

# 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  
LONGHORN PAC

ADDRESS (number and street) PO Box 40385  
 Check if different than previously reported. (ACC)  
Washington DC 20016

2. **FEC IDENTIFICATION NUMBER** C00402602  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Christopher J. Ward  
Signature of Treasurer Electronically Filed by Christopher J. Ward Date 02 12 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LONGHORN PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		264602.30
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	125956.75									
(c) Total Receipts (from Line 19) .....	70576.45	220026.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	196533.20	484628.75								
7. Total Disbursements (from Line 31) .....	111997.67	400093.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84535.53	84535.53								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
LONGHORN PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16000.00	59500.00
(i) Itemized (use Schedule A) .....	1000.00	1450.00
(ii) Unitemized .....	17000.00	60950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	53576.45	159076.45
(c) Other Political Committees (such as PACs) .....	70576.45	220026.45
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	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)) .....	70576.45	220026.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	70576.45	220026.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	25997.67	69232.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25997.67	69232.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86000.00	330860.27
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	111997.67	400093.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	111997.67	400093.22

**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) .....	70576.45	220026.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70576.45	220026.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25997.67	69232.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25997.67	69232.95

**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 / 34
	<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)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jill S. Bockorny		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 3101 S Bishop Jones Pl		Transaction ID: SA11A1.5267
City State Zip Code Sioux Falls SD 57103	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Roy Coffee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 2250 Clarendon Blvd Apt 1324		Transaction ID: SA11A1.5264
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer O'Connor & Hannan	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Douglas B. Davenport		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 1155 23rd St NW 5M		Transaction ID: SA11A1.5262
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DCI	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<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)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) A. Angela K. Flood		Date of Receipt MM / DD / YYYY 09 / 29 / 2006
Mailing Address 4667 Longstreet Ln Apt 105		Transaction ID: SA11A1.5258
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DCI	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Cameron Gilreath		Date of Receipt MM / DD / YYYY 09 / 26 / 2006
Mailing Address 33 South Gordon St		Transaction ID: SA11A1.5092
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Time Warner	Occupation Director of Government Affairs	
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 S. Gordon		Date of Receipt MM / DD / YYYY 09 / 29 / 2006
Mailing Address 209 Brookschase Ln		Transaction ID: SA11A1.5254
City Richmond	State VA	Zip Code 23229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Constentine Cannon	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<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)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Alexander J. Hadjas		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 9004 Chickawane Ct		Transaction ID: SA11A1.5252
City Alexandria	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sonnenschein Nath	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>B.</b> James W. Hawkins, III		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2604 N Nelson St		Transaction ID: SA11A1.5248
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alpine Group	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Landel C. Hobbs		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3220 W Paces Park Dr NW		Transaction ID: SA11A1.5244
City Atlanta	State GA	Zip Code 30327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Time Warner Cable	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<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)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. Michael L. Kiklis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 4090 Ferry Landing Rd		<b>Transaction ID: SA11A1.5246</b>	
City Alexandria	State VA	Zip Code 22309	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sonnenschein Nath	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>B. Andrew K. Maloney</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 3020 Macomb St, NW		<b>Transaction ID: SA11A1.5242</b>	
City Washington	State DC	Zip Code 20008	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sonnenschein Nath	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Frederick D. McClure</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 6535 Crosswoods Dr		<b>Transaction ID: SA11A1.5240</b>	
City Falls Church	State VA	Zip Code 22044	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sonnenschein Nath	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 34
	(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)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. Michael T. McNamara</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1301 K St, NW		<b>Transaction ID: SA11A1.5236</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sonnenschein Nath	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>B. Carol A. Melton</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 6035 Crimson Ct		<b>Transaction ID: SA11A1.5234</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Viacom	Occupation Sr Vice 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>C. Elliott I. Portnoy</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 11417 Broad Green Dr		<b>Transaction ID: SA11A1.5228</b>	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sonnenschein Nath	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<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)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Krista Stark		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 1715 Braddock Place #302		<b>Transaction ID:</b> SA11A1.5094	
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fleischman & Walsh LLP	Occupation Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joshua P. Tenuta		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 2110 Greenwich St		<b>Transaction ID:</b> SA11A1.5095	
City State Zip Code Falls Church VA 22043	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Apple	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Todd Thorpe		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 632 Independence Ave SE		<b>Transaction ID:</b> SA11A1.5097	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brockorny Petrizzo	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 34	
	(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)  
LONGHORN PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard C. White

Mailing Address 5035 Macomb St, NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Alpine Group Government Relations Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11A1.5224

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16000.00

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

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

FOR LINE NUMBER: PAGE 13 / 34  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial)  
**A. American Airlines PAC**  
 Mailing Address 1101 17th Street NW  
No. 600  
 City State Zip Code  
Washington DC 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6  
**Transaction ID: SA11C.5298**  
 Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
**B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**  
 Mailing Address 1120 Connecticut Avenue NW  
 City State Zip Code  
Washington DC 20036  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6  
**Transaction ID: SA11C.5074**  
 Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. American Hospital Association PAC**  
 Mailing Address 325 Seventh Street NW  
Suite 700  
 City State Zip Code  
Washington DC 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6  
**Transaction ID: SA11C.5075**  
 Amount of Each Receipt this Period  
 1000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. AVAYA INCORPORATED POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 490 L'Enfant Plaza SW Suite 511		<b>Transaction ID: SA11C.5296</b>
City State Zip Code Washington DC 20024	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00363382		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. BLUE BELL CREAMERIES U S A INC P A C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address BOX 1807		<b>Transaction ID: SA11C.5294</b>
City State Zip Code BRENHAM TX 77834	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00166892		
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	

Full Name (Last, First, Middle Initial) <b>C. Dealers Election Action Comm. of NADA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 8400 Westpark Drive		<b>Transaction ID: SA11C.5293</b>
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. DIRECTV GROUP INC. FUND - FEDERAL (DIRECTV PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 444 North Capitol Street NW Suite 728		<b>Transaction ID: SA11C.5076</b>
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00331991		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ECHOSTAR COMMUNICATIONS CORPORATION PAC INC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1233 20TH STREET NW SUITE 302		<b>Transaction ID: SA11C.5292</b>
City WASHINGTON State DC Zip Code 20036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00330647		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT-A-CAR COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 600 Corporate Park Drive		<b>Transaction ID: SA11C.5290</b>
City St. Louis State MO Zip Code 63105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00219642		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 34  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

**A.** Full Name (Last, First, Middle Initial)  
FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC

Mailing Address 655 Fifteenth Street NW  
Suite 700

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID:** SA11C.5288

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
HOGAN & HARTSON POLITICAL ACTION COMMITTEE

Mailing Address 555 THIRTEENTH STREET NW 8TH FL  
WEST TOWER

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** SA11C.5286

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE & CO. PAC

Mailing Address 10 S. Dearborn St  
IL 1-0520

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing federal political committee. **C** C00128512

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID:** SA11C.5071

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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



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

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 655 15th Street NW Suite 445		<b>Transaction ID: SA11C.5284</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00236489		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL ASSOCIATION OF HOME BUILDERS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 15TH & M STREETS NW		<b>Transaction ID: SA11C.5072</b>
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C70002712		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA-ATAC)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 25 Massachusetts Avenue NW #100		<b>Transaction ID: SA11C.5280</b>
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00010082		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 34
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. NATIONAL COURT REPORTERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 8224 OLD COURTHOUSE ROAD		<b>Transaction ID: SA11C.5081</b>
City VIENNA	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. <b>C</b> C00146506		Amount of Each Receipt this Period 500.00
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	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL RESTAURANT ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1200 17th Street NW		<b>Transaction ID: SA11C.5278</b>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b> C00003764		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. NATSO INC. NATSO PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1737 King Street Ste. 200		<b>Transaction ID: SA11C.5282</b>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b> C00097865		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. News America Holdings, Inc. Fox PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 444 Capital St., Suite 740		<b>Transaction ID: SA11C.5277</b>	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2000.00		
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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. ROCHE INC. GOOD GOVERNMENT FUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 340 Kingsland Street		<b>Transaction ID: SA11C.5083</b>	
City State Zip Code Nutley NJ 07110	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00072769			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. SAFEWAY INC. POLITICAL ACTION COMMITTEE (SAFEPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 5918 Stoneridge Mall Rd		<b>Transaction ID: SA11C.5085</b>	
City State Zip Code Pleasanton CA 94588	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00194084			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)</b>		Date of Receipt
Mailing Address Five Moore Drive P.O. Box 13358		M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
City Res. Triangle Park	State NC	Zip Code 27709
FEC ID number of contributing federal political committee. <b>C</b> C00199703		<b>Transaction ID: SA11C.5078</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00
		Amount of Each Receipt this Period 2000.00

Full Name (Last, First, Middle Initial) <b>B. SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC</b>		Date of Receipt
Mailing Address 11495 Sunset Hills Road Suite 215		M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
City RESTON	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. <b>C</b> C00120030		<b>Transaction ID: SA11C.5275</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00
		Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial) <b>C. Sonnenschein, Nath, &amp; Rosenthal PAC</b>		Date of Receipt
Mailing Address 1301 K St. NW		M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11C.5274</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00
		Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

**A.** Full Name (Last, First, Middle Initial)  
ST. PAUL TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (STA PAC), THE

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11C.5087

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
T-MOBILE USA INC. POLITICAL ACTION COMMITTEE (T-PAC)

Mailing Address 401 9th STREET NW  
SUITE 550

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11C.5270

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
TARGETCITIZENS POLITICAL FORUM

Mailing Address 1000 NICOLLET MALL  
TPS 3275

City State Zip Code  
MINNEAPOLIS MN 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11C.5272

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. Technology Network Technet PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 2600 E. Bayshore Road		<b>Transaction ID: SA11C.5390</b>
City State Zip Code Palo Alto CA 94303	Amount of Each Receipt this Period 76.45	
FEC ID number of contributing federal political committee. C	In-kind - Fundraising Staff Services	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 76.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. WHOLESALER-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 1725 K STREET NW #300		<b>Transaction ID: SA11C.5089</b>
City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00109306		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1076.45
<b>TOTAL</b> This Period (last page this line number only) .....	53576.45

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 34

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. CBS Corporation</b>		<b>Transaction ID:</b> SB21B.5118 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW Ste 540		Amount of Each Disbursement this Period 7500.00
City Washington State DC Zip Code 20004	Purpose of Disbursement Event Tickets for Donors Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Epiphany Productions</b>		<b>Transaction ID:</b> SB21B.5120 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 247.20
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Travel Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Epiphany Productions</b>		<b>Transaction ID:</b> SB21B.5121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 3405.67
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Catering Costs (SEE MEMOS) Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11152.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. Epiphany Productions</b>		<b>Transaction ID:</b> SB21B.5123	
Mailing Address 104 Hume Avenue		Date of Disbursement 09 / 25 / 2006	
City Alexandria	State VA	Zip Code 22301	Amount of Each Disbursement this Period 4799.52
Purpose of Disbursement Fundraising Consultant Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Epiphany Productions</b>		<b>Transaction ID:</b> SB21B.5102	
Mailing Address 104 Hume Avenue		Date of Disbursement 09 / 29 / 2006	
City Alexandria	State VA	Zip Code 22301	Amount of Each Disbursement this Period 4500.00
Purpose of Disbursement Fundraising Consultant Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Epiphany Productions</b>		<b>Transaction ID:</b> SB21B.5103	
Mailing Address 104 Hume Avenue		Date of Disbursement 09 / 29 / 2006	
City Alexandria	State VA	Zip Code 22301	Amount of Each Disbursement this Period 2047.97
Purpose of Disbursement Catering Costs (SEE MEMOS)		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11347.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. Epiphany Productions</b>		<b>Transaction ID:</b> SB21B.5106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 5.85
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company LLC</b>		<b>Transaction ID:</b> SB21B.5109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1005 Congress Ave Ste 910		Amount of Each Disbursement this Period 500.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Fundraising Consultant Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Occasions Caterers</b>		<b>Transaction ID:</b> SB21B.5105 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5458 3rd St NE		Amount of Each Disbursement this Period 836.00
City Washington State DC Zip Code 20011	Purpose of Disbursement Catering Costs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	505.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 34

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. Occasions Caterers</b>		<b>Transaction ID:</b> SB21B.5108 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5458 3rd St NE		Amount of Each Disbursement this Period 965.01
City Washington State DC Zip Code 20011	Category/ Type	
Purpose of Disbursement Catering Costs		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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>B. Political Compliance Services</b>		<b>Transaction ID:</b> SB21B.5107 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 373		Amount of Each Disbursement this Period 1500.00
City Fairfax Station State VA Zip Code 22039	Category/ Type	
Purpose of Disbursement Accounting & Compliance Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ruth's Chris Steak House</b>		<b>Transaction ID:</b> SB21B.5104 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 724 9th St., NW		Amount of Each Disbursement this Period 1211.97
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement Catering Costs		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2465.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. Splendid Fare Catering</b>		Transaction ID: SB21B.5124	
Mailing Address 1310 Braddock Place		Date of Disbursement 09 / 25 / 2006	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 3190.75
Purpose of Disbursement Catering Costs		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	25471.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. BLASDEL FOR CONGRESS</b>		Transaction ID: SB23.5132 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO BOX 479		Amount of Each Disbursement this Period 4000.00
City Lisbon	State OH Zip Code 44432	
Purpose of Disbursement		
Candidate Name BLASDEL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 06		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER SHAYS FOR CONGRESS</b>		Transaction ID: SB23.5174 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		Amount of Each Disbursement this Period 3000.00
City Norwalk	State CT Zip Code 06851	
Purpose of Disbursement		
Candidate Name CHRISTOPHER SHAYS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 04		

Full Name (Last, First, Middle Initial) <b>C. DON SHERWOOD FOR CONGRESS</b>		Transaction ID: SB23.5156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 81 WARREN STREET PO BOX 188		Amount of Each Disbursement this Period 4000.00
City TUNKHANNOCK	State PA Zip Code 18657	
Purpose of Disbursement		
Candidate Name DON SHERWOOD FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

<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)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. FITZPATRICK FOR CONGRESS</b>		<b>Transaction ID: SB23.5165</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 5000.00
City Doylestown State PA Zip Code 18901	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name FITZPATRICK FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CLAY SHAW</b>		<b>Transaction ID: SB23.5171</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 2188 2600 NE 14th. Street Causeway		Amount of Each Disbursement this Period 5000.00
City Fort Lauderdale State FL Zip Code 33303	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name FRIENDS OF CLAY SHAW		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>C. GRAF FOR CONGRESS</b>		<b>Transaction ID: SB23.5153</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 287 W EL NOPAL		Amount of Each Disbursement this Period 5000.00
City GREEN VALLEY State AZ Zip Code 85614	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name GRAF FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. HEATHER WILSON FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5158
Mailing Address P.O. BOX 14070		Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name HEATHER WILSON FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 01	

Full Name (Last, First, Middle Initial) <b>B. JIM GERLACH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.5166
Mailing Address PO Box 87		Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
City Uwchland	State PA	Zip Code 19480
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.5168
Mailing Address P. O. Box 1986		Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
City New Britain	State CT	Zip Code 06050
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name JOHNSON FOR CONGRESS COMMITTEE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

Full Name (Last, First, Middle Initial) <b>A. JOY PADGETT FOR CONGRESS</b>		<b>Transaction ID: SB23.5130</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 871 WALNUT STREET		Amount of Each Disbursement this Period 5000.00
City COSHOCOTON State OH Zip Code 43812		
Purpose of Disbursement	Category/Type	
Candidate Name JOY PADGETT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MARTHA RAINVILLE FOR CONGRESS</b>		<b>Transaction ID: SB23.5069</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO BOX 505		Amount of Each Disbursement this Period 5000.00
City WILLISTON State VT Zip Code 05495		
Purpose of Disbursement	Category/Type	
Candidate Name MARTHA RAINVILLE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MAX BURNS FOR CONGRESS</b>		<b>Transaction ID: SB23.5175</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 1965		Amount of Each Disbursement this Period 5000.00
City Sylvania State GA Zip Code 30467		
Purpose of Disbursement	Category/Type	
Candidate Name MAX BURNS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LONGHORN PAC

**A. MUSGRAVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
MUSGRAVE FOR CONGRESS  
Mailing Address 118 West Charlotte Street

**Transaction ID:** SB23.5169  
Date of Disbursement

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

City Johnstown State CO Zip Code 80534

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name  
MUSGRAVE FOR CONGRESS

Office Sought:  House  Senate  President  
State: CO District: 04  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**B. PORTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
PORTER FOR CONGRESS  
Mailing Address PO Box 26087

**Transaction ID:** SB23.5170  
Date of Disbursement

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

City Las Vegas State NV Zip Code 89126

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name  
PORTER FOR CONGRESS

Office Sought:  House  Senate  President  
State: NV District: 03  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**C. SCHMIDT FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
SCHMIDT FOR CONGRESS COMMITTEE  
Mailing Address 771 Wards Corner Rd

**Transaction ID:** SB23.5133  
Date of Disbursement

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

City Loveland State OH Zip Code 45140

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name  
SCHMIDT FOR CONGRESS COMMITTEE

Office Sought:  House  Senate  President  
State: OH District: 02  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

<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)  
LONGHORN PAC

**A. SHELLEY SEKULA-GIBBS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 890954

City HOUSTON State TX Zip Code 77289

Purpose of Disbursement

Candidate Name  
SHELLEY SEKULA-GIBBS FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: TX District: 22

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Special-General

**Transaction ID: SB23.5155**

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

5000.00

**B. TEXANS FOR HENRY BONILLA**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 17292

City San Antonio State TX Zip Code 78217

Purpose of Disbursement

Candidate Name  
TEXANS FOR HENRY BONILLA

Office Sought:  House  
 Senate  
 President

State: TX District: 23

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.5159**

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

5000.00

**C. THELMA DRAKE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement

Candidate Name  
THELMA DRAKE FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: VA District: 02

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.5164**

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

86000.00

Image# 27930138338

Form/Schedule: **F3XA**  
Transaction ID:

In response to your letter dated November 22 please note that disbursements for Catering Costs (SEE MEMOS) and Fundraising Consultant Fees were for the benefit of the Committee and not for any specific candidates.

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