

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

ESOP PAC

ADDRESS (number and street) 1726 M Street, N.W. Suite 501 Washington DC 20036

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00196089

3. IS THIS REPORT NEW OR AMENDED

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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 04 01 2004 through 06 30 2004

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 J. Michael Keeling, Esq.

Signature of Treasurer Electronically Filed by J. Michael Keeling, Esq. Date 07 21 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.

Table with 8 columns for Office Use Only.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ESOP PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		7949.86
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	3052.93									
(c) Total Receipts (from Line 19) .....	24090.00	39340.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27142.93	47289.86								
7. Total Disbursements (from Line 31) .....	21977.55	42124.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5165.38	5165.38								
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  
ESOP PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

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	23090.00	35140.00
(i) Itemized (use Schedule A) .....	0.00	200.00
(ii) Unitemized .....	23090.00	35340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1000.00	4000.00
(c) Other Political Committees (such as PACs) .....	24090.00	39340.00
(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)) .....	24090.00	39340.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24090.00	39340.00

**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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21750.00	41750.00
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.....	227.55	374.48
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))..	21977.55	42124.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21977.55	42124.48

**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) .....	24090.00	39340.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24090.00	39340.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael Abbott		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 1000 Louisiana Suite 3400		Transaction ID: SA11A1.5438
City State Zip Code Houston TX 77002	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gardere wyrne Sewell LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Kim Abello		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 1139 Wintergreen Terrace		Transaction ID: SA11A1.5410
City State Zip Code Batavia IL 60510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Williamette Management Co-nsultants	Occupation valuation 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>C.</b> Mr. James Ahern		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 350 West Hubbard Street No. 450		Transaction ID: SA11A1.5407
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lakeshore Valuation Group	Occupation valuation 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) ..... ▶	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 7 / 31
	<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)  
ESOP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Lee Bloom		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 311 South Wacker Drive Suite 4200		<b>Transaction ID:</b> SA11A1.5411
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Duff & Phelps, LLC	Occupation valuation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Elyse Bluth		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 311 South Wacker Drive		<b>Transaction ID:</b> SA11A1.5413
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Duff & Phelps	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joseph Cabral		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 3725 Campus Drive		<b>Transaction ID:</b> SA11A1.5404
City State Zip Code Thousand Oaks CA 91360	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Chatsworth Products, Inc.	Occupation CEO	
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 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Canan, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4	
Mailing Address 301 East Pine Street Suite 1400		<b>Transaction ID: SA11A1.5405</b>	
City State Zip Code Orlando FL 32801		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gray, Harris & Robinson, P.A.		Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven R. Fischer</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 4	
Mailing Address 7318 Germantown Avenue		<b>Transaction ID: SA11A1.5425</b>	
City State Zip Code Philadelphia PA 19119		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Steiker & Fischer		Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Laurence A. Goldberg, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4	
Mailing Address 50 California Street 36th Floor		<b>Transaction ID: SA11A1.5402</b>	
City State Zip Code San Francisco CA 94111		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ludwig Goldberg & Krenzel		Occupation Attorneys	
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) ..... ▶	1250.00
<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 / 31
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Terence L. Griswold		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 4
Mailing Address 3255 Brighton Henrietta Town Line Road		Transaction ID: SA11A1.5417
City State Zip Code Rochester NY 14623	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Empire Valuation Consultants, Inc.	Occupation valuation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Davin R. Gustafson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 4
Mailing Address S & S Business Services, Inc. 4040 Embassy Parkway		Transaction ID: SA11A1.5428
City State Zip Code Akron OH 44333	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer S & S Business Services, Inc.	Occupation Director of Valuations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Malcom Hartman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 534 Montgomery Ferry Road, North		Transaction ID: SA11A1.5403
City State Zip Code Atlanta GA 30324-5132	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Willamette Management Associates	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) ..... ▶	1000.00
<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 10 / 31
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David Horvath		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 4
Mailing Address 348 Columbia Street P.O. Box 407		Transaction ID: SA11A1.5423
City State Zip Code South Bend IN 46634	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Crowe, Chizek and Company, LLP	Occupation CPA	
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> David Johanson, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 4
Mailing Address 1792 Second Street		Transaction ID: SA11A1.5422
City State Zip Code Napa CA 94559	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Johanson Berenson LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kris Kirkpatrick, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address One United Plaza 4041 Essen		Transaction ID: SA11A1.5398
City State Zip Code Baton Rouge LA 70809	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Long Law Firm	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) ..... ▶	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 11 / 31
	<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)  
ESOP PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul Lindemann

Mailing Address One Indiana Square  
Suite 2800

City Indianapolis State IN Zip Code 46204

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

Name of Employer Krieg DeVault Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2004

Transaction ID: SA11A1.5406

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Carolyn Long

Mailing Address 2510 Virginia Avenue, N.W.  
No. 712 N

City Washington State DC Zip Code 20037

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

Name of Employer self-employed Occupation heiress

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2004

Transaction ID: SA11A1.5399

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott D. Miller, CPA

Mailing Address 394 Williamstowne  
Suite F

City Delafield State WI Zip Code 53018

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

Name of Employer Enterprise Services, Inc. Occupation Business valuation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2004

Transaction ID: SA11A1.5396

Amount of Each Receipt this Period  
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 12 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. Thomas H. Mug, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 4	
Mailing Address 101 South hanley Suite 1600		Transaction ID: SA11A1.5427	
City State Zip Code St. Louis MO 63105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gallop, Johnson & Neuman, L.C.	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. H. Carter Myers</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 4	
Mailing Address P.O. Box 7823		Transaction ID: SA11A1.5395	
City State Zip Code Charlottesville VA 22906	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carter Myers Automotive	Occupation auto dealer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Carl Overman, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 4	
Mailing Address 1400 First Indiana Plaza 135 North Pennsylvania Street		Transaction ID: SA11A1.5426	
City State Zip Code Indianapolis IN 46204	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Leagre Chandler & Millard LLP	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) ..... ▶	1000.00
<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 13 / 31
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Glenn Phelps		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 4
Mailing Address 1687 Duanesburg Road		Transaction ID: SA11A1.5414
City Duanesburg State NY Zip Code 12056	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Schenectady Steel Co., Inc.	Occupation executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. George A. Ray		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4
Mailing Address 18504 Newbrook Circle		Transaction ID: SA11A1.5421
City Cerritos State CA Zip Code 90703	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LeFiell Mfg. Co.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Hugh Reynolds		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 4
Mailing Address 10 West Broad Street Suite 1700		Transaction ID: SA11A1.5424
City Columbus State OH Zip Code 43215	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Crowe Chizek & Company, LLP	Occupation consultant	
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) ..... ▶	2250.00
<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 14 / 31
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Robert F. Schatz, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 1007 Farmington Avenue Suite 4		Transaction ID: SA11A1.5412
City State Zip Code West Hartford CT 06107	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Law Offices Of Robert F. Schatz	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James G. Steiker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 4
Mailing Address 7318 Germantown Avenue		Transaction ID: SA11A1.5420
City State Zip Code Philadelphia PA 19119	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Steiker & Fischer	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Frieda Takaki		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 4
Mailing Address 826 South King Street		Transaction ID: SA11A1.5416
City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CHART Rehabilitation of Hawaii, Inc.	Occupation President	
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) ..... ▶	1400.00
<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 / 31
	<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Delores Thomas		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2004	
Mailing Address 5311 Grand Blvd.		Transaction ID: SA11A1.5429	
City State Zip Code New Port Richey FL 34652	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ewing & Thomas	Occupation physical therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Delores Thomas		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 5311 Grand Blvd.		Transaction ID: SA11A1.5401	
City State Zip Code New Port Richey FL 34652	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ewing & Thomas	Occupation physical therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Delores Thomas		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 5311 Grand Blvd.		Transaction ID: SA11A1.5433	
City State Zip Code New Port Richey FL 34652	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ewing & Thomas	Occupation physical therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<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 / 31
	(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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Cindy Turcot		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 4	
Mailing Address 128 Intervale Road		<b>Transaction ID:</b> SA11A1.5409	
City Burlington	State VT	Zip Code 05401	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gardener's Supply Company	Occupation CFO		
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> Unitemized Unitemized		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 4	
Mailing Address 1726 M Street, N.W. Suite 501		<b>Transaction ID:</b> SA11A1.5434	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 6140.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ESOP PAC	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9090.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Virginia Vanderslice		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 4	
Mailing Address 8506 Germantown Avenue		<b>Transaction ID:</b> SA11A1.5418	
City Philadelphia	State PA	Zip Code 19119	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Praxis Consulting Group, Inc.	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) ..... ▶	7140.00
<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 17 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. James Waldo</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 4	
Mailing Address 1750 Tysons Blvd. Suite 650		<b>Transaction ID: SA11A1.5419</b>	
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Houlihan Lokey Howard & Zekin	Occupation investment banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Don Way</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 4	
Mailing Address Thoits Insurance 444 Castro Street		<b>Transaction ID: SA11A1.5397</b>	
City State Zip Code Mountain View CA 94041	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Thoits Insurance	Occupation insurance broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	23090.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 31
	(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) ESOP PAC
---

Full Name (Last, First, Middle Initial) A. Austin Industries Companies PAC	
Mailing Address P.O. Box 1590	
City Dallas	State TX
Zip Code 75221	
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 ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2004
Transaction ID: SA11C.5431
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) .....	▶	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 31

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. BEN CARDIN FOR CONGRESS</b>		Transaction ID: SB23.5356 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4
Mailing Address 100 EAST PRATT STREET 27TH FLOOR		Amount of Each Disbursement this Period 1500.00
City BALTIMORE State MD Zip Code 21202	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. BEN CARDIN FOR CONGRESS</b>		Transaction ID: SB23.5384 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 4
Mailing Address 100 EAST PRATT STREET 27TH FLOOR		Amount of Each Disbursement this Period 1000.00
City BALTIMORE State MD Zip Code 21202	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. BLUMENAUER FOR CONGRESS</b>		Transaction ID: SB23.5358 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4
Mailing Address 921 SW Washington Suite 810		Amount of Each Disbursement this Period 250.00
City Portland State OR Zip Code 97205	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2750.00
<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 20 / 31

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.5364 Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2004
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.5374 Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2004
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 250.00
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.5380 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2004
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 500.00
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR TOM PETRI</b>		Transaction ID: SB23.5368 Date of Disbursement 05 / 21 / 2004
Mailing Address PO BOX 270		Amount of Each Disbursement this Period 500.00
City FOND DU LAC	State WI Zip Code 54935	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 06		

Full Name (Last, First, Middle Initial) <b>B. CRANE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.5367 Date of Disbursement 05 / 21 / 2004
Mailing Address PO BOX 8534		Amount of Each Disbursement this Period 500.00
City ROLLING MEADOWS	State IL Zip Code 60008	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>C. CRANE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.5382 Date of Disbursement 06 / 06 / 2004
Mailing Address PO BOX 8534		Amount of Each Disbursement this Period 500.00
City ROLLING MEADOWS	State IL Zip Code 60008	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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 22 / 31

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. DONALD A. MANZULLO FOR CONGRESS</b>		Transaction ID: SB23.5349 Date of Disbursement																				
Mailing Address PO Box 7783 PO Box 7783		<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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	8		2	0	0	4													
City Rockford	State IL	Zip Code 61126																				
Purpose of Disbursement		Amount of Each Disbursement this Period <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Candidate Name		Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IL	District: 16																					

Full Name (Last, First, Middle Initial) <b>B. EHLERS FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.5355 Date of Disbursement																				
Mailing Address PO BOX 3340		<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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	8		2	0	0	4													
City GRAND RAPIDS	State MI	Zip Code 49501																				
Purpose of Disbursement		Amount of Each Disbursement this Period <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Candidate Name		Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MI	District: 03																					

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BLANCHE LINCOLN</b>		Transaction ID: SB23.5389 Date of Disbursement																				
Mailing Address PO BOX 3197		<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>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	8		2	0	0	4													
City LITTLE ROCK	State AR	Zip Code 72203																				
Purpose of Disbursement		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: AR	District: 00																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1750.00</td></tr></table>	1750.00
1750.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 31

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CLAY SHAW</b>		Transaction ID: SB23.5347 Date of Disbursement
Mailing Address 2600 N E 14TH STREET CAUSEWAY		<input type="text" value="04"/> <input type="text" value="28"/> / <input type="text" value="2004"/>
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <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>B. FRIENDS OF CLAY SHAW</b>		Transaction ID: SB23.5371 Date of Disbursement
Mailing Address 2600 N E 14TH STREET CAUSEWAY		<input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="2004"/>
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <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. FRIENDS OF JOHN TANNER</b>		Transaction ID: SB23.5372 Date of Disbursement
Mailing Address POST OFFICE BOX 1994		<input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="2004"/>
City UNION CITY	State TN	Zip Code 38281
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 08	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 31

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MARK FOLEY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5377
Mailing Address 1316 LAKE VICTORIA DR		Date of Disbursement MM / DD / YYYY 06 / 06 / 2004
City LAKE WORTH	State FL	Zip Code 33461
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>B. GOODLATTE, ROBERT W</b>		<b>Transaction ID:</b> SB23.5385
Mailing Address 3725 Dogwood Lane		Date of Disbursement MM / DD / YYYY 06 / 18 / 2004
City Roanoke	State VA	Zip Code 24014
Purpose of Disbursement	Amount of Each Disbursement this Period 250.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 06		

Full Name (Last, First, Middle Initial) <b>C. HULSHOF FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5370
Mailing Address Post Office Box 1621		Date of Disbursement MM / DD / YYYY 05 / 21 / 2004
City Columbia	State MO	Zip Code 65010
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1750.00</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 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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. J D HAYWORTH FOR CONGRESS</b>		<b>Transaction ID: SB23.5351</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4
Mailing Address 10789 N 90TH STREET SUITE 102		Amount of Each Disbursement this Period 250.00
City SCOTTSDALE State AZ Zip Code 85260		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 06	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. JERRY WELLER FOR CONGRESS INC.</b>		<b>Transaction ID: SB23.5383</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 4
Mailing Address P.O. Box 15283		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5365</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 4
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5375</b> Date of Disbursement
Mailing Address P.O. Box 1986		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2004"/>
City New Britain	State CT	Zip Code 06050
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	

Full Name (Last, First, Middle Initial) <b>B. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5394</b> Date of Disbursement
Mailing Address P.O. Box 1986		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2004"/>
City New Britain	State CT	Zip Code 06050
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	

Full Name (Last, First, Middle Initial) <b>C. LEE PAC</b>		<b>Transaction ID: SB23.5360</b> Date of Disbursement
Mailing Address 4451 Brookfield Corporate Drive Suite 200		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2004"/>
City Chantilly	State VA	Zip Code 20151
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. LEE PAC</b>		<b>Transaction ID: SB23.5369</b> Date of Disbursement
Mailing Address 4451 Brookfield Corporate Drive Suite 200		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="04"/> <input type="text" value="04"/>
City Chantilly	State VA	Zip Code 20151
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LEE PAC</b>		<b>Transaction ID: SB23.5376</b> Date of Disbursement
Mailing Address 4451 Brookfield Corporate Drive Suite 200		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="04"/> <input type="text" value="04"/>
City Chantilly	State VA	Zip Code 20151
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MCCREERY FOR CONGRESS</b>		<b>Transaction ID: SB23.5378</b> Date of Disbursement
Mailing Address 1900 DEPOSIT GUARANTY TOWER 333 TEXAS STREET		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="04"/> <input type="text" value="04"/>
City SHREVEPORT	State LA	Zip Code 71101
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: LA District: 04		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. MUSGRAVE FOR CONGRESS</b>		<b>Transaction ID: SB23.5386</b> Date of Disbursement 06 / 18 / 2004
Mailing Address 5401 STONE CREEK CIRCLE SUITE 777		Amount of Each Disbursement this Period 250.00
City LOVELAND State CO Zip Code 80538		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NUSSLE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5373</b> Date of Disbursement 05 / 21 / 2004
Mailing Address P.O. Box 324		Amount of Each Disbursement this Period 500.00
City Manchester State IA Zip Code 52057		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NUSSLE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5381</b> Date of Disbursement 06 / 04 / 2004
Mailing Address P.O. Box 324		Amount of Each Disbursement this Period 500.00
City Manchester State IA Zip Code 52057		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<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 / 31

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. PEOPLE WHO SUPPORT JEFF BINGAMAN</b>		Transaction ID: SB23.5344
Mailing Address PO BOX 16210		Date of Disbursement 04 / 09 / 2004
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 00	

Full Name (Last, First, Middle Initial) <b>B. RON LEWIS FOR CONGRESS 2000</b>		Transaction ID: SB23.5393
Mailing Address PO BOX 307		Date of Disbursement 06 / 18 / 2004
City ELIZABETHTOWN	State KY	Zip Code 42702
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 02	

Full Name (Last, First, Middle Initial) <b>C. RYAN FOR CONGRESS</b>		Transaction ID: SB23.5357
Mailing Address PO BOX 1919		Date of Disbursement 04 / 28 / 2004
City JANESVILLE	State WI	Zip Code 53547
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2000.00
<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 30 / 31

<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)  
ESOP PAC

Full Name (Last, First, Middle Initial) <b>A. SANDY LYONS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5361
Mailing Address PO BOX 908		Date of Disbursement 05 / 21 / 2004
City HICKORY	State NC	Zip Code 28601
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 10	

Full Name (Last, First, Middle Initial) <b>B. WALSH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.5354
Mailing Address 306 WINKWORTH PARKWAY		Date of Disbursement 04 / 28 / 2004
City SYRACUSE	State NY	Zip Code 13215
Purpose of Disbursement		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 25	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>21750.00</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)

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

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NAME OF COMMITTEE (In Full)  
ESOP PAC

Full Name (Last, First, Middle Initial)		Transaction ID: SB29.5435																					
A. Bank Charges		Date of Disbursement																					
Mailing Address P.O. Box 96758 1800 M Street, N.W.		<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>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	4														
City Washington	State DC	Zip Code 20090	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	<input type="text" value="227.55"/>																				
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="227.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="227.55"/>