

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 BATTLE BORN POLITICAL ACTION COMMITTEE

ADDRESS (number and street) PO Box 40366 Check if different than previously reported. (ACC) Washington DC 20016

2. FEC IDENTIFICATION NUMBER C00364596 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2006 through 07 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 Christopher J. Ward Signature of Treasurer Electronically Filed by Christopher J. Ward Date 08 16 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BATTLE BORN POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

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		126151.45
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	130100.79									
(c) Total Receipts (from Line 19) .....	32500.00	161718.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	162600.79	287869.58								
7. Total Disbursements (from Line 31) .....	32099.87	157368.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	130500.92	130500.92								
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  
BATTLE BORN POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

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		
(i) Itemized (use Schedule A) .....	10000.00	15000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10000.00	15000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	22500.00	93500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	32500.00	108500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	53218.13
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)) .....	32500.00	161718.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32500.00	161718.13

**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.....	17099.87	39368.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	17099.87	39368.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	112000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	6000.00
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))..	32099.87	157368.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	32099.87	157368.66

**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) .....	32500.00	108500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32500.00	108500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17099.87	39368.66
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17099.87	39368.66

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

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

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

NAME OF COMMITTEE (In Full)  
BATTLE BORN POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Gail Jaquish

Mailing Address P.O. Box 129

City State Zip Code  
Zephyr Cove NV 89448

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

Name of Employer Occupation  
Jurix Inc Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: SA11A1.4881

Amount of Each Receipt this Period  
5000.00

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

Mailing Address P.O. Box 129

City State Zip Code  
Zephyr Cove NV 89448

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

Name of Employer Occupation  
QMO LLC Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: SA11A1.4880

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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)  
BATTLE BORN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2006
Mailing Address ONE BOSTON SCIENTIFIC PLACE		<b>Transaction ID: SA11C.4863</b>
City State Zip Code NATICK MA 01760	FEC ID number of contributing federal political committee. <b>C</b> C00357863	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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. CINGULAR WIRELESS LLC EMPLOYEE PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 5565 GLENRIDGE CONNECTOR SUITE 1700		<b>Transaction ID: SA11C.4875</b>
City State Zip Code ATLANTA GA 30342	FEC ID number of contributing federal political committee. <b>C</b> C00368811	Amount of Each Receipt this Period 5000.00
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. EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 13900 Riverport Drive		<b>Transaction ID: SA11C.4868</b>
City State Zip Code Maryland Heights MO 63043	FEC ID number of contributing federal political committee. <b>C</b> C00365072	Amount of Each Receipt this Period 2000.00
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	

<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 8 / 13
	<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)  
BATTLE BORN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)</b>		Date of Receipt
Mailing Address 601 PENNSYLVANIA AVENUE NW STE 740		M M / D D / Y Y Y Y Y 07 / 31 / 2006
City	State	Zip Code
WASHINGTON	DC	20004
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4873
C C00388819		Amount of Each Receipt this Period
Name of Employer		2000.00
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2000.00	

Full Name (Last, First, Middle Initial) <b>B. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS</b>		Date of Receipt
Mailing Address 317 MASSACHUSETTS AVENUE NE		M M / D D / Y Y Y Y Y 07 / 10 / 2006
City	State	Zip Code
WASHINGTON	DC	20002
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4864
C C00343137		Amount of Each Receipt this Period
Name of Employer		5000.00
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) <b>C. PSYCHIATRIC SOLUTIONS INC FED PAC</b>		Date of Receipt
Mailing Address 840 CRESCENT CENTRE DRIVE STE 460		M M / D D / Y Y Y Y Y 07 / 31 / 2006
City	State	Zip Code
FRANKLIN	TN	37067
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4870
C C00407684		Amount of Each Receipt this Period
Name of Employer		1000.00
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

<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:	PAGE 9 / 13
	(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)  
**BATTLE BORN POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SIERRA NEVADA PAC</b>		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>7</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		3	1		2	0	0	6													
Mailing Address <b>P.O. Box 50193</b>		<b>Transaction ID: SA11C.4876</b>																				
City <b>Sparks</b>	State <b>NV</b>	Zip Code <b>89434</b>																				
FEC ID number of contributing federal political committee. <b>C C00367995</b>		Amount of Each Receipt this Period <b>5000.00</b>																				
Name of Employer	Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>																					

Full Name (Last, First, Middle Initial) <b>B. UNITED HEALTH PAC</b>		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>7</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		3	1		2	0	0	6													
Mailing Address <b>6214 WEDGEWOOD ROAD</b>		<b>Transaction ID: SA11C.4877</b>																				
City <b>BETHESDA</b>	State <b>MD</b>	Zip Code <b>20817</b>																				
FEC ID number of contributing federal political committee. <b>C C00321844</b>		Amount of Each Receipt this Period <b>1500.00</b>																				
Name of Employer	Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1500.00</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>22500.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 13

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

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NAME OF COMMITTEE (In Full)  
BATTLE BORN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Bellagio</b>		Transaction ID: SB21B.4856 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 3600 S Las Vegas Blvd		Amount of Each Disbursement this Period 300.00
City Las Vegas State NV Zip Code 89109	[MEMO ITEM]	
Purpose of Disbursement Event Tickets - 1 Transaction		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. Chase Card Services</b>		Transaction ID: SB21B.4854 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 9001074		Amount of Each Disbursement this Period 1088.69
City Louisville State KY Zip Code 40290	Category/ Type	
Purpose of Disbursement Credit Card (SEE MEMOS)		
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. November, Inc</b>		Transaction ID: SB21B.4853 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address PO Box 27972		Amount of Each Disbursement this Period 15506.18
City Las Vegas State NV Zip Code 89126	Category/ Type	
Purpose of Disbursement Fundraising Consultant Fees		
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) ..... ▶	16594.87
<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)  
BATTLE BORN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Political Compliance Services</b>		<b>Transaction ID:</b> SB21B.4862 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 10 / 2006
Mailing Address PO Box 373		Amount of Each Disbursement this Period 500.00
City Fairfax Station	State VA	
Zip Code 22039		
Purpose of Disbursement Accounting & Compliance Fees 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. Shell Oil</b>		<b>Transaction ID:</b> SB21B.4860 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 10 / 2006
Mailing Address 991 East Desert Inn Rd		Amount of Each Disbursement this Period 74.60
City Las Vegas	State NV	
Zip Code 89109		
Purpose of Disbursement Fuel - 1 Transaction 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. Southwest Airlines</b>		<b>Transaction ID:</b> SB21B.4855 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 10 / 2006
Mailing Address P.O. Box 36611		Amount of Each Disbursement this Period 484.09
City Dallas	State TX	
Zip Code 75235		
Purpose of Disbursement Airfare - 3 Transactions 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) ..... ▶	500.00
<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 12 / 13

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

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NAME OF COMMITTEE (In Full)  
BATTLE BORN POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Williamsburg Inn

Mailing Address 136 East Francis St

City Williamsburg State VA Zip Code 23187

Purpose of Disbursement  
Lodging - 1 Transaction

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.4858

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BATTLE BORN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NEBRASKA FAMILIES FOR PETE RICKETTS</b>		<b>Transaction ID: SB23.4851</b> Date of Disbursement
Mailing Address 11225 DAVENPORT ST STE 108		<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City OMAHA	State NE	Zip Code 68154
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name NEBRASKA FAMILIES FOR PETE RICKETTS		<input type="text" value="5000.00"/>
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: NE	District: 00	

Full Name (Last, First, Middle Initial) <b>B. SANTORUM 2006</b>		<b>Transaction ID: SB23.4882</b> Date of Disbursement
Mailing Address ONE TOWER BRIDGE SUITE 1440		<input type="text" value="07"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City WEST CONSHOCKEN	State PA	Zip Code 19428
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name SANTORUM 2006		<input type="text" value="5000.00"/>
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: PA	District: 00	

Full Name (Last, First, Middle Initial) <b>C. TALENT FOR SENATE COMMITTEE</b>		<b>Transaction ID: SB23.4883</b> Date of Disbursement
Mailing Address 147 N MERAMEC SUITE 100		<input type="text" value="07"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name TALENT FOR SENATE COMMITTEE		<input type="text" value="5000.00"/>
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: MO	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="15000.00"/>