

# 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  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

ADDRESS (number and street) 1201 F St. NW  
Suite 200  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00101105  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 06 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Maloney

Signature of Treasurer Electronically Filed by Michael Maloney Date 07 18 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		1320150.69
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	2075106.21									
(c) Total Receipts (from Line 19) .....	106338.75	1020991.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2181444.96	2341142.12								
7. Total Disbursements (from Line 31) .....	252581.00	412278.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1928863.96	1928863.96								
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

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	31751.72	394571.51
(i) Itemized (use Schedule A) .....	67616.34	596831.31
(ii) Unitemized .....	99368.06	991402.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	99368.06	991402.82
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.) .....	6970.69	29588.61
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)) .....	106338.75	1020991.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	106338.75	1020991.43

**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	7240.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	7240.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	234000.00	376643.00
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 .....	18581.00	28395.00
(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)) .....	18581.00	28395.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	252581.00	412278.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	252581.00	412278.16

**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) .....	99368.06	991402.82
34. Total Contribution Refunds (from Line 28(d)) .....	18581.00	28395.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80787.06	963007.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	7240.16
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	7240.16

**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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Walter Adams</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 249 Monument Road		<b>Transaction ID: 3Q1MPS719208</b>	
City State Zip Code Hamburg PA 19526-8350	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adams Farm	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00		

Full Name (Last, First, Middle Initial) <b>B. Alford, Holloway &amp; Company, PLLC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address PO Box 888		<b>Transaction ID: 3Q1VNW616483</b>	
City State Zip Code McComb MS 39649-0888	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C. Troy Alford</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address PO Box 888		<b>Transaction ID: 18505-62101382017136</b>	
City State Zip Code McComb MS 39649-0888	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alford, Holloway & Company, PLLC		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	365.00
<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 / 128
<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Todd Amen		Date of Receipt MM / DD / YYYY 06 / 01 / 2006
Mailing Address 3500 49th Street		<b>Transaction ID:</b> 465658
City Greeley	State CO	Zip Code 80634-9500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Amen Oilfield Service Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Josh Arnold		Date of Receipt MM / DD / YYYY 06 / 15 / 2006
Mailing Address 6750 France Avenue S Suite 325		<b>Transaction ID:</b> 3Q20EQ472547
City Edina	State MN	Zip Code 55435-1903
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Josh Arnold Asset Management, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Badger Realty LLC		Date of Receipt MM / DD / YYYY 06 / 05 / 2006
Mailing Address PO Box 750		<b>Transaction ID:</b> 465737
City North Conway	State NH	Zip Code 03860-0750
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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 8 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Brenda Leavitt

Mailing Address PO Box 750

City North Conway State NH Zip Code 03860-0750

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

Name of Employer Badger Realty LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

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

Transaction ID: 95334-71720522642136

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Bassett Jewelers

Mailing Address PO Box 629

City Minocqua State WI Zip Code 54548-0629

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  

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

Transaction ID: 3Q1Q6R426444

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Scot Bassett

Mailing Address PO Box 629

City Minocqua State WI Zip Code 54548-0629

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

Name of Employer Bassett Jewelers Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  

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

Transaction ID: 18505-98481386899949

Amount of Each Receipt this Period  
350.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Bay View Motel Resort

Mailing Address 439 Lake Street

City State Zip Code  
Green Lake WI 54941-9584

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2006

Transaction ID: 3Q1OYR438806

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Bill Munsey

Mailing Address 439 Lake Street

City State Zip Code  
Green Lake WI 54941-9584

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

Name of Employer Occupation  
Bay View Motel Resort President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2006

Transaction ID: 18505-02256411314010

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Bruce Beasley

Mailing Address 17291 Irvine Boulevard Suite 262

City State Zip Code  
Tustin CA 92780-2930

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

Name of Employer Occupation  
R E S S Financial Corp. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

Transaction ID: 465638

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Bernina Sewing Center

Mailing Address 1505 Rehberg Lane

City Billings State MT Zip Code 59102-8129

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 3Q2JZG341638

Amount of Each Receipt this Period  
 225.00

**B.** Full Name (Last, First, Middle Initial)  
Doris Holzer

Mailing Address 1505 Rehberg Lane

City Billings State MT Zip Code 59102-8129

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

Name of Employer Bernina Sewing Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 18492-75219362974167

Amount of Each Receipt this Period  
 225.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Mary Blasinsky

Mailing Address 1201 F Street Northwest Suite 200

City Washington State DC Zip Code 20004-1217

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

Name of Employer NFIB Occupation Executive Assistant To the President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

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

Transaction ID: 3Q1LKJ376511

Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	308.34
<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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> J. Blevins		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address PO Box 160387		<b>Transaction ID:</b> 466916
City Nashville	State TN	Zip Code 37216-0387
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Blevins, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bloss Holiday Market		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 3		<b>Transaction ID:</b> 3Q1VNW561284
City Blossburg	State PA	Zip Code 16912-0003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lyle Brion		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 3		<b>Transaction ID:</b> 19865-15391176939010
City Blossburg	State PA	Zip Code 16912-0003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer Bloss Holiday Market	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	525.00
<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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Tammy Boehms</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2006
Mailing Address 1201 F Street, NW Suite 200		<b>Transaction ID:</b> 3Q1LKJ293419
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer NFIB	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) <b>B. Bright Cattle Company</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2006
Mailing Address HC 68 Box A-9		<b>Transaction ID:</b> 3Q1OYR736901
City Ellsworth	State NE	Zip Code 69340-9802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 425.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. Allen Bright</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2006
Mailing Address HC 68 Box A9 Box A-9		<b>Transaction ID:</b> 19865-94437807798386
City Ellsworth	State NE	Zip Code 69340-9602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 425.00
Name of Employer Bright Cattle Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	508.34
<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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Buckle's Hardware</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006	
Mailing Address PO Box 99		<b>Transaction ID: CMDI7K373172</b>	
City Twin Valley	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 56584-0099			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dan Buckle</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006	
Mailing Address PO Box 99		<b>Transaction ID: 19865-86280459165573</b>	
City Twin Valley	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 56584-0099			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Buckle's Hardware President		<b>[MEMO ITEM]</b>	
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. Cindy's Diner</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2006	
Mailing Address 830 S Harrison Street		<b>Transaction ID: 3Q1LLW993035</b>	
City Fort Wayne	State IN	Amount of Each Receipt this Period 255.00	
Zip Code 46802-2206			
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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	505.00
<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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> John Scheele		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 830 S Harrison Street		<b>Transaction ID:</b> 94392-11744326353073
City State Zip Code Fort Wayne IN 46802-2206	Amount of Each Receipt this Period 255.00	
FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b>	
Name of Employer Occupation Cindy's Diner President	Aggregate Year-to-Date ▼ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara Claypool		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1275 Lancaster Kirkersville Road N		<b>Transaction ID:</b> CMDI7K895455
City State Zip Code Lancaster OH 43130-8969	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Claypool Electric Inc. President	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Collins Smith & O'Connor, LLP		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 77 N Main Street		<b>Transaction ID:</b> 3Q27SN128243
City State Zip Code Attleboro MA 02703-2219	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	725.00
<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 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Collins		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2006
Mailing Address 77 N Main Street		<b>Transaction ID:</b> 19865-81527346372605
City State Zip Code Attleboro MA 02703-2219	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer Collins Smith & O'Connor, LLP	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Computer Solutions, LLC		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006
Mailing Address 1314 S 4th Ave Ste 3		<b>Transaction ID:</b> CMDI4R067748
City State Zip Code Yuma AZ 85364-4658	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Carroll		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006
Mailing Address 2500 S 4th Ave Ste 2		<b>Transaction ID:</b> 19865-30408877134323
City State Zip Code Yuma AZ 85364-7231	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer Computer Solutions, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<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 16 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Corbett Group L L C

Mailing Address 13024 Beverly Park Road  
Suite 201

City Mukilteo State WA Zip Code 98275-5857

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

Transaction ID: CMDI7K869347

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Merle Sorenson

Mailing Address 13024 Beverly Park Rd  
Ste 201

City Mukilteo State WA Zip Code 98275-5857

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

Name of Employer Corbett Group L L C Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

Transaction ID: 19865-30692690610885

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Cory Ayers

Mailing Address 5340 Cameron Street  
Suite 19

City Las Vegas State NV Zip Code 89118-2236

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

Transaction ID: 3Q1Q6R800739

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<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 17 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Laura Aayers</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 5340 Cameron St Ste 19		<b>Transaction ID: 19865-21648806333542</b>
City State Zip Code Las Vegas NV 89118-2236	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer Cory Aayers	Occupation President	
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. Dan Danner</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1201 F Street Northwest Suite 200		<b>Transaction ID: 3Q1LKJ752464</b>
City State Zip Code Washington DC 20004-1217	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer NFIB	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) <b>C. Dixie Custom Automotive</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1715 Old Moultrie Road		<b>Transaction ID: CMDI7K223203</b>
City State Zip Code St. Augustine FL 32084-5760	Amount of Each Receipt this Period 305.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	388.34
<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 18 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Phil Genovar Mailing Address 1715 Old Moultrie Road City St. Augustine State FL Zip Code 32084-5760 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 19865-60253542661667 Amount of Each Receipt this Period 305.00
Name of Employer Dixie Custom Automotive Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00		<b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Jane Eakins Mailing Address 1201 F Street, NW Suite 200 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 3Q1LKJ612386 Amount of Each Receipt this Period 41.68
Name of Employer NFIB Occupation Corporate Relations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40		

<b>C.</b> Full Name (Last, First, Middle Initial) F. Tropea Building Contractor, LLC Mailing Address PO Box 31 City Glen Mills State PA Zip Code 19342-0031 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 3Q1ZAQ813416 Amount of Each Receipt this Period 325.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>366.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Tropea		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address PO Box 31		<b>Transaction ID:</b> 19865-14919680356979	
City Glen Mills	State PA	Amount of Each Receipt this Period 325.00	
Zip Code 19342-0031		[MEMO ITEM]	
FEC ID number of contributing federal political committee. C			
Name of Employer F. Tropea Building Contractor, LLC	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ervon Fairbanks		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address PO Box 355		<b>Transaction ID:</b> 466724	
City Skagway	State AK	Amount of Each Receipt this Period 250.00	
Zip Code 99840-0355			
FEC ID number of contributing federal political committee. C			
Name of Employer Fairway Market	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Patrick Ferreira		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address PO Box 155		<b>Transaction ID:</b> 465671	
City Papaikou	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96781-0155			
FEC ID number of contributing federal political committee. C			
Name of Employer Pat & Company	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) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Mark Forster</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 2104 Del Prado Boulevard S Suite 1		<b>Transaction ID: 467220</b>	
City State Zip Code Cape Coral FL 33990-4638	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pool Doctor Service & Supplies Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Bruce Foulk</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 2365 S Venoy Road		<b>Transaction ID: 3Q20EQ662771</b>	
City State Zip Code Westland MI 48186-4662	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Norplex Associates	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Diane Fry</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 404 North Nicolet Street		<b>Transaction ID: 466922</b>	
City State Zip Code Mackinaw City MI 49701	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Big Boy Restaurant, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<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 21 / 128
	(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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
G & G Heating

Mailing Address 5034 Lemon Road Northeast

City Olympia State WA Zip Code 98506-9616

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 3Q1LAX650131

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
Glenna George

Mailing Address 5034 Lemon Rd NE

City Olympia State WA Zip Code 98506-9616

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

Name of Employer G & G Heating Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 19865-38570803403854

Amount of Each Receipt this Period  
 300.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Julie Galloway

Mailing Address 232 East 2nd Street

City Flora State IL Zip Code 62839-2003

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

Name of Employer Newton Dental Clinic Occupation Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 3Q20EQ865180

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<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 22 / 128
	(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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Garness Farms

Mailing Address 71286 240th Avenue

City State Zip Code  
Hayfield MN 55940-8736

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

Transaction ID: CMDI7K151005

Amount of Each Receipt this Period  
325.00

**B.** Full Name (Last, First, Middle Initial)  
Russell Garness

Mailing Address 71286 240th Ave

City State Zip Code  
Hayfield MN 55940-8736

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

Name of Employer Occupation  
Garness Farms President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

Transaction ID: 19865-16219729185104

Amount of Each Receipt this Period  
325.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
J. Guy Gaulin

Mailing Address 75 Silver St

City State Zip Code  
South Hadley MA 01075

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

Name of Employer Occupation  
Hitchcock Press, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2006

Transaction ID: 3Q1MPS212120

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	825.00
<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 23 / 128		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Girrbach Funeral Home

Mailing Address 328 S Broadway Street

City State Zip Code  
Hastings MI 49058-1838

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** 466004

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ray Girrbach

Mailing Address 328 S Broadway Street

City State Zip Code  
Hastings MI 49058-1838

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

Name of Employer Occupation  
Girrbach Funeral Home President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** 13624-54671877622604

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Goodman's Mattress & Upholstery

Mailing Address 5521 S Staples Street

City State Zip Code  
Crp Christi TX 78411-5356

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

**Transaction ID:** CMDM0A113483

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<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 24 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

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

Mailing Address 5521 S Staples Street

City State Zip Code  
Crp Christi TX 78411-5356

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

Name of Employer Goodman's Mattress & Upholstery  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

**Transaction ID:** 85227-42081850767136

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Jim Guffey

Mailing Address 9135 N Meridian Street Suite A-4

City State Zip Code  
Indianapolis IN 46260-1815

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

Name of Employer State Farm Insurance  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2006

**Transaction ID:** 465806

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Bob Guzzardi

Mailing Address 119 E Montgomery Avenue Unit 3

City State Zip Code  
Ardmore PA 19003-2523

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

Name of Employer Robert R Guzzardi  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** 3Q20EQ117130

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<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 25 / 128
	(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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Gypsum Auto Body &amp; Frame</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2006	
Mailing Address PO Box 587		<b>Transaction ID: 3Q1ZAQ553821</b>	
City State Zip Code Gypsum CO 81637-0587	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B. Al Christelcit</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2006	
Mailing Address PO Box 587		<b>Transaction ID: 19865-58274477720261</b>	
City State Zip Code Gypsum CO 81637-0587	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 375.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Sonny Hanson</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2006	
Mailing Address PO Box 112		<b>Transaction ID: 467191</b>	
City State Zip Code Williston ND 58802-0112	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<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 26 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Harney Floors</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 501 Old County Road Suite H		<b>Transaction ID: 3Q2976801331</b>
City Belmont State CA Zip Code 94002-2567	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Tom Moulton</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 501 Old County Road Suite H		<b>Transaction ID: 61806-53640383481979</b>
City Belmont State CA Zip Code 94002-2567	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Harney Floors Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 500.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Sandra Hatch</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address N15301 13th Ave N		<b>Transaction ID: 3Q1P5Z767833</b>
City Necedah State WI Zip Code 54646-7021	Amount of Each Receipt this Period 275.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cranberry Creek Cranberries Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	775.00
<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 27 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Donna Hathaway</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address PO Box 325		<b>Transaction ID: 467223</b>	
City State Zip Code Dover-Foxcroft ME 04426-0325	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Donna L Hathaway CPA	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Gary Hayes</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address PO Box 727		<b>Transaction ID: 3Q20EQ107542</b>	
City State Zip Code Whitwell TN 37397-0727	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer G. Stephen Hayes, MD	Occupation Doctor		
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. Arne Haynes</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006	
Mailing Address PO Box 639		<b>Transaction ID: 3Q1L6A222471</b>	
City State Zip Code Eatonville WA 98328-0639	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mashell, Inc.	Occupation Chief Executive Officer		
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) ..... ▶	1550.00
<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 28 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Heinrich Orthodontic Group		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 219 Cajon Street		<b>Transaction ID:</b> 3Q207M646683
City State Zip Code Redlands CA 92373-5201	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bruce Heinrich		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 219 Cajon St		<b>Transaction ID:</b> 19865-6485593442917
City State Zip Code Redlands CA 92373-5201	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Heinrich Orthodontic Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 325.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C.</b> Independence Cryogenic Eng.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 527		<b>Transaction ID:</b> 465690
City State Zip Code Tuckerton NJ 08087-0527	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<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 29 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Frank Hughes

Mailing Address PO Box 527

City Tuckerton State NJ Zip Code 08087-0527

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

Name of Employer Independence Cryogenic Eng.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

**Transaction ID:** 82597-59011477231979

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Irvin's Paperback Trade

Mailing Address 2159 White Street

City York State PA Zip Code 17404-4943

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

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2006

**Transaction ID:** 467265

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Terry Irvin

Mailing Address 2159 White Street

City York State PA Zip Code 17404-4943

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

Name of Employer Irvin's Paperback Trade  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2006

**Transaction ID:** 20144-35030764341354

Amount of Each Receipt this Period  
150.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 30 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) J M Roth Construction Company Mailing Address 4 Ridge Dr. W City Council Bluff State IA Zip Code 51503-0372 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> CMDI7K641137 Amount of Each Receipt this Period 230.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 230.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Roth Mailing Address 4 Ridge Dr W City Council Bluffs State IA Zip Code 51503-0372 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> 19865-56759279966354 Amount of Each Receipt this Period 230.00
Name of Employer J M Roth Construction Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 230.00	<b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Bruce Jacobsen Mailing Address 540 Lagoon Drive Suite 5 City Honolulu State HI Zip Code 96819-5102 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2006 <b>Transaction ID:</b> 465762 Amount of Each Receipt this Period 250.00
Name of Employer Jacobsen Labor Svcs Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>480.00</b>
<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 31 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Doug Johnson

Mailing Address 1222 East State Street

City State Zip Code  
Rockford IL 61104-2230

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

Name of Employer  
Rock River Temporary Services

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2006

**Transaction ID:** 467198

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jr. Weaver Carpentry

Mailing Address 7557 State Route 241

City State Zip Code  
Millersburg OH 44654-8822

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

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

**Transaction ID:** CMDI7K668777

Amount of Each Receipt this Period  
325.00

**C.** Full Name (Last, First, Middle Initial)  
Jr Weaver

Mailing Address 7557 State Route 241

City State Zip Code  
Millersburg OH 44654-8822

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

Name of Employer  
Jr. Weaver Carpentry

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

**Transaction ID:** 20003-90613955259324

Amount of Each Receipt this Period  
325.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
K & W Masonary Restoration

Mailing Address 5186 Manor Court

City State Zip Code  
Spring Grove PA 17362-8367

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2006

Transaction ID: 3Q2976373635

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
William Wilson

Mailing Address 5186 Manor Court

City State Zip Code  
Spring Grove PA 17362-8367

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

Name of Employer Occupation  
K & W Masonary Restoration President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2006

Transaction ID: 61806-61129397153854

Amount of Each Receipt this Period  
275.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Kauluwai Orchards

Mailing Address 503 Prather Road

City State Zip Code  
Gridley CA 95948-9481

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2006

Transaction ID: 3Q1Q6R544669

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	575.00
<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 33 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Mike Chambers

Mailing Address 503 Prather Rd

City State Zip Code  
Gridley CA 95948-9481

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

Name of Employer Occupation  
Kauluwai Orchards President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID:** 20003-84367007017136

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Dale Kjack

Mailing Address 820 E 1st Street

City State Zip Code  
Cheyenne WY 82007-1665

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

Name of Employer Occupation  
Checks Ice Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2006

**Transaction ID:** 3Q1XLC532173

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Rick Kowsky

Mailing Address 1482 Slater Road Suite A

City State Zip Code  
Ferndale WA 98248-8919

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

Name of Employer Occupation  
Cascade Ambulance Service Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

**Transaction ID:** 466702

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<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 34 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Lee Valley Dairy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 57264 Lee Valley Road		<b>Transaction ID:</b> 3Q1Q6R574378
City State Zip Code Coquille OR 97423-7727	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bob Ross		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 57264 Lee Valley Rd		<b>Transaction ID:</b> 20003-13898867368698
City State Zip Code Coquille OR 97423-7727	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lee Valley Dairy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 325.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C.</b> Jim Leonard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 13247		<b>Transaction ID:</b> 467250
City State Zip Code Edwardsville KS 66113-0247	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Total Electric Construction Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<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 35 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Lethert, Skwira, Shultz & Co., LLP

Mailing Address 170 7th Place East  
Suite 100

City State Zip Code  
Saint Paul MN 55101-2358

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2006

Transaction ID: 3Q2976263286

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry Faletti

Mailing Address 170 7th Place East  
Suite 100

City State Zip Code  
Saint Paul MN 55101-2358

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

Name of Employer Occupation  
Lethert, Skwira, Shultz & Co., LLP President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2006

Transaction ID: 61806-18874758481979

Amount of Each Receipt this Period  
375.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Wes Lindberg

Mailing Address 4640 Chatsworth St. N

City State Zip Code  
Saint Paul MN 55126-5830

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

Name of Employer Occupation  
Northern Electric Company President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 465948

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 / 128
<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Pamela List Mailing Address 571 3rd Ave City Chula Vista State CA Zip Code 91910-5619 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2006 <b>Transaction ID:</b> 3Q2235238785 Amount of Each Receipt this Period 215.00
Name of Employer Information requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information requested Aggregate Year-to-Date ▼ 215.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Little Hammer Construction Mailing Address RR 2 Box 96 City Lovington State IL Zip Code 61937-9313 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006 <b>Transaction ID:</b> 3Q2976666731 Amount of Each Receipt this Period 300.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Chupp Mailing Address RR 2 Box 96 City Lovington State IL Zip Code 61937-9313 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006 <b>Transaction ID:</b> 61806-54317873716354 Amount of Each Receipt this Period 300.00
Name of Employer Little Hammer Construction Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 300.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	515.00
<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 37 / 128
	(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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Loe's Log Homes</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 172 Leos Ln		<b>Transaction ID:</b> CMDI7K612847	
City Norton	State VT	Amount of Each Receipt this Period 250.00	
Zip Code 05907-9726		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>B. Leonard LeMay</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 172 Leos Ln		<b>Transaction ID:</b> 20374-54600161314011	
City Norton	State VT	Amount of Each Receipt this Period 250.00	
Zip Code 05907-9726		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Loe's Log Homes	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00		<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Mac's Quik Lube</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1308 East Main Street		<b>Transaction ID:</b> 3Q2LOA582755	
City Cushing	State OK	Amount of Each Receipt this Period 300.00	
Zip Code 74023-3048		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<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 38 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Mike Davis

Mailing Address 1308 E Main St

City State Zip Code  
Cushing OK 74023-3048

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

Name of Employer Occupation  
Mac's Quik Lube President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** 20374-60844057798386

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Mauricios Restaurant

Mailing Address 6401 White Lane Suite 106

City State Zip Code  
Bakersfield CA 93309-7786

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID:** 3Q1Q6R571229

Amount of Each Receipt this Period  
330.00

**C.** Full Name (Last, First, Middle Initial)  
Salomon Avila

Mailing Address 6401 White Ln Ste 106

City State Zip Code  
Bakersfield CA 93309-7786

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

Name of Employer Occupation  
Mauricios Restaurant President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID:** 20374-86249941587448

Amount of Each Receipt this Period  
330.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	330.00
<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 39 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Gary McKinsey

Mailing Address PO Box 972

City Modesto State CA Zip Code 95353-0972

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

Name of Employer Grimbleby Coleman CPA's Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 05 / 2006

Transaction ID: 3Q1L6A791771

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Meara

Mailing Address 4444 Scotts Valley Dr

City Scotts Valley State CA Zip Code 95066-4529

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

Name of Employer Pacific Mountain Advisors Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 3Q20EQ967523

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mech. Field Service LP

Mailing Address PO Box 527

City Van Vleck State TX Zip Code 77482-0527

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
06 / 14 / 2006

Transaction ID: 3Q1XLC431525

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<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 40 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Eric Kennedy

Mailing Address PO Box 527

City Van Vleck State TX Zip Code 77482-0527

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

Name of Employer Mech. Field Service LP Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
06 / 14 / 2006

Transaction ID: 84802-3796197720261

Amount of Each Receipt this Period  
350.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Merry Maids

Mailing Address 9401 Menaul Boulevard Northeast

City Albuquerque State NM Zip Code 87112-2238

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 13 / 2006

Transaction ID: 3Q1VNW071182

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mike Blomker

Mailing Address 9401 Menaul Blvd NE

City Albuquerque State NM Zip Code 87112-2238

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

Name of Employer Merry Maids Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 13 / 2006

Transaction ID: 20374-73238772153855

Amount of Each Receipt this Period  
250.00

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<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 41 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Gerald Mozingo		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address PO Box T		<b>Transaction ID:</b> 466965	
City Wasco	State CA	Amount of Each Receipt this Period 200.00	
Zip Code 93280-8020		FEC ID number of contributing federal political committee. C	
Name of Employer Mozingo AG Enterprises	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Jerry Nieten		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 12558 East 191st Street		<b>Transaction ID:</b> 3Q1P5Z068851	
City Noblesville	State IN	Amount of Each Receipt this Period 225.00	
Zip Code 46060-6704		FEC ID number of contributing federal political committee. C	
Name of Employer Sonshine Dental Care	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 225.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Nitro-Green		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address PO Box 3807		<b>Transaction ID:</b> CMDI7K572128	
City Butte	State MT	Amount of Each Receipt this Period 375.00	
Zip Code 59702-3807		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 ▼ 375.00			

<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: (check only one)	PAGE 42 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Randy Gerry

Mailing Address PO Box 3807

City Butte State MT Zip Code 59702-3807

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

Name of Employer Nitro-Green Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

**Transaction ID:** 20374-87644594907761

Amount of Each Receipt this Period  
 375.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
North Texas Dental Lab

Mailing Address 5809 S Western Street

City Amarillo State TX Zip Code 79110-3626

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 467275

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
Tom Ivey

Mailing Address 5809 S Western St

City Amarillo State TX Zip Code 79110-3626

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

Name of Employer North Texas Dental Lab Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 20144-89237612485886

Amount of Each Receipt this Period  
 100.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<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 43 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Daniel Ogden

Mailing Address 2 Mason Place

City State Zip Code  
New Hampton NY 10958-3531

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

Name of Employer Daniel J Ogden Small Engine  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2006

Transaction ID: 3Q2235241604

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Ted Ormesher

Mailing Address PO Box 380

City State Zip Code  
Valentine NE 69201-0380

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

Name of Employer Ted J Ormesher C P A  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2006

Transaction ID: 3Q27OQ307107

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Pat Mitchell, Architect

Mailing Address 12620 12th Avenue Northeast Suite 208

City State Zip Code  
Kirkland WA 98034

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

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2006

Transaction ID: 467277

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	725.00
<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 44 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
J. Patrick Mitchell

Mailing Address 12620 12th Avenue Northeast  
Suite 208

City State Zip Code  
Kirkland WA 98034

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

Name of Employer Occupation  
Pat Mitchell, Architect Architect

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

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

**Transaction ID:** 20144-22089785337448

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Perry Wong D D S

Mailing Address 33033 Auberry Road

City State Zip Code  
Auberry CA 93602-9603

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

**Transaction ID:** 3Q2JZG876478

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Perry Wong

Mailing Address 33033 Auberry Road

City State Zip Code  
Auberry CA 93602-9603

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

Name of Employer Occupation  
Perry Wong D D S President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

**Transaction ID:** 18492-03487795591354

Amount of Each Receipt this Period  
750.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Bill Pulliam

Mailing Address 11401 East Montgomery Drive  
# 1

City State Zip Code  
Spokane WA 99206-7621

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

Name of Employer Occupation  
United Plumbing Inc. President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 465648

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Quail Mountain Millworks LLC

Mailing Address PO Box 12520

City State Zip Code  
Tucson AZ 85732-2520

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

Name of Employer Occupation

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 3Q1P6L123662

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Howard Creswell

Mailing Address PO Box 12520

City State Zip Code  
Tucson AZ 85732-2520

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

Name of Employer Occupation  
Quail Mountain Millworks LLC President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 74877-70676821470261

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<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 46 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Queen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1295 N State Road 426 Suite 123		<b>Transaction ID:</b> 467235
City Oviedo State FL Zip Code 32765-6790	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Diversatec, Inc. Occupation President	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) R T S AGRI Business		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 17035 Road 26 Suite D		<b>Transaction ID:</b> 3Q1ZAQ864031
City Madera State CA Zip Code 93638-0686	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Rod Stiefvater		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 17035 Road 26 Ste D		<b>Transaction ID:</b> 20374-81296938657761
City Madera State CA Zip Code 93638-0686	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer R T S AGRI Business Occupation President	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<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 47 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Geoff Reece</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address PO Box 29		<b>Transaction ID: 467208</b>	
City Salem	State OR	Amount of Each Receipt this Period 250.00	
Zip Code 97308-0029			
FEC ID number of contributing federal political committee. C			
Name of Employer Home & Land of Salem	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Susan Ridge</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1201 F Street Northwest Suite 200		<b>Transaction ID: 3Q1LKJ464102</b>	
City Washington	State DC	Amount of Each Receipt this Period 83.34	
Zip Code 20004-1217			
FEC ID number of contributing federal political committee. C			
Name of Employer NFIB	Occupation Vice President, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70		

Full Name (Last, First, Middle Initial) <b>C. Rock Creek</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 200 Addison Avenue W		<b>Transaction ID: 3Q2JZG758062</b>	
City Twin Falls	State ID	Amount of Each Receipt this Period 375.00	
Zip Code 83301-5036			
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 ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	708.34
<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 48 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Stan Thomas</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 200 Addison Avenue W		<b>Transaction ID:</b> 18492-30459231138229	
City State Zip Code Twin Falls ID 83301-5036	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Occupation Rock Creek President	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ron's Repair and Towing</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 77655 State Highway 13		<b>Transaction ID:</b> 3Q1Q6R255682	
City State Zip Code Washburn WI 54891-4416	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Occupation Ron's Repair and Towing President	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ron Shuga</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 77655 State Highway 13		<b>Transaction ID:</b> 20374-49891299009323	
City State Zip Code Washburn WI 54891-4416	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Occupation Ron's Repair and Towing President	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<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 49 / 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Neil Rosenow

Mailing Address PO Box 2438

City State Zip Code  
Cottonwood AZ 86326-2438

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

Name of Employer State Farm Insurance Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

**Transaction ID: 466735**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
S G Water U S A - L L C

Mailing Address 25 Front Street

City State Zip Code  
Nashua NH 03064-2696

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2006

**Transaction ID: 465771**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Sampson

Mailing Address 25 Front St

City State Zip Code  
Nashua NH 03064-2696

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

Name of Employer S G Water U S A - L L C Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2006

**Transaction ID: 20374-67705935239792**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

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

Mailing Address 9204 Sawyer Brown Rd

City Nashville State TN Zip Code 37221

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

Name of Employer NFIB Occupation Senior VP for Membership

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.40

Date of Receipt  
06 / 06 / 2006

Transaction ID: 3Q1LKJ876157

Amount of Each Receipt this Period  
416.68

**B.** Full Name (Last, First, Middle Initial)  
Ken Schulteis

Mailing Address 3195 Linwood Avenue Suite 201

City Cincinnati State OH Zip Code 45208-2902

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

Name of Employer Business Planning Systems Agency Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 29 / 2006

Transaction ID: 467258

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Keith Shelton

Mailing Address 200 N 10th Street

City Poplar Bluff State MO Zip Code 63901-4856

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

Name of Employer The Medicine Shoppe Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 29 / 2006

Transaction ID: 467210

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1066.68
<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 51 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Pete Simar</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address PO Box 583		<b>Transaction ID: 466971</b>	
City State Zip Code Lexington VA 24450-0583	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Simar Enterprises, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Donn Smith</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address RR 2 Box 11		<b>Transaction ID: 3Q2L8Z511538</b>	
City State Zip Code Fullerton NE 68638-9503	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Donn Smith Farms	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Smith</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address PO Box 568		<b>Transaction ID: 466739</b>	
City State Zip Code Indian Springs NV 89018-0568	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pioneer Mobile Park	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 52 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A.</b> Spieles Insurance Agency, LLC		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 64 N Dixie Drive		<b>Transaction ID:</b> 467279	
City Vandalia	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 45377-2002			
FEC ID number of contributing federal political committee. C			
Name of Employer Spieles Insurance Agency, LLC		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeff Spieles		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 64 N Dixie Dr		<b>Transaction ID:</b> 20144-51366823911667	
City Vandalia	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 45377-2002			
FEC ID number of contributing federal political committee. C			
Name of Employer Spieles Insurance Agency, LLC		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C.</b> Todd Stottlemeyer		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2006	
Mailing Address 12516 Nathaniel Oaks Dr		<b>Transaction ID:</b> 3Q1LKJ947337	
City Oak Hill	State VA	Amount of Each Receipt this Period 833.34	
Zip Code 20171-1731			
FEC ID number of contributing federal political committee. C			
Name of Employer NFIB		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2083.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1083.34
<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 53 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Carlene Styles</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address PO Box 382		<b>Transaction ID: 467261</b>	
City Greer	State SC	Zip Code 29652-0382	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Supreme Tool and Die	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Sharon Sussin</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1201 F Street Northwest Suite 200		<b>Transaction ID: 3Q1LKJ583622</b>	
City Washington	State DC	Zip Code 20004-1221	Amount of Each Receipt this Period 41.66
FEC ID number of contributing federal political committee. C			
Name of Employer NFIB	Occupation Director, Campaign Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30		

Full Name (Last, First, Middle Initial) <b>C. Sutter City Auto Body</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 2239 California Street		<b>Transaction ID: 3Q1LLW903793</b>	
City Sutter	State CA	Zip Code 95982-2443	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	341.66
<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 54 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Bruce Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 2239 California Street		<b>Transaction ID: 94392-38035219907761</b>	
City State Zip Code Sutter CA 95982-2443	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Sutter City Auto Body	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. Team Electric Supply</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 949 N Thompson Lane		<b>Transaction ID: CMDI4R199884</b>	
City State Zip Code Murfreesboro TN 37129-4326	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Eva Warden</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 949 N Thompson Ln		<b>Transaction ID: 20374-59376162290573</b>	
City State Zip Code Murfreesboro TN 37129-4326	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Team Electric Supply		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<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 55 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
The Iversen Company

Mailing Address 7567 Amador Valley Boulevard  
Suite 306

City State Zip Code  
Dublin CA 94568-2442

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2006

Transaction ID: 3Q1VNW192253

Amount of Each Receipt this Period  
255.00

**B.** Full Name (Last, First, Middle Initial)  
Jonnelle Iversen

Mailing Address 7567 Amador Valley Blvd  
Ste 111

City State Zip Code  
Dublin CA 94568-2442

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

Name of Employer Occupation  
The Iversen Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2006

Transaction ID: 20374-03200930356979

Amount of Each Receipt this Period  
255.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Thomas F Allison D M D

Mailing Address 401 W Erie Street

City State Zip Code  
Linesville PA 16424

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

Transaction ID: CMDJOS641906

Amount of Each Receipt this Period  
260.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	515.00
<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 56 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Thomas Allison

Mailing Address 401 W Erie Street

City Linesville State PA Zip Code 00001-6424

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

Name of Employer Thomas F Allison D M D Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
06 / 01 / 2006

**Transaction ID:** 75110-51786440610886

Amount of Each Receipt this Period  
260.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Thompson Construction

Mailing Address 1170 Cambria Street Northwest

City Christiansbrg State VA Zip Code 00002-4073

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
06 / 29 / 2006

**Transaction ID:** 467271

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Butch Thompson

Mailing Address 1170 Cambria Street Northwest

City Christiansbrg State VA Zip Code 00002-4073

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

Name of Employer Thompson Construction Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
06 / 29 / 2006

**Transaction ID:** 20144-37212771177292

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<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 57 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Thornburg Plumbing &amp; Heating</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006	
Mailing Address PO Box 86		<b>Transaction ID: CMDJOS532182</b>	
City Hicksville	State OH	Amount of Each Receipt this Period 245.00	
Zip Code 43526-0086			
FEC ID number of contributing federal political committee. C			
Name of Employer Thornburg Plumbing & Heating		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006	
Mailing Address PO Box 86		<b>Transaction ID: 75110-13201540708542</b>	
City Hicksville	State OH	Amount of Each Receipt this Period 245.00	
Zip Code 43526-0086			
FEC ID number of contributing federal political committee. C			
Name of Employer Thornburg Plumbing & Heating		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. Total Package Const. &amp; RMD</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2006	
Mailing Address 260 Elm Street Unit 5		<b>Transaction ID: CMDM0A198943</b>	
City Milford	State NH	Amount of Each Receipt this Period 375.00	
Zip Code 03055			
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 ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	620.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 / 128
<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Phil Lovejoy

Mailing Address 392 Mile Slip Road

City Milford State NH Zip Code 03055-3310

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

Name of Employer Total Package Const. & RMD Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
06 / 06 / 2006

**Transaction ID:** 85227-26739138364792

Amount of Each Receipt this Period  
375.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Glenn Toups

Mailing Address 2365 Whitesburg Dr. S

City Huntsville State AL Zip Code 35801-3831

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

Name of Employer Glenn's of Huntsville Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 05 / 2006

**Transaction ID:** 465729

Amount of Each Receipt this Period  
250.00

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

Mailing Address 109 Sunrise Drive

City Torrington State CT Zip Code 06790-5849

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

Name of Employer Hemlock Construction Company, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 15 / 2006

**Transaction ID:** 3Q207M058288

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<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 59 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Cliff Vogler		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address PO Box 224		<b>Transaction ID:</b> CMDI7K113261	
City Guide Rock	State NE	Zip Code 68942-0224	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00	
Name of Employer Guide Rock State Bank	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jerry Wade		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 609 S Dilworth Road		<b>Transaction ID:</b> 466972	
City Harlingen	State TX	Zip Code 78552-6347	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Southcoast Wholesale Nurs- ery	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Waterworks Park		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 151 N Boulder Drive		<b>Transaction ID:</b> 3Q1VNW452121	
City Redding	State CA	Zip Code 96003-4607	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.00	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 128
	<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. David Enns</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 151 N Boulder Dr		<b>Transaction ID: 20374-87357729673386</b>	
City State Zip Code Redding CA 96003-4607	Amount of Each Receipt this Period 425.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Waterworks Park	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Wickesberg Poured Walls</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address N8557 Miller Road		<b>Transaction ID: 3Q2JZG486345</b>	
City State Zip Code Seymour WI 54165-9650	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Wayne Wickesberg</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address N8557 Miller Road		<b>Transaction ID: 18492-67054384946823</b>	
City State Zip Code Seymour WI 54165-9650	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wickesberg Poured Walls	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	31751.72

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 61 / 128	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

**A.** Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 700 13th St NW  
1st Floor

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29588.61

Date of Receipt  

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

**Transaction ID:** 93180-59846132993698

Amount of Each Receipt this Period  
6970.69

Bank interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6970.69
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6970.69

**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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Adrian Smith for Congress</b>		<b>Transaction ID:</b> 451c4ece78ba56d2ff7 Date of Disbursement 06 / 20 / 2006
Mailing Address 3321 Avenue I Suite 6		Amount of Each Disbursement this Period 1500.00
City Scottsbluff	State NE Zip Code 69361	
Purpose of Disbursement 2006 General Candidate Name Adrian Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) <b>B. Bachus for Congress Committee</b>		<b>Transaction ID:</b> 866bb893fc6bd513d8e Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 59444		Amount of Each Disbursement this Period 1000.00
City Birmingham	State AL Zip Code 35259	
Purpose of Disbursement 2006 General Candidate Name Spencer Bachus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06		

Full Name (Last, First, Middle Initial) <b>C. Baker for Congress Committee</b>		<b>Transaction ID:</b> 2e525366d109f46c692 Date of Disbursement 06 / 23 / 2006
Mailing Address Post Office Box 1694		Amount of Each Disbursement this Period 1000.00
City Baton Rouge	State LA Zip Code 70821	
Purpose of Disbursement 2006 Primary Candidate Name Richard Baker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<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)

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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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Barrett for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Barrett for Congress</p> <p>Mailing Address PO Box 869</p> <p>City Westminster State SC Zip Code 29693</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name James Barrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> afa8ea825c8891d1b7f</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
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<p><b>B. Bass Victory Committee</b></p> <p>Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address PO Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Charles Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 23725dd0e9c0dbc19cc</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
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<p><b>C. Bill Thomas Campaign Committee</b></p> <p>Full Name (Last, First, Middle Initial) Bill Thomas Campaign Committee</p> <p>Mailing Address PO Box 395</p> <p>City Bakersfield State CA Zip Code 93302</p> <p>Purpose of Disbursement candidate not seeking reelection</p> <p>Candidate Name William Thomas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 86575-02627199888229</p> <p>Date of Disbursement 06 / 20 / 2006</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

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

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

FOR LINE NUMBER:  
(check only one)

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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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Goodlatte for Congress Committee</p>		<p><b>Transaction ID:</b> c9a2c379aa005dc6fda <b>Date of Disbursement</b></p>
<p>Mailing Address PO Box 292</p>		<p><input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2006"/></p>
<p>City Roanoke State VA Zip Code 24002</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>	
<p>Purpose of Disbursement 2006 General</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name Bob Goodlatte</p>		
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: VA District: 06</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Boozman for Congress</p>		<p><b>Transaction ID:</b> bb71806942f5f03262a <b>Date of Disbursement</b></p>
<p>Mailing Address PO Box 671</p>		<p><input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2006"/></p>
<p>City Rogers State AR Zip Code 72757</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>	
<p>Purpose of Disbursement 2006 General</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name John Boozman</p>		
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: AR District: 03</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Brady for Congress</p>		<p><b>Transaction ID:</b> 343759154d6fcadf346 <b>Date of Disbursement</b></p>
<p>Mailing Address PO Box 8277</p>		<p><input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2006"/></p>
<p>City the Woodlands State TX Zip Code 77387</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>	
<p>Purpose of Disbursement 2006 General</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name Kevin Brady</p>		
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: TX District: 08</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



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

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Buck McKeon for Congress</b>		<b>Transaction ID:</b> 864882e886ae31a93e1 Date of Disbursement 06 / 23 / 2006
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 2000.00
City Santa Clarita State CA Zip Code 91321	011 Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Howard McKeon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cannon for Congress</b>		<b>Transaction ID:</b> b319751d029ebcbcab Date of Disbursement 06 / 09 / 2006
Mailing Address 190 West 800 North Suite 100		Amount of Each Disbursement this Period 3000.00
City Provo State UT Zip Code 84601	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Christopher Cannon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Castle Campaign Fund</b>		<b>Transaction ID:</b> 88a2062328a69d58cc3 Date of Disbursement 06 / 26 / 2006
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 1000.00
City Wilmington State DE Zip Code 19899	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Michael Castle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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)

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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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Chocola for Congress Inc</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Chocola for Congress Inc</p> <p>Mailing Address PO Box 6728</p> <p>City South Bend State IN Zip Code 46660</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Chris Chocola</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p>		<p><b>Transaction ID:</b> 8ea83503c63a721b944</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Purpose of Disbursement 2006 General</p> <p>Category/Type <input type="text" value="011"/></p> <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Coble for Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Coble for Congress</p> <p>Mailing Address PO Box 1177</p> <p>City Greensboro State NC Zip Code 27402</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Howard Coble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 06</p>		<p><b>Transaction ID:</b> 1a76c80dcbce9c62b14</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Purpose of Disbursement 2006 General</p> <p>Category/Type <input type="text" value="011"/></p> <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Cole for Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Cole for Congress</p> <p>Mailing Address PO Box 722256</p> <p>City Norman State OK Zip Code 73070</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Tom Cole</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 04</p>		<p><b>Transaction ID:</b> 24b07ebcd75322ade19</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Purpose of Disbursement 2006 Primary</p> <p>Category/Type <input type="text" value="011"/></p> <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Cole for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Cole for Congress</p> <p>Mailing Address PO Box 722256</p> <p>City Norman State OK Zip Code 73070</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Tom Cole</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 350a2c8440a679f06e2</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
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<p><b>B. Coloradans for Rick Odonnell</b></p> <p>Full Name (Last, First, Middle Initial) Coloradans for Rick Odonnell</p> <p>Mailing Address PO Box 260693</p> <p>City Lakewood State CO Zip Code 80226</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name RICK O'DONNELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 5c1329fafb78cb3e772</p> <p>Date of Disbursement 06 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
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<p><b>C. Committee To Elect McHugh</b></p> <p>Full Name (Last, First, Middle Initial) Committee To Elect McHugh</p> <p>Mailing Address 228 S. Washington St. Ste. 115 PO Box 70052</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name John McHugh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 8d76fc52bf2a0cf76e6</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>7000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Conaway for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Conaway for Congress</p> <p>Mailing Address PO Box 51272</p> <p>City Midland State TX Zip Code 79710</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name K. Conaway</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11</p>		<p><b>Transaction ID:</b> cf441b5bb8a7995bff5</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Culberson for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Culberson for Congress</p> <p>Mailing Address PO Box 41964</p> <p>City Houston State TX Zip Code 77241</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name John Culberson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07</p>		<p><b>Transaction ID:</b> 7a9f308d863a8cb851c</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Dave Camp for Congress 2006</b></p> <p>Full Name (Last, First, Middle Initial) Dave Camp for Congress 2006</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p>		<p><b>Transaction ID:</b> e4c98c35a1385809c76</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Ensign for Senate</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 26568</p> <p>City Las Vegas State NV Zip Code 89126</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name John Ensign</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p>		<p><b>Transaction ID:</b> 14e34ba4f275f7e49d7</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p><input type="text" value="011"/> Category/Type</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Forbes for Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 15100</p> <p>City Chesapeake State VA Zip Code 23328</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name J. Forbes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 04</p>		<p><b>Transaction ID:</b> 6e37eeebc9e9a6046d2</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Friends for Mike McGavick</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 9247</p> <p>City Seattle State WA Zip Code 98109</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Michael McGavick</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District:</p>		<p><b>Transaction ID:</b> df107c06b9c0714c5e1</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p><input type="text" value="011"/> Category/Type</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="9000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** Friends of Clay Shaw

Mailing Address PO Box 2188  
2600 NE 14Th. Street Causeway

City Fort Lauderdale State FL Zip Code 33303

Purpose of Disbursement  
2006 Primary

Candidate Name  
E. Shaw

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 22

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 586d650a879747281ed  
Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Cliff Stearns

Mailing Address PO Box 308

City Silver Springs State FL Zip Code 34489

Purpose of Disbursement  
2006 Primary

Candidate Name  
Clifford Stearns

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 06

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 92f4a6a1e3f97cf6673  
Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Conrad Burns - 2006

Mailing Address PO Box 1596

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2006 General

Candidate Name  
Conrad Burns

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 972e9b831226060f3bd  
Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

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

12000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Friends of Craig Thomas</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Friends of Craig Thomas</p> <p>Mailing Address 2780 Olive Drive</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Craig Thomas</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WY District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> f7e1e7c7264e295439d</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Craig Thomas</p> <p>Category/Type <input type="text" value="011"/></p>
--	--	--

<p><b>B.</b> Friends of Dave Reichert</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Dave Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 08</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> f6986367f3567049f07</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Dave Reichert</p> <p>Category/Type <input type="text" value="011"/></p>
--	--	---

<p><b>C.</b> Friends of Don Sherwood</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Friends of Don Sherwood</p> <p>Mailing Address 81 Warren Street</p> <p>City Tunkhannock State PA Zip Code 18675</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Don Sherwood</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 10</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 8c0801f2b27af59caea</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Don Sherwood</p> <p>Category/Type <input type="text" value="011"/></p>
--	--	--

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="9000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Friends of George Allen</b>		<b>Transaction ID:</b> 8c67574b634492b3b0f Date of Disbursement 06 / 12 / 2006	
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 5000.00	
City Arlington	State VA		Zip Code 22206
Purpose of Disbursement 2006 General			011 Category/ Type
Candidate Name George Allen			
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: VA District:			

Full Name (Last, First, Middle Initial) <b>B. Friends of Ginny Brown-Waite</b>		<b>Transaction ID:</b> 542c3cd4739fd6b8bb0 Date of Disbursement 06 / 23 / 2006	
Mailing Address 704 Ponce De Leon Boulevard		Amount of Each Disbursement this Period 1000.00	
City Brooksville	State FL		Zip Code 34601
Purpose of Disbursement 2006 Primary			011 Category/ Type
Candidate Name Virginia Brown-Waite			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 05			

Full Name (Last, First, Middle Initial) <b>C. Friends of Sam Johnson</b>		<b>Transaction ID:</b> 4b6ce313463f10abbde Date of Disbursement 06 / 23 / 2006	
Mailing Address 1611 Avenue K		Amount of Each Disbursement this Period 2000.00	
City Plano	State TX		Zip Code 75074
Purpose of Disbursement 2006 General			011 Category/ Type
Candidate Name Sam Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 03			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** Geoff Davis for Congress

Mailing Address 3161 Dixie Highway  
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement  
2006 General

Candidate Name  
Geoffrey Davis

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: KY District: 04

**Transaction ID:** 33a967f69d3c25cc4f8  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** Goode for Congress

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement  
2006 General

Candidate Name  
Virgil Goode

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

**Transaction ID:** a4c3da29e94c1f986c7  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.** Goode for Congress

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement  
2006 General

Candidate Name  
Virgil Goode

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

**Transaction ID:** f6acddcc134b28d12f5  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Heather Wilson for Congress</p> <p>Mailing Address PO Box 14070</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Heather Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 01</p>		<p><b>Transaction ID:</b> 6bc49811460f9859e5e</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hulshof for Congress</p> <p>Mailing Address Post Office Box 1621</p> <p>City Columbia State MO Zip Code 65010</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Kenny Hulshof</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 09</p>		<p><b>Transaction ID:</b> 4f64321997d86243913</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jd Hayworth for Congress</p> <p>Mailing Address 14300 N. Northsight Blvd. #105</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name J. Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 05</p>		<p><b>Transaction ID:</b> 2c467a5c12a05a11092</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>

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

11000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 128

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeb Bradley for Congress</p> <p>Mailing Address 645 South Main Street</p> <p>City Wolfeboro State NH Zip Code 03894</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Joseph Bradley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 9caae00039425649c141</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name James Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 5b6dd9462c050e570c1</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jim Jordan for Congress</p> <p>Mailing Address 1709 State Route 560 S</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name James Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> c9110c978dd0df490b3</p> <p>Date of Disbursement 06 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joe Wilson for Congress Committee</p>		<p><b>Transaction ID:</b> b80f5c3145ae77500a9</p> <p>Date of Disbursement</p> <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>2</td><td>3</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	6		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	6													
<p>Mailing Address Post Office Box 2145</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																						
<p>City West Columbia State SC Zip Code 29171</p>	<p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Addison Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 02</p>																					
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) John Shadeggs Friends</p>		<p><b>Transaction ID:</b> e9bab7df9dc51813f66</p> <p>Date of Disbursement</p> <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>2</td><td>6</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	6		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	6		2	0	0	6													
<p>Mailing Address PO Box 45444</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																						
<p>City Phoenix State AZ Zip Code 85064</p>	<p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name John Shadegg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 03</p>																					
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Johnson for Congress Committee</p>		<p><b>Transaction ID:</b> 1033cbf878667e12083</p> <p>Date of Disbursement</p> <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>0</td><td>9</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	6		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	9		2	0	0	6													
<p>Mailing Address PO Box 1986</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																						
<p>City New Britain State CT Zip Code 06050</p>	<p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Nancy Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 05</p>																					
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>7000.00</td> </tr> </table>	7000.00
7000.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<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)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jon Kyl for U S Senate</p>		<p><b>Transaction ID:</b> 66c22edf78a9fd23b00 <b>Date of Disbursement</b></p> <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>0</td><td>5</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	6		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	5		2	0	0	6													
<p>Mailing Address PO Box 10246</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
<p>City Phoenix State AZ Zip Code 85064</p>	<p>Purpose of Disbursement 2006 Primary</p>																					
<p>Candidate Name Jon Kyl</p>	<p>011 Category/ Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: AZ District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jon Kyl for U S Senate</p>		<p><b>Transaction ID:</b> c1c7057045af8d2e6e1 <b>Date of Disbursement</b></p> <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	2		2	0	0	6													
<p>Mailing Address PO Box 10246</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																						
<p>City Phoenix State AZ Zip Code 85064</p>	<p>Purpose of Disbursement 2006 General</p>																					
<p>Candidate Name Jon Kyl</p>	<p>011 Category/ Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: AZ District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Kay Bailey Hutchison for Senate Committee</p>		<p><b>Transaction ID:</b> 2b0380892f6f3345c71 <b>Date of Disbursement</b></p> <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	2		2	0	0	6													
<p>Mailing Address PO Box 9190 800 Brazos Suite 1200</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																						
<p>City Dallas State TX Zip Code 75209</p>	<p>Purpose of Disbursement 2006 General</p>																					
<p>Candidate Name Kay Hutchison</p>	<p>011 Category/ Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: TX District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>8500.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kline for Congress</p> <p>Mailing Address 101 Burnsville Parkway Suite 104</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name John Kline</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 02</p>		<p>Transaction ID: e2622050a9bf90064fe</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kuhl for Congress</p> <p>Mailing Address 10 Ganesvoort Street Suite 101</p> <p>City Bath State NY Zip Code 14810</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name John Kuhl</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 29</p>		<p>Transaction ID: a3522a3f0f9c43a47bc</p> <p>Date of Disbursement 06 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kuhl for Congress</p> <p>Mailing Address 10 Ganesvoort Street Suite 101</p> <p>City Bath State NY Zip Code 14810</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name John Kuhl</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 29</p>		<p>Transaction ID: 2ed68757bf9360c8b0e</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 128

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lamberti for Congress</p>		<p><b>Transaction ID:</b> 18594672abdddaad5d <b>Date of Disbursement</b></p>
<p>Mailing Address PO Box 785</p>		<p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p>
<p>City Ankeny State IA Zip Code 50021</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>	
<p>Purpose of Disbursement 2006 General</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name Jeffrey Lamberti</p>		
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: IA District: 03</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Lincoln Davis for Congress</p>		<p><b>Transaction ID:</b> e54bab6550daded988c <b>Date of Disbursement</b></p>
<p>Mailing Address PO Box 350</p>		<p><input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/></p>
<p>City Jamestown State TN Zip Code 38556</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>	
<p>Purpose of Disbursement 2006 Primary</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name Lincoln Davis</p>		
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: TN District: 04</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress</p>		<p><b>Transaction ID:</b> 4070283053fc93a23c1 <b>Date of Disbursement</b></p>
<p>Mailing Address 2801 Ponce De Leon Blvd. Ste1000</p>		<p><input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2006"/></p>
<p>City Coral Gables State FL Zip Code 33134</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>	
<p>Purpose of Disbursement 2006 Primary</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name Mario Diaz-Balart</p>		
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: FL District: 25</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Mark Kennedy 06</b>		Transaction ID: b6eff9d056e234d3c1b Date of Disbursement 06 / 05 / 2006	
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 5000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement 2006 Primary Candidate Name Mark Kennedy	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Marsha Blackburn for Congress Inc.</b>		Transaction ID: a91eabd94f387d80392 Date of Disbursement 06 / 09 / 2006	
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 3000.00	
City Franklin State TN Zip Code 37068	Purpose of Disbursement 2006 Primary Candidate Name Marsha Blackburn	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Matheson for Congress</b>		Transaction ID: 4ba368eaecddf292a82 Date of Disbursement 06 / 16 / 2006	
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 2500.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 2006 General Candidate Name Jim Matheson	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<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 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. McCrery for Congress Committee</b></p> <p>Full Name (Last, First, Middle Initial) McCrery for Congress Committee</p> <p>Mailing Address Post Office Box 52956 333 Texas Street Suite 1900</p> <p>City Shreveport State LA Zip Code 71135</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Jim McCrery</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 04</p>		<p><b>Transaction ID:</b> c0318d2e5709aba08db</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Michael Burgess for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Michael Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p>		<p><b>Transaction ID:</b> a3a2a96330a83d92e82</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Mike Dewine for Us Senate</b></p> <p>Full Name (Last, First, Middle Initial) Mike Dewine for Us Senate</p> <p>Mailing Address PO Box 340188</p> <p>City Columbus State OH Zip Code 43234</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Mike DeWine</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p>		<p><b>Transaction ID:</b> 1dc62ad33a625b94dee</p> <p>Date of Disbursement 06 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>5000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Musgrave for Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 118 West Charlotte Street</p> <p>City Johnstown State CO Zip Code 80534</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Marilyn Musgrave</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 04</p>		<p><b>Transaction ID:</b> c1de3027aa6baf95cdc</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><b>011</b> Category/Type</p> <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Nathan Deal for Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 10</p>		<p><b>Transaction ID:</b> 534c1e14f859026414d</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><b>011</b> Category/Type</p> <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. National Republican Congressional Committee</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 320 First Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 4f563e680c2d766d012</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p> <p><b>011</b> Category/Type</p> <p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="18000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 128

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 5e9f8fb605b13f34335  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement  
2006 General

Candidate Name  
Randy Neugebauer

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

**Transaction ID:** e5323cc3b56d5f57653  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.** Peter Hoekstra for Congress

Mailing Address 1454 Cimarron Drive

City Holland State MI Zip Code 49423

Purpose of Disbursement  
2006 Primary

Candidate Name  
Peter Hoekstra

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

**Transaction ID:** 6ac01935981f4cd8fb9  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Porter for Congress</b>		<b>Transaction ID:</b> 5478056730ae9bdfd37 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 26087		<b>Amount of Each Disbursement this Period</b> 1000.00
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Jon Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Porter for Congress</b>		<b>Transaction ID:</b> 9adc1f9303e4612c8ab <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 26087		<b>Amount of Each Disbursement this Period</b> 1000.00
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Jon Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Porter for Congress</b>		<b>Transaction ID:</b> 7651b0885dd12703dff <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address PO Box 26087		<b>Amount of Each Disbursement this Period</b> 1500.00
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Jon Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<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 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Ralph Norman for Congress		<b>Transaction ID:</b> 485e3029374b706af37 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 1804 Ebenezer Road		Amount of Each Disbursement this Period 5000.00
City Rock Hill State SC Zip Code 29732	Purpose of Disbursement 2006 Primary Candidate Name Ralph Norman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Full Name (Last, First, Middle Initial) <b>B.</b> Rehberg for Congress		
Mailing Address PO Box 1597		Amount of Each Disbursement this Period 1000.00
City Helena State MT Zip Code 59624	Purpose of Disbursement 2006 General Candidate Name Dennis Rehberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Full Name (Last, First, Middle Initial) <b>C.</b> Reynolds for Congress		
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 3000.00
City Rochester State NY Zip Code 14615	Purpose of Disbursement 2006 Primary Candidate Name Thomas Reynolds Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Richard Pombo for Congress</b>		<b>Transaction ID:</b> 2cbc467987ff83f7e48 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 2150 River Plaza Drive #150 Suite 1560		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95833	011 Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Richard Pombo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rodney Alexander for Congress Inc.</b>		<b>Transaction ID:</b> 054c1b7c46166ea2df7 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address PO Box 367 319 Nancy Road		Amount of Each Disbursement this Period 1000.00
City Quitman State LA Zip Code 71268	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Rodney Alexander		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Roulstone for Congress</b>		<b>Transaction ID:</b> 1ff302c58ab150393f2 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 2932 139th Avenue Southeast		Amount of Each Disbursement this Period 2000.00
City Snohomish State WA Zip Code 98290	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Douglas Roulstone		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ryan for Congress</p>		<p><b>Transaction ID:</b> de769bda8852f4feb64 <b>Date of Disbursement</b>  <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>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	6													
<p>Mailing Address PO Box 1919 PO Box 1919</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2000.00</td> </tr> </table> </p>	2000.00																			
2000.00																						
<p>City Janesville State WI Zip Code 53547</p>																						
<p>Purpose of Disbursement 2006 Primary</p>		<p>Category/Type  <table border="1"> <tr> <td>011</td> </tr> </table> </p>	011																			
011																						
<p>Candidate Name Paul Ryan</p>																						
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: WI District: 01</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Santorum 2006</p>		<p><b>Transaction ID:</b> 5afe935f81a44c3b4f7 <b>Date of Disbursement</b>  <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	2		2	0	0	6													
<p>Mailing Address One Tower Bridge Suite 1440</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5000.00</td> </tr> </table> </p>	5000.00																			
5000.00																						
<p>City West Conshohocken State PA Zip Code 19428</p>																						
<p>Purpose of Disbursement 2006 General</p>		<p>Category/Type  <table border="1"> <tr> <td>011</td> </tr> </table> </p>	011																			
011																						
<p>Candidate Name Rick Santorum</p>																						
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: PA District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Schwarz for Congress</p>		<p><b>Transaction ID:</b> 0e87f58901a5a4e1006 <b>Date of Disbursement</b>  <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>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	9		2	0	0	6													
<p>Mailing Address Post Office Box 2063</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5000.00</td> </tr> </table> </p>	5000.00																			
5000.00																						
<p>City Battle Creek State MI Zip Code 49016</p>																						
<p>Purpose of Disbursement 2006 Primary</p>		<p>Category/Type  <table border="1"> <tr> <td>011</td> </tr> </table> </p>	011																			
011																						
<p>Candidate Name John Schwarz</p>																						
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: MI District: 07</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>12000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** Shelley Moore Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2006 General

011  
Category/  
Type

Candidate Name  
Shelley Capito

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Transaction ID: 78dc83e9f01a7357093  
Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Steele for Maryland Inc

Mailing Address 1350 Dorsey Road Building A Ste. A

City Hanover State MD Zip Code 21076

Purpose of Disbursement  
2006 Primary

011  
Category/  
Type

Candidate Name  
Michael Steele

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MD District:

Transaction ID: 370a3c082c8c687aaa7  
Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Steve Chabot for Congress

Mailing Address 3339 Harrison Avenue  
3014 Harrison Avenue

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement  
2006 General

011  
Category/  
Type

Candidate Name  
Steve Chabot

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Transaction ID: ee3dbc14610f3a40382  
Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

3000.00

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

9000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 128

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Sue Myrick for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address PO Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Sue Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 09</p>		<p><b>Transaction ID:</b> 00b6d3f6952624743a0</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Thelma Drake for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Thelma Drake for Congress</p> <p>Mailing Address PO Box 61480</p> <p>City Virginia Beach State VA Zip Code 23466</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Thelma Drake</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 02</p>		<p><b>Transaction ID:</b> 3d4a6dc875141c548aa</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Tom Davis for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Tom Davis for Congress</p> <p>Mailing Address 6429 Downing Court</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Thomas Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 11</p>		<p><b>Transaction ID:</b> 106778b14113612aa14</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>8000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: (check only one)

<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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement 2006 Primary

Candidate Name Tom Feeney

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

Transaction ID: 293d81e28f6d0715184

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement 2006 Primary

Candidate Name Tom Feeney

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

Transaction ID: 6cf40647d5ece84496b

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Tom Kean for Us Senate Inc

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement 2006 General

Candidate Name Thomas Kean

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Transaction ID: 1443025713024b2cc4d

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Wally Herger for Congress Committee</b>		<b>Transaction ID:</b> a002047e34ca36d780e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address PO Box 1500		Amount of Each Disbursement this Period 2000.00
City Chico State CA Zip Code 95927	011 Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Wally Herger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Weldon Victory Committee</b>		<b>Transaction ID:</b> 9e2061f9f53dfe12098 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 1992		Amount of Each Disbursement this Period 2000.00
City Media State PA Zip Code 19063	011 Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Curt Weldon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Whalen for Congress</b>		<b>Transaction ID:</b> 8f7c4db3b42039205fb Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 750		Amount of Each Disbursement this Period 5000.00
City Bettendorf State IA Zip Code 52722	011 Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Michael Whalen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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)

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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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** Wynn for Congress

Mailing Address PO Box 39139

City Washington State DC Zip Code 20016

Purpose of Disbursement  
2006 Primary

Candidate Name  
Albert Wynn

Office Sought:  House  
 Senate  
 President

State: MD District: 04

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 91e899e4ba3818cee43

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

234000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> 3-C Electric Full Name (Last, First, Middle Initial) Mailing Address 310 East Railroad City Cut Bank State MT Zip Code 59427-3022 Purpose of Disbursement Refund to Member ID#32318875 dm Candidate Name		Transaction ID: 94139-32413882017135 Date of Disbursement 06 / 27 / 2006 Amount of Each Disbursement this Period 255.00 010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Jim Aanerud Full Name (Last, First, Middle Initial) Mailing Address PO Box 157 City Donnelly State MN Zip Code 56235-0157 Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name		Transaction ID: 95738-80981081724167 Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 200.00 010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Accurate Heating & Sheet Metal Full Name (Last, First, Middle Initial) Mailing Address PO Box 2162 City Glenwood Springs State CO Zip Code 81602-2162 Purpose of Disbursement Refund of misdeposited dues Member ID#25 Candidate Name		Transaction ID: 83034-00976198911666 Date of Disbursement 06 / 14 / 2006 Amount of Each Disbursement this Period 100.00 010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

555.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. American Muffler</b>		<b>Transaction ID:</b> 95320-42702883481979 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 1919 Broad Street		Amount of Each Disbursement this Period 100.00
City Sn Luis Obspo State CA Zip Code 93401-4406	010 Category/ Type	
Purpose of Disbursement Refund of misdeposited dues Member ID# 2 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Auto Parts of Watertown</b>		<b>Transaction ID:</b> 95738-91453188657761 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 1125 Main Street		Amount of Each Disbursement this Period 100.00
City Watertown State CT Zip Code 06795-2917	010 Category/ Type	
Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Beagle Brothers</b>		<b>Transaction ID:</b> 84760-45214480161667 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 9810 Thompson Highway		Amount of Each Disbursement this Period 305.00
City Blissfield State MI Zip Code 49228-9728	010 Category/ Type	
Purpose of Disbursement Refund of misdeposited dues Member ID#28 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	505.00
<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)

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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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Leta Beier</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 29600 160th Street Northeast</p> <p>City Belgrade State MN Zip Code 56312-9017</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#25</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 86575-21290224790573</b></p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Bird of Key West - Colorado</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 116 S Broadway</p> <p>City Denver State CO Zip Code 80209-1508</p> <p>Purpose of Disbursement Refund of CC Contribution Chargeback Mem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 96125-18015688657760</b></p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Blue Hill Veterinary Clinic</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 388</p> <p>City Blue Hill State NE Zip Code 68930-0388</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#41</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 74829-34782046079635</b></p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="425.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Cook Excavating-Asphalt Paving</p>		<p><b>Transaction ID:</b> 83438-14048403501510 <b>Date of Disbursement</b></p>
<p>Mailing Address PO Box 61</p>		<p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p>
<p>City Bernardston State MA Zip Code 01337-0061</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>	
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#15</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Brink &amp; Moore CPA's</p>		<p><b>Transaction ID:</b> 61722-74116152524948 <b>Date of Disbursement</b></p>
<p>Mailing Address 3025 Peach Street</p>		<p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p>
<p>City Erie State PA Zip Code 16508-1846</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p>	
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#82</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Bruce Johnsen Management Consu</p>		<p><b>Transaction ID:</b> 61991-19417971372604 <b>Date of Disbursement</b></p>
<p>Mailing Address 824 Munras Avenue Suite G</p>		<p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p>
<p>City Monterey State CA Zip Code 93940-3121</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>	
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#30</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="485.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



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

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

FOR LINE NUMBER:  
(check only one)

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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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Buck Creek Carry-Out</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3001 Mechanicsburg Road</p> <p>City Springfield State OH Zip Code 45503-1824</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#25</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 83034-69959658384323</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B.</b> C D Cabinet Company</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5224 Bethel Road</p> <p>City Sycamore State OH Zip Code 44882-9608</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#34</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 83438-62691897153855</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C.</b> Canyon Bait House</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 15605 Cranes Mill Road</p> <p>City Canyon Lake State TX Zip Code 78133-3947</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 95320-84370058774948</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="525.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Cape Restaurant Supply</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 711 Good Hope Street</p> <p>City Cpe Girardeau State MO Zip Code 63703-6250</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#25</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61722-71244448423386</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>010 Category/ Type</p>
<p><b>B.</b> Joseph Celauro</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1210 US Highway 130</p> <p>City Trenton State NJ Zip Code 08691-1002</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#34</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61991-50060671567917</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>010 Category/ Type</p>
<p><b>C.</b> Central Business Bureau</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 628</p> <p>City Porterville State CA Zip Code 93258-0628</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#32</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61991-65037173032761</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="155.00"/></p> <p>010 Category/ Type</p>

**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)

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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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A. Cerimere Meyer &amp; WRAY L L C</b> Full Name (Last, First, Middle Initial) Mailing Address 727 East Western Reserve Road City Poland State OH Zip Code 44514-3358 Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 95738-58857363462448</b> Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 125.00 010 Category/ Type
<b>B. Charles Zaher Company</b> Full Name (Last, First, Middle Initial) Mailing Address 19 Locke Road City Chelmsford State MA Zip Code 01824-1303 Purpose of Disbursement Refund of misdeposited dues Member ID#34 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 83438-52553957700729</b> Date of Disbursement 06 / 14 / 2006 Amount of Each Disbursement this Period 350.00 010 Category/ Type
<b>C. Country Motors</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 Riverside Drive City Mount Vernon State WA Zip Code 98273-2438 Purpose of Disbursement Refund of misdeposited dues Member ID# 3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 95320-44463747739792</b> Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 100.00 010 Category/ Type

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

575.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A. Coveys</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 909 City Omak State WA Zip Code 98841-0909 Purpose of Disbursement Refund of misdeposited dues Member ID#66 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 74829-20782107114792 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 150.00 010 Category/Type
<b>B. Dale Woosley Roofing</b> Full Name (Last, First, Middle Initial) Mailing Address 323 Liberty Street City Santa Cruz State CA Zip Code 95060-6025 Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 74829-25851076841354 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 100.00 010 Category/Type
<b>C. Dana's Hardware</b> Full Name (Last, First, Middle Initial) Mailing Address 104 Sr 92 S City Tunkhannock State PA Zip Code 18657-6930 Purpose of Disbursement Refund of misdeposited dues Member ID#20 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 84760-06332033872604 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 375.00 010 Category/Type

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

625.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A. Deeb's Rentals</b> Full Name (Last, First, Middle Initial) Mailing Address 743 Marcastle Ave. City Orlando State FL Zip Code 32807 Purpose of Disbursement Refund of misdeposited dues Member ID#34 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 83034-07059878110885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 275.00 010 Category/ Type
<b>B. Deja VU Painting Company</b> Full Name (Last, First, Middle Initial) Mailing Address 6254 Buchanan Street City Fort Collins State CO Zip Code 80525-5812 Purpose of Disbursement Refunds of misdeposited dues Member ID#3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 74829-44761294126511 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 100.00 010 Category/ Type
<b>C. Different Angles Family Hair Care</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 335 City Wauseon State OH Zip Code 43567-0335 Purpose of Disbursement Refund of misdeposited dues Member ID#19 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 83034-56293886899948 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 150.00 010 Category/ Type

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

525.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 102 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. DOC's Catfish Bait Company</b>		<b>Transaction ID:</b> 86575-11724489927291 Date of Disbursement 06 / 21 / 2006
Mailing Address PO Box 477		Amount of Each Disbursement this Period 100.00
City Parkersburg State IA Zip Code 50665-0477	Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) <b>B. Dominion Building Components</b>		<b>Transaction ID:</b> 61506-31174868345260 Date of Disbursement 06 / 21 / 2006
Mailing Address PO Box 9122		Amount of Each Disbursement this Period 150.00
City Fredericksbrg State VA Zip Code 22403-9122	Purpose of Disbursement Refund of misdeposited dues Member ID#13 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) <b>C. Donaldson &amp; Brown CPAs</b>		<b>Transaction ID:</b> 95738-28260439634323 Date of Disbursement 06 / 28 / 2006
Mailing Address 527 Rivergate Parkway		Amount of Each Disbursement this Period 135.00
City Goodlettsvl State TN Zip Code 37072-2027	Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	385.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Douglas Farms</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 6212 Avenue 240</p> <p>City Tulare State CA Zip Code 93274-9724</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#58</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 94139-94257754087449</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="010"/></p>

<p><b>B. Eastway LLC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1411 Sagamore Parkway N</p> <p>City Lafayette State IN Zip Code 47904-2464</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 43779-66592043638230</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="105.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="010"/></p>

<p><b>C. Eaton Veterinary Clinic</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 278</p> <p>City Eaton State IN Zip Code 47338-0278</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#25</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 95320-71171206235886</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="010"/></p>

**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)

PAGE 104 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A. Firstline L L C</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1628 City Buellton State CA Zip Code 93427-1628 Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 95738-73225039243698</b> Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 175.00 010 Category/ Type
<b>B. Ernie Fletcher</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 641 City Flemington State NJ Zip Code 08822-0641 Purpose of Disbursement Refund of misdeposited dues Member ID#34 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 83438-75379580259323</b> Date of Disbursement 06 / 14 / 2006 Amount of Each Disbursement this Period 250.00 010 Category/ Type
<b>C. Fowlkes Enterprises</b> Full Name (Last, First, Middle Initial) Mailing Address 4013 Moss Rose Drive City Nashville State TN Zip Code 37216-2927 Purpose of Disbursement Refund of misdeposited dues Member ID# 3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 95320-90444582700730</b> Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 100.00 010 Category/ Type

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

525.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Frances Flower Shop</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1222 W Capitol Avenue</p> <p>City Little Rock State AR Zip Code 72201-3008</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#34</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 74829-99641054868699</p> <p>Date of Disbursement</p> <p>06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>150.00</p> <p>010 Category/Type</p>
<p><b>B.</b> Don Franks</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 6400 East County Road 105</p> <p>City Midland State TX Zip Code 79706-4961</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95320-69941347837448</p> <p>Date of Disbursement</p> <p>06 / 28 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>115.00</p> <p>010 Category/Type</p>
<p><b>C.</b> Gerben Boschma Dairy</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8921 W Broadway Road</p> <p>City Tolleson State AZ Zip Code 85353-9416</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 5</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95320-35294741392135</p> <p>Date of Disbursement</p> <p>06 / 28 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>180.00</p> <p>010 Category/Type</p>

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

445.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Jake Gillen		<b>Transaction ID:</b> 95738-45452517271042 <b>Date of Disbursement</b> 06 / 28 / 2006
Mailing Address 24062 Cabot Avenue		Amount of Each Disbursement this Period 100.00
City Faribault State MN Zip Code 55021-8277	Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010
<b>B.</b> Full Name (Last, First, Middle Initial) Russell Gray		<b>Transaction ID:</b> 74829-33846682310104 <b>Date of Disbursement</b> 06 / 09 / 2006
Mailing Address 712 Ekonk Hill Road		Amount of Each Disbursement this Period 500.00
City Moosup State CT Zip Code 06354-2406	Purpose of Disbursement Refund of misdeposited dues Member ID#34 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010
<b>C.</b> Full Name (Last, First, Middle Initial) Grilli's Studio		<b>Transaction ID:</b> 95320-66689699888230 <b>Date of Disbursement</b> 06 / 28 / 2006
Mailing Address 133 Main Street		Amount of Each Disbursement this Period 125.00
City New Eagle State PA Zip Code 15067-1149	Purpose of Disbursement Refund of misdeposited dues Member ID#27 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

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

725.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gunther Collision Service</p> <p>Mailing Address 5949 Florin Perkins Road</p> <p>City Sacramento State CA Zip Code 95828-1039</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#61</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 74829-36693972349167</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>010 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) H &amp; J Trucking</p> <p>Mailing Address PO Box 2800</p> <p>City Show Low State AZ Zip Code 85902-2800</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 86575-49575442075729</p> <p>Date of Disbursement 06 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 155.00</p> <p>010 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HERMAN FARMS</p> <p>Mailing Address 786 Rierson Road</p> <p>City Bronson State MI Zip Code 49028-9724</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95320-90192812681199</p> <p>Date of Disbursement 06 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>010 Category/ Type</p>

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

355.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Hickerson's Shoe Repair</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 116 N Court Street</p> <p>City Bowling Green State MO Zip Code 63334-1536</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95738-86550539731980</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>010 Category/Type</p>
<p><b>B.</b> James Holman</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1975 Dryden Road</p> <p>City Freeville State NY Zip Code 13068-9613</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#2</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95738-46348208189011</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p> <p>010 Category/Type</p>
<p><b>C.</b> Hondo Farms</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 200 South 285 East</p> <p>City Burley State ID Zip Code 83318</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#34</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95320-72350710630417</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>010 Category/Type</p>

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

**380.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Howard Burch Construction		<b>Transaction ID:</b> 61722-33208864927292 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 3985 State Route 196		Amount of Each Disbursement this Period 130.00
City Hartford State NY Zip Code 12838-1817	Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name <input type="text"/> <b>010</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Interstate Batteries		<b>Transaction ID:</b> 83034-46281069517136 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address PO Box 7327		Amount of Each Disbursement this Period 400.00
City Woodbridge State VA Zip Code 22195-7327	Purpose of Disbursement Refund of misdeposited dues Member ID#33 Candidate Name <input type="text"/> <b>010</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Jack G Moats Builders		<b>Transaction ID:</b> 86575-99984377622605 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 621 Waverly Avenue		Amount of Each Disbursement this Period 135.00
City Wshngtn Ct Hs State OH Zip Code 43160-2453	Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name <input type="text"/> <b>010</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**665.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A. Paul Jacobs</b> Full Name (Last, First, Middle Initial) Mailing Address 111 S 10th Street City Gunnison State CO Zip Code 81230-3405 Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 95738-14362734556198</b> Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 200.00 010 Category/ Type
<b>B. Jim Loehrke Jr. Trucking</b> Full Name (Last, First, Middle Initial) Mailing Address 301 6th Street Northwest City Mandan State ND Zip Code 58554-2824 Purpose of Disbursement Refund of misdeposited dues Member ID# 1 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 95320-29441469907760</b> Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 100.00 010 Category/ Type
<b>C. K V Excavating</b> Full Name (Last, First, Middle Initial) Mailing Address 912 Cherry Tree Road City Aston State PA Zip Code 19014-1570 Purpose of Disbursement Refund of misdeposited dues Member ID# 3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 95320-96841067075730</b> Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 250.00 010 Category/ Type

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

550.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) L HOKE Studio & Gallery		<b>Transaction ID:</b> 83034-85429018735886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1443 Highway 1 S # A		Amount of Each Disbursement this Period 300.00
City Lugoff State SC Zip Code 29078-9460		
Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name		010 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>B.</b> Full Name (Last, First, Middle Initial) Langis Electric		<b>Transaction ID:</b> 95320-79117983579636 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address RR 1		Amount of Each Disbursement this Period 200.00
City Farmington State NH Zip Code 03835-9801		
Purpose of Disbursement Refund of misdeposited dues Member ID# 8 Candidate Name		010 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>C.</b> Full Name (Last, First, Middle Initial) Lone Tree Printing		<b>Transaction ID:</b> 84760-91294497251511 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 2908 4th Street		Amount of Each Disbursement this Period 105.00
City Ceres State CA Zip Code 95307-3223		
Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name		010 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:		

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

605.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Luther's Real Estate Company Full Name (Last, First, Middle Initial) Mailing Address 411 Westminster Road City Canterbury State CT Zip Code 06331-1424 Purpose of Disbursement Refund of misdeposited dues Member ID# 2 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 95320-50872439146042 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 225.00 Category/Type: 010
<b>B.</b> Lyons Custom Trim Full Name (Last, First, Middle Initial) Mailing Address 46 Jefferson Street City Brookville State OH Zip Code 45309-1866 Purpose of Disbursement Refund of misdeposited dues Member ID# 2 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 95320-48221987485886 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 115.00 Category/Type: 010
<b>C.</b> Mary E Morris P A Full Name (Last, First, Middle Initial) Mailing Address 372 Homer Nance Road City Huntsville State AL Zip Code 35811-8024 Purpose of Disbursement Refund of misdeposited dues Member ID#3 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 95738-84099978208542 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 150.00 Category/Type: 010

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

490.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Bill Mc Dowell</b>		<b>Transaction ID:</b> 84760-09917849302291 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 23 Burton Street		Amount of Each Disbursement this Period 100.00
City Cazenovia State NY Zip Code 13035-1130	Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. McGee Well Drilling Pump Service</b>		<b>Transaction ID:</b> 86575-08477419614791 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 2939		Amount of Each Disbursement this Period 225.00
City Chino Valley State AZ Zip Code 86323-2704	Purpose of Disbursement Refund of misdeposited dues Member ID#14 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Merry Maids</b>		<b>Transaction ID:</b> 26836-81716555356980 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 26496 Broadway Avenue		Amount of Each Disbursement this Period 100.00
City Bedford State OH Zip Code 44146-6526	Purpose of Disbursement Refund to Member ID# 36230073 dm Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type

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

425.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Mike's Repair</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 233</p> <p>City Metamora State OH Zip Code 43540-0233</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#26</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 84760-26816958189010</p> <p>Date of Disbursement</p> <p>06 / 14 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>200.00</p> <p>010 Category/Type</p>
<p><b>B. Patsy Miller</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 22757 County Road 44</p> <p>City New Paris State IN Zip Code 46553-9789</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#29</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 74829-01272219419479</p> <p>Date of Disbursement</p> <p>06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>200.00</p> <p>010 Category/Type</p>
<p><b>C. Miller Glass &amp; Mirror</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 112 N Elm Springs Road</p> <p>City Springdale State AR Zip Code 72762-9121</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95320-46906679868698</p> <p>Date of Disbursement</p> <p>06 / 28 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>175.00</p> <p>010 Category/Type</p>

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

575.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Miriam Sternberg, D.M.D.</p>		<p><b>Transaction ID:</b> 60889-79626101255417 <b>Date of Disbursement</b></p>	
<p>Mailing Address 3305 Nazareth Road</p>		<p><input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/></p>	
<p>City Easton State PA Zip Code 18045-2017</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p>		
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#31</p>	<p><input type="text" value="010"/> Category/Type</p>		
<p>Candidate Name</p>	<p>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) ▼</p>		
<p>State: District:</p>	<p>State: District:</p>		
<p><b>B.</b> Full Name (Last, First, Middle Initial) Morning Star Convenience Store</p>		<p><b>Transaction ID:</b> 95320-57461184263229 <b>Date of Disbursement</b></p>	
<p>Mailing Address PO Box 96</p>		<p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p>	
<p>City Melrose State OH Zip Code 45861-0096</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>		
<p>Purpose of Disbursement Refund of dues Member ID#8592917 dm</p>	<p><input type="text" value="010"/> Category/Type</p>		
<p>Candidate Name</p>	<p>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) ▼</p>		
<p>State: District:</p>	<p>State: District:</p>		
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lisa Nicora</p>		<p><b>Transaction ID:</b> 95320-76243227720261 <b>Date of Disbursement</b></p>	
<p>Mailing Address 62 Berkshire Avenue</p>		<p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p>	
<p>City Southwick State MA Zip Code 01077-9648</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.00"/></p>		
<p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p>	<p><input type="text" value="010"/> Category/Type</p>		
<p>Candidate Name</p>	<p>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) ▼</p>		
<p>State: District:</p>	<p>State: District:</p>		

**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)

PAGE 116 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Olde Village Meats</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 175 S State Street</p> <p>City Frazeyzburg State OH Zip Code 43822-9343</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 95738-49961489439011</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p> <p><input type="text" value="010"/> Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
--	--	---

<p><b>B. Betty Patterson</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 9755 Township Road 97</p> <p>City Findlay State OH Zip Code 45840-9654</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 95320-71645754575730</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p> <p><input type="text" value="010"/> Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Peter M Sweeney &amp; Associates</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 311 1/2 Conant Street Suite 1</p> <p>City Maumee State OH Zip Code 43537-3378</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 84760-79807680845261</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p><input type="text" value="010"/> Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. PR with Style</b>		<b>Transaction ID:</b> 95320-19010561704635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 18 Main St. S		Amount of Each Disbursement this Period 125.00
City Winnebago State MN Zip Code 56098-1010	Purpose of Disbursement Refund of misdeposited dues Member ID# 3 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) <b>B. Qualitytruss Company, LLC</b>		<b>Transaction ID:</b> 84760-78893679380417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 18410 N US Highway 169		Amount of Each Disbursement this Period 150.00
City Smithville State MO Zip Code 64089-9009	Purpose of Disbursement Refund of misdeposited dues Member ID#34 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) <b>C. Ray SABO Construction</b>		<b>Transaction ID:</b> 84760-77602785825730 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 3712 Pocahontas Avenue		Amount of Each Disbursement this Period 275.00
City Cincinnati State OH Zip Code 45227-3821	Purpose of Disbursement Refund of dues Member ID#13314091 dm Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	550.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Gordon Reisinger</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 456</p> <p>City Red Oak State IA Zip Code 51566-0456</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61991-86251467466355</p> <p>Date of Disbursement</p> <p>06 / 21 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>80.00</p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Wayne Richey</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3280 Dodd Hollow</p> <p>City Nunnely State TN Zip Code 37137-3733</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 95320-78886049985886</p> <p>Date of Disbursement</p> <p>06 / 28 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>126.00</p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Robertson's Automotive</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1377 2nd Street</p> <p>City Crescent City State CA Zip Code 95531-4127</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 74829-43684023618698</p> <p>Date of Disbursement</p> <p>06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>150.00</p> <p>010 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>356.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robert Rohrer</p> <p>Mailing Address 298 Lees Bridge Road</p> <p>City Nottingham State PA Zip Code 19362-9724</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 86575-24123781919479</p> <p>Date of Disbursement 06 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>010 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ron Bandy Construction</p> <p>Mailing Address 26247 Street Route 62</p> <p>City Beloit State OH Zip Code 44609</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#24</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 83438-25741213560104</p> <p>Date of Disbursement 06 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>010 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ron's Northview Barber Shop</p> <p>Mailing Address 34960 Center Ridge Road</p> <p>City North Ridgeville State OH Zip Code 44039-3166</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#11</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 43332-22233217954635</p> <p>Date of Disbursement 06 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>010 Category/ Type</p>

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

700.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** Rothwell's Used Auto Sales

Mailing Address PO Box 74

City Plymouth State NY Zip Code 13832-0074

Purpose of Disbursement Refund of misdeposited dues Member ID#14

Candidate Name

010  
Category/  
Type

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

Transaction ID: 83438-93143862485886

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B.** Satellite Drycleaners

Mailing Address 1166 E 123rd Street

City Cleveland State OH Zip Code 44108-4051

Purpose of Disbursement Refund of dues Member ID#600005906 dm

Candidate Name

010  
Category/  
Type

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

Transaction ID: 95320-21296328306198

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Seasons 4

Mailing Address 4500 Industrial Access Road

City Douglasville State GA Zip Code 30134-3949

Purpose of Disbursement Refund of misdeposited dues Member ID# 2

Candidate Name

010  
Category/  
Type

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

Transaction ID: 97489-81870669126511

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

250.00

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

600.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A.</b> Full Name (Last, First, Middle Initial) Richard Sheahan</p> <p>Mailing Address 324 Brian Street</p> <p>City Sycamore State IL Zip Code 60178-1162</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 86575-63468569517136</p> <p>Date of Disbursement 06 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 225.00</p> <p>010 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Show Pros International, LLC</p> <p>Mailing Address PO Box 230699</p> <p>City Las Vegas State NV Zip Code 89123-0012</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#35</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 27432-73101443052292</p> <p>Date of Disbursement 06 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>010 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shulke Poultry Farm</p> <p>Mailing Address 2251 Delameter Road</p> <p>City Castle Rock State WA Zip Code 98611-9429</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#11</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 83438-15763491392135</p> <p>Date of Disbursement 06 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>010 Category/ Type</p>

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

575.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Simple Simon's Pizza</b></p> <p>Full Name (Last, First, Middle Initial) Simple Simon's Pizza</p> <p>Mailing Address PO Box 361</p> <p>City Stilwell State OK Zip Code 74960-0361</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#34</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 83438-78089541196823</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><input type="text" value="010"/> Category/Type</p>
<p><b>B. Smithco Equipment Company</b></p> <p>Full Name (Last, First, Middle Initial) Smithco Equipment Company</p> <p>Mailing Address PO Box 405</p> <p>City Etna State OH Zip Code 43018-0405</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95738-87675112485886</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p> <p><input type="text" value="010"/> Category/Type</p>
<p><b>C. South Metro Carpet &amp; Upholstery</b></p> <p>Full Name (Last, First, Middle Initial) South Metro Carpet &amp; Upholstery</p> <p>Mailing Address 19991 Langford Avenue</p> <p>City Jordan State MN Zip Code 55352-9334</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 3</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 95320-17710512876510</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><input type="text" value="010"/> Category/Type</p>

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

**380.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A. Special T'S**

Mailing Address PO Box 350413

City Grand Island State FL Zip Code 32735-0413

Purpose of Disbursement Refund of misdeposited dues Member ID#23

Candidate Name

010  
Category/  
Type

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

Transaction ID: 83438-93934267759324  
Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Steve Imler Builders**

Mailing Address 3000 Upper Snake Spring Road

City Everett State PA Zip Code 15537-6544

Purpose of Disbursement Refund of misdeposited dues Member ID#34

Candidate Name

010  
Category/  
Type

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

Transaction ID: 43779-62119692564011  
Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Sunny's Campground**

Mailing Address 12399 County Road 13

City Wauseon State OH Zip Code 43567-9620

Purpose of Disbursement Refund of misdeposited dues Member ID#28

Candidate Name

010  
Category/  
Type

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

Transaction ID: 83034-76333254575730  
Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

350.00

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

800.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial)

**A.** Tank's Auto Bank

Mailing Address 113 W 6th Street

City Kewanee State IL Zip Code 61443-1311

Purpose of Disbursement Refund of misdeposited dues Member ID#8

Candidate Name

010

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 95320-16035097837448

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Alan Tatum

Mailing Address 4012 Walnut Grove

City Cookeville State TN Zip Code 38583-1538

Purpose of Disbursement Refund of Misdeposited dues Member ID#34

Candidate Name

010

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 27432-14228457212448

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

185.00

Full Name (Last, First, Middle Initial)

**C.** Ted Haines D D S

Mailing Address 810 Avenue D

City Snohomish State WA Zip Code 98290-2335

Purpose of Disbursement Refund of misdeposited dues Member ID# 3

Candidate Name

010

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 95320-17063540220260

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

150.00

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

435.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 128

<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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. The Wooden Duck</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 8</p> <p>City Lincoln City State OR Zip Code 97367-0008</p> <p>Purpose of Disbursement Insufficient Funds Member ID#35582391 dm</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 85775-73203676939011</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p>010 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Thomas C. Cable, D.D.S.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 114 East Riverside Drive</p> <p>City Carlsbad State NM Zip Code 88220-5258</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#15</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 26855-99024599790574</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>010 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Thornburg Plumbing &amp; Heating</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 86</p> <p>City Hicksville State OH Zip Code 43526-0086</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#29</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 84760-27576845884323</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="245.00"/></p> <p>010 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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**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)

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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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<p><b>A. Tidewater Campground</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 160 Lafayette Road</p> <p>City Hampton State NH Zip Code 03842-2605</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID# 1</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 95320-23244875669479</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p>Purpose of Disbursement Refund of misdeposited dues Member ID# 1</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="010"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B. Vanvickle Nicholson Ins Agency</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 249</p> <p>City Lawrenceburg State TN Zip Code 38464-0249</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#13</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 74829-16077822446823</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="105.00"/></p>
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#13</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="010"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C. Viking Stairs</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 601 Woodbine Lane</p> <p>City Fox River Grove State IL Zip Code 60021-1230</p> <p>Purpose of Disbursement Refund of misdeposited dues Member ID#26</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 86575-57410830259323</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>Purpose of Disbursement Refund of misdeposited dues Member ID#26</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="010"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="580.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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 checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

Full Name (Last, First, Middle Initial) <b>A. Weaver's Upholstery</b>		<b>Transaction ID:</b> 83438-71497744321823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 5071 Old State Road		Amount of Each Disbursement this Period 105.00
City Moravia State NY Zip Code 13118-2328	Purpose of Disbursement Refund of misdeposited dues Member ID#35 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) <b>B. David Whitty</b>		<b>Transaction ID:</b> 95320-29188174009323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 273 Route 74		Amount of Each Disbursement this Period 75.00
City Schroon Lake State NY Zip Code 12870	Purpose of Disbursement Refund of misdeposited dues Member ID# 3 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) <b>C. Delores Williams</b>		<b>Transaction ID:</b> 61991-70873659849167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 10277 Shaffer Rd.		Amount of Each Disbursement this Period 100.00
City Versailles State OH Zip Code 45380-9553	Purpose of Disbursement Refund of misdeposited dues Member ID#24 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	280.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

National Federation of Independent Business/ Save Americas Free Enterprise Trust

<b>A.</b> Full Name (Last, First, Middle Initial) Ellen Yoder		<b>Transaction ID:</b> 83438-93978518247605 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 479 Hemlock Drive		Amount of Each Disbursement this Period 300.00
City Grantsville State MD Zip Code 21536-1228	Purpose of Disbursement Refund of misdeposited dues Member ID#10 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010
<b>B.</b> Full Name (Last, First, Middle Initial) Zanchettin Brothers		<b>Transaction ID:</b> 95320-27029055356979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address PO Box 1492		Amount of Each Disbursement this Period 200.00
City Amarillo State TX Zip Code 79105-1492	Purpose of Disbursement Refund of misdeposited dues Member ID# 1 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

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

500.00

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

18581.00