

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For 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  
BILL THOMAS CAMPAIGN COMMITTEE

ADDRESS (number and street) PO BOX 395  
 Check if different than previously reported. (ACC)  
BAKERSFIELD CA 93302

2. **FEC IDENTIFICATION NUMBER** C00100537  
**CITY** STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 22

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 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 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 ROBIN FOSTER

Signature of Treasurer Electronically Filed by ROBIN FOSTER Date 07 15 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

BILL THOMAS CAMPAIGN COMMITTEE

Report Covering the Period: From: 

M	M
0	4

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 Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	914245.33
(b) Total Contribution Refunds (from Line 20(d)).....	86800.00	94200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-86800.00	820045.33
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	82520.87	709383.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	82520.87	708383.50
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	69221.99	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
 BILL THOMAS CAMPAIGN COMMITTEE

Report Covering the Period: From: 

M	M
0	4

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**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

189243.33

(ii) Unitemized.....

0.00

4510.00

(iii) TOTAL of contributions

0.00

193753.33

from individuals..... ▶

0.00

392.00

(b) Political Party Committees.....

0.00

720100.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

0.00

914245.33

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

1000.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

6513.39

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0.00

921758.72

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	82520.87	709383.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	15300.00	15700.00
(b) Political Party Committees.....	71500.00	78500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	86800.00	94200.00
21. OTHER DISBURSEMENTS.....	79100.00	373800.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	248420.87	1177383.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	317642.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	317642.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	248420.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	69221.99

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. All American Executive Financial Services</b>		<b>Transaction ID:</b> SB17.12731 Date of Disbursement
Mailing Address 7501 Downing Avenue		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Bakersfield	State CA	Zip Code 93308
Purpose of Disbursement FEC DATA MGMT	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.12808 Date of Disbursement
Mailing Address P.O. BOX 650448		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City DALLAS	State TX	Zip Code 75265
Purpose of Disbursement COMPUTER SUPPLIES	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT &amp;T</b>		<b>Transaction ID:</b> SB17.12772 Date of Disbursement
Mailing Address P. O. BOX 78110		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
City PHOENIX	State AZ	Zip Code 85062
Purpose of Disbursement TELEPHONE	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="851.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AT &amp;T</b>		<b>Transaction ID:</b> SB17.12798 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address P. O. BOX 78110		Amount of Each Disbursement this Period 112.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City PHOENIX State AZ Zip Code 85062	Purpose of Disbursement TELEPHONE Candidate Name Category/Type 001	
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. BAKERSFIELD AIR CHARTER</b>		<b>Transaction ID:</b> SB17.12793 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1301 SKYWAY DRIVE		Amount of Each Disbursement this Period 1989.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BAKERSFIELD State CA Zip Code 93308	Purpose of Disbursement TRAVEL Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BAKERSFIELD AIR CHARTER</b>		<b>Transaction ID:</b> SB17.12794 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1301 SKYWAY DRIVE		Amount of Each Disbursement this Period 718.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BAKERSFIELD State CA Zip Code 93308	Purpose of Disbursement TRAVEL Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2819.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CA DMV RENEWAL</b>		<b>Transaction ID:</b> SB17.12795 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO BOX 942897		Amount of Each Disbursement this Period 279.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SACRAMENTO State CA Zip Code 94297		
Purpose of Disbursement VEHICLE REGISTRATION Candidate Name	Category/Type 001	
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. CAPITOL HILL CLUB</b>		<b>Transaction ID:</b> SB17.12809 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 3273.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20003		
Purpose of Disbursement CATERING Candidate Name	Category/Type 007	
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. CASH</b>		<b>Transaction ID:</b> SB17.12834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 4900 CALIFORNIA AVE		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BAKERSFIELD State CA Zip Code 93309		
Purpose of Disbursement CASH Candidate Name	Category/Type 001	
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) ..... ▶	3952.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> SB17.12724 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 164.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MEMPHIS State TN Zip Code 38101	Purpose of Disbursement SHIPPING Candidate Name Category/Type 001	
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. Federal Express</b>		<b>Transaction ID:</b> SB17.12791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 24.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MEMPHIS State TN Zip Code 38101	Purpose of Disbursement SHIPPING Candidate Name Category/Type 001	
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. Federal Express</b>		<b>Transaction ID:</b> SB17.12792 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 37.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MEMPHIS State TN Zip Code 38101	Purpose of Disbursement SHIPPING Candidate Name Category/Type 001	
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) ..... ▶	225.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> SB17.12796 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 24.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MEMPHIS State TN Zip Code 38101		
Purpose of Disbursement SHIPPING Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. OCCASIONS CATERERS</b>		<b>Transaction ID:</b> SB17.12728 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 910 PENN. AVE SE		Amount of Each Disbursement this Period 244.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20003		
Purpose of Disbursement CATERING Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PETROLEUM CLUB</b>		<b>Transaction ID:</b> SB17.12727 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 5060 California Avenue		Amount of Each Disbursement this Period 111.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BAKERSFIELD State CA Zip Code 93309		
Purpose of Disbursement CATERING Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>380.48</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SBC TELEPHONE SVC</b>		<b>Transaction ID:</b> SB17.12732
Mailing Address P.O. BOX 930170		Date of Disbursement MM / DD / YYYY 04 / 16 / 2006
City DALLAS	State TX	Zip Code 75393
Purpose of Disbursement TELEPHONE	Candidate Name	Category/ Type 001
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) ▼	Amount of Each Disbursement this Period 188.04
State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. SOUTH COAST CENTER</b>		<b>Transaction ID:</b> SB17.12735
Mailing Address 818 JENNINGS AVENUE		Date of Disbursement MM / DD / YYYY 05 / 16 / 2006
City SANTA BARBARA	State CA	Zip Code 93103
Purpose of Disbursement OFFICE FURNITURE	Candidate Name	Category/ Type 001
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) ▼	Amount of Each Disbursement this Period 780.00
State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. SPRINT PCS</b>		<b>Transaction ID:</b> SB17.12733
Mailing Address PO BOX 660092		Date of Disbursement MM / DD / YYYY 04 / 19 / 2006
City DALLAS	State TX	Zip Code 75266
Purpose of Disbursement TELEPHONE	Candidate Name	Category/ Type 001
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) ▼	Amount of Each Disbursement this Period 78.36
State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1046.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SPRINT PCS</b>		<b>Transaction ID:</b> SB17.12797 Date of Disbursement
Mailing Address PO BOX 660092		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City DALLAS	State TX	Zip Code 75266
Purpose of Disbursement TELEPHONE	Candidate Name	<input type="text" value="001"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="67.21"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. State Farm Insurance</b>		<b>Transaction ID:</b> SB17.12726 Date of Disbursement
Mailing Address 4025 STOCKDALE HWY		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City BAKERSFIELD	State CA	Zip Code 93309
Purpose of Disbursement VEHICLE INSURANCE	Candidate Name	<input type="text" value="001"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="411.61"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. US BANK</b>		<b>Transaction ID:</b> SB17.12738 Date of Disbursement
Mailing Address P.O. BOX 790408		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City ST LOUIS	State MO	Zip Code 63179
Purpose of Disbursement SEE TRANSACTION SPLIT	Candidate Name	<input type="text"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="4046.48"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4525.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		<b>Transaction ID:</b> SB17.12738.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City CHICAGO State IL Zip Code 60666		
Purpose of Disbursement TRAVEL Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SMART AND FINAL</b>		<b>Transaction ID:</b> SB17.12738.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address F STREET		Amount of Each Disbursement this Period 214.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City BAKERSFIELD State CA Zip Code 93301		
Purpose of Disbursement CATERING SUPPLIES Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. AMERICA WEST AIRLINES</b>		<b>Transaction ID:</b> SB17.12738.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 456.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City PHOENIX State AZ Zip Code 85034		
Purpose of Disbursement TRAVEL Candidate Name	002 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. US BANK</b>		Transaction ID: SB17.12782 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 4288.61	
City ST LOUIS State MO Zip Code 63179	Purpose of Disbursement SEE TRANSACTION SPLIT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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 002	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Transaction ID: SB17.12782.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 550.00	
City CHICAGO State IL Zip Code 60666	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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 002 <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. COLUMBIA BOOKS</b>		Transaction ID: SB17.12782.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address		Amount of Each Disbursement this Period 398.00	
City WASHINGTON State DC Zip Code	Purpose of Disbursement PUBLICATIONS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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 003 <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4288.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. COLUMBIA BOOKS</b>		<b>Transaction ID:</b> SB17.12782.2
Mailing Address		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City WASHINGTON	State DC	Amount of Each Disbursement this Period 597.00
Purpose of Disbursement PUBLICATIONS	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>[MEMO ITEM]</b>
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>B. HYATT HOTELS</b>		<b>Transaction ID:</b> SB17.12782.3
Mailing Address K STREET		Date of Disbursement MM / DD / YYYY 04 / 20 / 2006
City SACRAMENTO	State CA	Amount of Each Disbursement this Period 262.57
Purpose of Disbursement TRAVEL	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>[MEMO ITEM]</b>
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>C. AMERICA WEST AIRLINES</b>		<b>Transaction ID:</b> SB17.12782.4
Mailing Address 4000 E SKY HARBOR BLVD		Date of Disbursement MM / DD / YYYY 04 / 25 / 2006
City PHOENIX	State AZ	Amount of Each Disbursement this Period 344.19
Purpose of Disbursement TRAVEL	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>[MEMO ITEM]</b>
State: District:	Category/Type 002	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. US BANK</b>		Transaction ID: SB17.12801 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 4869.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST LOUIS State MO Zip Code 63179	Purpose of Disbursement SEE TRANSACTION SPLIT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Transaction ID: SB17.12801.0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 709.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement TRAVEL 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 002

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Transaction ID: SB17.12801.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 1109.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City CHICAGO State IL Zip Code 60666	Purpose of Disbursement TRAVEL 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 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4869.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

**A. OFFICE DEPOT**

Full Name (Last, First, Middle Initial)  
Mailing Address 9800 ROSEDALE HWY

City BAKERSFIELD State CA Zip Code 93312

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.12801.2

Date of Disbursement

05 / 23 / 2006

Amount of Each Disbursement this Period

208.62

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**B. US POSTMASTER**

Full Name (Last, First, Middle Initial)  
Mailing Address 1730 18TH ST

City BAKERSFIELD State CA Zip Code 93301

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.12801.3

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

2730.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**C. VERIZON WIRELESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 4001

City INGLEWOOD State CA Zip Code 90313

Purpose of Disbursement TELEPHONE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.12725

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

80.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

80.96

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		<b>Transaction ID:</b> SB17.12810 <b>Date of Disbursement</b> 06 / 26 / 2006
Mailing Address PO BOX 4001		Amount of Each Disbursement this Period 64.04
City INGLEWOOD State CA Zip Code 90313	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE Candidate Name	Category/Type 001	
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. VICTORY FUNDS</b>		<b>Transaction ID:</b> SB17.12723 <b>Date of Disbursement</b> 04 / 06 / 2006
Mailing Address 6041 TURTLE CREEK CT		Amount of Each Disbursement this Period 11000.00
City NO. RICHLAND HILLS State TX Zip Code 76180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING SERVICES Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. VICTORY FUNDS</b>		<b>Transaction ID:</b> SB17.12730 <b>Date of Disbursement</b> 04 / 19 / 2006
Mailing Address 6041 TURTLE CREEK CT		Amount of Each Disbursement this Period 1449.00
City NO. RICHLAND HILLS State TX Zip Code 76180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12513.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. VICTORY FUNDS</b>		<b>Transaction ID:</b> SB17.12734 Date of Disbursement
Mailing Address 6041 TURTLE CREEK CT		<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City NO. RICHLAND HILLS	State TX	Zip Code 76180
Purpose of Disbursement CONTRIBUTION	<input type="text" value="003"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. VICTORY FUNDS</b>		<b>Transaction ID:</b> SB17.12781 Date of Disbursement
Mailing Address 6041 TURTLE CREEK CT		<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City NO. RICHLAND HILLS	State TX	Zip Code 76180
Purpose of Disbursement FUNDRAISING SERVICES	<input type="text" value="003"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. VICTORY FUNDS</b>		<b>Transaction ID:</b> SB17.12799 Date of Disbursement
Mailing Address 6041 TURTLE CREEK CT		<input type="text" value="06"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City NO. RICHLAND HILLS	State TX	Zip Code 76180
Purpose of Disbursement TRAVEL	<input type="text" value="002"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:		

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 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

**A. VICTORY FUNDS**

Mailing Address 6041 TURTLE CREEK CT

City NO. RICHLAND HILLS State TX Zip Code 76180

Purpose of Disbursement  
SURVEYS

Candidate Name

005  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.12800

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

23715.32

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

23715.32

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

82420.87

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LOUIS CAMILLERI</b>		<b>Transaction ID: SB20A.12830</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 120 PARK AVE, 22ND FLOOR		Amount of Each Disbursement this Period 400.00
City NEW YORK State NY Zip Code 10017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND OF CONTRIBUTION Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. DFF Y2K SPECIAL PURPOSE TRUST</b>		<b>Transaction ID: SB20A.12770</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address ONE MARITIME PLAZA SUITE 1400		Amount of Each Disbursement this Period 2100.00
City SAN FRANCISCO State CA Zip Code 94111	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. DGF Y2K</b>		<b>Transaction ID: SB20A.12773</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address ONE MARITIME PLAZA SUITE 1400		Amount of Each Disbursement this Period 2100.00
City SAN FRANCISCO State AL Zip Code 94111	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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) ..... ▶	4600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN CLARK KIES</b>		<b>Transaction ID: SB20A.12831</b> Date of Disbursement 04 / 10 / 2006
Mailing Address 6109 FRANKLIN PARK RD		Amount of Each Disbursement this Period 2000.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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. KENNETH KIES</b>		<b>Transaction ID: SB20A.12774</b> Date of Disbursement 04 / 10 / 2006
Mailing Address 6109 FRANKLIN PARK RD		Amount of Each Disbursement this Period 2000.00
City MC LEAN State VA Zip Code 22101	Purpose of Disbursement REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 010		

Full Name (Last, First, Middle Initial) <b>C. CHARLES JOHN MC ALLISTER</b>		<b>Transaction ID: SB20A.12776</b> Date of Disbursement 04 / 10 / 2006
Mailing Address 1001 KEENE RD- S		Amount of Each Disbursement this Period 1000.00
City CLEARWATER State FL Zip Code 34616-4633	Purpose of Disbursement REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 010		

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

# SCHEDULE B (FEC Form 3 ) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ROBERT ORTENZIO</b>		<b>Transaction ID: SB20A.12777</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 4716 OLD GETTYSBURG		Amount of Each Disbursement this Period 1900.00
City MECHANICSBURG State PA Zip Code 17055	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. ROCCO A ORTENZIO</b>		<b>Transaction ID: SB20A.12778</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 7 WESTWIND DR		Amount of Each Disbursement this Period 1900.00
City LEMOYNE State PA Zip Code 17043	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. PATRICIA RICE</b>		<b>Transaction ID: SB20A.12779</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 11 HARPERS FERRY		Amount of Each Disbursement this Period 900.00
City MECHANICSBURG State PA Zip Code 17050	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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) ..... ▶	4700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
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"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. W. GENE WINTERS**

Mailing Address 4890RACQUET CT

City State Zip Code  
DULUTH GA 30096

Purpose of Disbursement  
REFUND

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20A.12780  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

**1000.00**

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

**15300.00**

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. 3M PAC</b>		<b>Transaction ID:</b> SB20B.12762 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 3M CENTER		Amount of Each Disbursement this Period 1000.00
City ST PAUL State MN Zip Code 55144	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB20B.12750 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 401 NORTH LINDBERGH BOULEVARD		Amount of Each Disbursement this Period 5000.00
City ST LOUIS State MO Zip Code 63141	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)</b>		<b>Transaction ID:</b> SB20B.12747 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 1201 L STREET NW		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20005	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB20B.12763
Mailing Address 2215 Constitution Avenue NW		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City Washington	State DC	Zip Code 20037
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Candidate Name		
Office Sought: <input 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) ▼	Amount of Each Disbursement this Period 2000.00 <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BURLINGTON RESOURCES INC. PAC (BRPAC)</b>		<b>Transaction ID:</b> SB20B.12764
Mailing Address 5051 WESTHEIMER SUITE 1400		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City HOUSTON	State TX	Zip Code 77056
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Candidate Name		
Office Sought: <input 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) ▼	Amount of Each Disbursement this Period 2000.00 <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COMPASS BANCSHARES INC POLITICAL ACTION COMMITTEE (COMPASS BANCPAC)</b>		<b>Transaction ID:</b> SB20B.12761
Mailing Address POST OFFICE BOX 10566		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City BIRMINGHAM	State AL	Zip Code 35296
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Candidate Name		
Office Sought: <input 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) ▼	Amount of Each Disbursement this Period 1000.00 <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

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

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB20B.12751 Date of Disbursement
Mailing Address 1299 PENNSYLVANIA AVE NW STE 1100		<input type="checkbox"/> 04 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2006
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 5000.00	
		<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. GENERAL MOTORS CORP. PAC</b>		<b>Transaction ID:</b> SB20B.12752 Date of Disbursement
Mailing Address P.O. BOX 300		<input type="checkbox"/> 04 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2006
City DETROIT	State MI	Zip Code 48265
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Candidate Name		
Office Sought: <input 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: District:	Amount of Each Disbursement this Period 5000.00	
		<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. GOLDMAN SACHS GROUP INC POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB20B.12753 Date of Disbursement
Mailing Address 1101 PENNSYLVANIA AVE NW SUITE 900		<input type="checkbox"/> 04 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2006
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Candidate Name		
Office Sought: <input 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: District:	Amount of Each Disbursement this Period 5000.00	
		<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. INTUIT 21ST CENTURY LEADERSHIP FUND</b>		<b>Transaction ID: SB20B.12765</b> Date of Disbursement
Mailing Address 5601 HEADQUARTERS DRIVE		<input type="checkbox"/> 04 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2006
City PLANO State TX Zip Code 75024	Purpose of Disbursement REFUND	Amount of Each Disbursement this Period
Candidate Name	<input type="checkbox"/> 010 Category/ Type	<input type="checkbox"/> 2000.00
Office Sought: <input 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) ▼	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KINDRED HEALTHCARE INC. POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID: SB20B.12754</b> Date of Disbursement
Mailing Address 680 South Fourth Street ONE VENCOR PLAGE		<input type="checkbox"/> 04 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2006
City Louisville State KY Zip Code 40202	Purpose of Disbursement REFUND	Amount of Each Disbursement this Period
Candidate Name	<input type="checkbox"/> 010 Category/ Type	<input type="checkbox"/> 4000.00
Office Sought: <input 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) ▼	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)</b>		<b>Transaction ID: SB20B.12755</b> Date of Disbursement
Mailing Address 655 15TH ST NW		<input type="checkbox"/> 04 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2006
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement REFUND	Amount of Each Disbursement this Period
Candidate Name	<input type="checkbox"/> 010 Category/ Type	<input type="checkbox"/> 5000.00
Office Sought: <input 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) ▼	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID: SB20B.12748</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 1725 JEFFERSON DAVIS HIGHWAY CRYSTAL SQUARE TWO SUITE 300		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22202	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. MEDCATH INCORPORATED COMMITTEE FOR THE IMPROVEMENT OF CARDIAC CARE</b>		<b>Transaction ID: SB20B.12766</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 10720 SIKES PLACE SUITE 300		Amount of Each Disbursement this Period 4500.00
City CHARLOTTE State NC Zip Code 28277	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A</b>		<b>Transaction ID: SB20B.12745</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address ONE MADISON AVENUE		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10010	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFUND Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MORTGAGE INSURANCE COMPANIES OF AMERICA POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB20B.12768
Mailing Address 1425 K St. NW Suite 210		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City Washington	State DC	Zip Code 20005
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 5000.00	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB20B.12827
Mailing Address 1101 King Street Suite 600		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement REFUND OF CONTRIBUTION	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 5000.00	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB20B.12760
Mailing Address 51 MADISON AVENUE (910)		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City NEW YORK	State NY	Zip Code 10010
Purpose of Disbursement REFUND	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 5000.00	<input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**SCHEDULE B (FEC Form 3 )  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

**A. OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 10889 WILSHIRE BOULEVARD SUITE 600

City LOS ANGELES State CA Zip Code 90024

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB20B.12746

Date of Disbursement  
04 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010  
Category/  
Type

**B. PISTACHIO PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 517 C STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB20B.12749

Date of Disbursement  
04 / 10 / 2006

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010  
Category/  
Type

**C. PROCTER & GAMBLE COMPANY GOOD GOVERNMENT COMMITTEE (AKA P&G PAC), THE**

Full Name (Last, First, Middle Initial)  
Mailing Address One Procter & Gamble Plaza

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB20B.12767

Date of Disbursement  
04 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010  
Category/  
Type

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

10000.00

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

71500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MARK FOLEY</b>		<b>Transaction ID:</b> SB21.12816 Date of Disbursement
Mailing Address 1316 LAKE VICTORIA DR		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City LAKE WORTH	State FL	Zip Code 33461
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name FRIENDS OF MARK FOLEY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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: 16	

Full Name (Last, First, Middle Initial) <b>B. HAYES FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.12813 Date of Disbursement
Mailing Address Post Office Box 2000		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Concord	State NC	Zip Code 28026
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name HAYES FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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: NC	District: 08	

Full Name (Last, First, Middle Initial) <b>C. JD HAYWORTH FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.12815 Date of Disbursement
Mailing Address 14300 N. Northsight Blvd. #105		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Scottsdale	State AZ	Zip Code 85260
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name JD HAYWORTH FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 05	

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JEAN FULLER FOR ASSEMBLY</b>		<b>Transaction ID:</b> SB21.12824 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address P.O. BOX 12889		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BAKERSFIELD State CA Zip Code 93389	011 Category/Type	
Purpose of Disbursement NON-FEDERAL CONTRIBUTION 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. JERRY WELLER FOR CONGRESS INC.</b>		<b>Transaction ID:</b> SB21.12820 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Joliet State IL Zip Code 60434	011 Category/Type	
Purpose of Disbursement CONTRIBUTION Candidate Name JERRY WELLER FOR CONGRESS INC.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL 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>C. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB21.12811 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Britain State CT Zip Code 06050	011 Category/Type	
Purpose of Disbursement CONTRIBUTION Candidate Name JOHNSON FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	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) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NAT'L REPUBLICAN CONGRESS'L COMM</b>		<b>Transaction ID:</b> SB21.12722 Date of Disbursement
Mailing Address 320 FIRST STREET		<input type="checkbox"/> 06 / <input type="checkbox"/> 16 / <input type="checkbox"/> 2006
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement TRANSFER OF EXCESS FUNDS	Category/ Type	Amount of Each Disbursement this Period <input type="checkbox"/> 70000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RON LEWIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.12822 Date of Disbursement
Mailing Address PO Box 307		<input type="checkbox"/> 06 / <input type="checkbox"/> 27 / <input type="checkbox"/> 2006
City Elizabethtown	State KY	Zip Code 42702
Purpose of Disbursement CONTRIBUTION	Category/ Type	Amount of Each Disbursement this Period <input type="checkbox"/> 1000.00
Candidate Name RON LEWIS FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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: KY District: 02		

Full Name (Last, First, Middle Initial) <b>C. SIMMONS FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.12814 Date of Disbursement
Mailing Address P.O. Box 268 Drawer 271		<input type="checkbox"/> 06 / <input type="checkbox"/> 27 / <input type="checkbox"/> 2006
City Stonington	State CT	Zip Code 06378
Purpose of Disbursement CONTRIBUTION	Category/ Type	Amount of Each Disbursement this Period <input type="checkbox"/> 1000.00
Candidate Name SIMMONS FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="checkbox"/> 72000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
BILL THOMAS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)  
STEVE CHABOT FOR CONGRESS

Mailing Address 3339 Harrison Ave.

City State Zip Code  
Cincinnati OH 45211

Purpose of Disbursement

CONTRIBUTION

Candidate Name  
STEVE CHABOT FOR CONGRESS

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Transaction ID: SB21.12818

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)  
SWEENEY FOR CONGRESS

Mailing Address Post Office Box 1465

City State Zip Code  
Clifton Park NY 12065

Purpose of Disbursement

CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Transaction ID: SB21.12826

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

2000.00

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

79100.00