/ Type |
| Purpose of Disbursement Primary Contribution-PAC | | | |
| Candidate Name Sen. Olympia Snowe | | | Primary Contribution-PAC |
| 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: ME District: 1 | | | |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2900.00 |
| TOTAL This Period (last page this line number only) | ▶ | 15800.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 140 / 140

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
ITS MY PARTY

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Senate Republican Victory PAC | | Transaction ID: 17077834 Date of Disbursement |
| Mailing Address 582 Chestnut Street | | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City Manchester | State NH | Zip Code 03104 |
| Purpose of Disbursement Contribution-PAC | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="1000.00"/> |
| 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) ▼ | Contribution-PAC |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Weld For New York | | Transaction ID: 15984022 Date of Disbursement |
| Mailing Address 355 Lexington Avenue | | <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> |
| City New York | State NY | Zip Code 10017 |
| Purpose of Disbursement Contribution-State Gubernatorial William | | Amount of Each Disbursement this Period |
| Candidate Name Bill Weld | | <input type="text" value="1000.00"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution-State Gubernatorial William |
| State: NY District: | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="2000.00"/> |