

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 American Financial Services Association PAC

ADDRESS (number and street) 919 18th Street, NW Washington DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00038604 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

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 Mr. Bill Himpler

Signature of Treasurer Electronically Filed by Mr. Bill Himpler Date 07 20 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  
American Financial Services Association PAC

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		70371.33
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	107316.51									
(c) Total Receipts (from Line 19) .....	5000.00	115621.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	112316.51	185993.13								
7. Total Disbursements (from Line 31) .....	32829.62	106506.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	79486.89	79486.89								
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  
American Financial Services Association PAC

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	5000.00	80852.58
(i) Itemized (use Schedule A) .....	0.00	27769.22
(ii) Unitemized .....	5000.00	108621.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	7000.00
(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) .....	5000.00	115621.80
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5000.00	115621.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5000.00	115621.80

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	329.62	5949.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	329.62	5949.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	100556.98
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32829.62	106506.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	32829.62	106506.24

**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) .....	5000.00	115621.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	115621.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	329.62	5949.26
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	329.62	5949.26

# 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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Financial Services Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Ben F. Cheek, III		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006	
Mailing Address 1855 Orchard Drive		Transaction ID: SA11A1.7069	
City State Zip Code Clarkesville GA 30523	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer 1st Franklin Financial	Occupation Chairman & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David S. Harwood		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006	
Mailing Address 8452 County Road 2301		Transaction ID: SA11A1.7070	
City State Zip Code Arp TX 75750	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ABC Financial	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jonathon L. Levin		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2006	
Mailing Address 4454 North Western Avenue		Transaction ID: SA11A1.7068	
City State Zip Code Chicago IL 60625	Amount of Each Receipt this Period 3500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Turner Acceptance	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

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

**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)

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

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NAME OF COMMITTEE (In Full)  
American Financial Services Association PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.7071 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 7895		Amount of Each Disbursement this Period 4.50
City Fort Lauderdale State FL Zip Code 33329-7895	Purpose of Disbursement Credit Card Service Charge 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 001

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B.7073 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address P. O. Box 7895		Amount of Each Disbursement this Period 149.72
City Fort Lauderdale State FL Zip Code 33329-7895	Purpose of Disbursement Credit Card Service Charge 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 001

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		<b>Transaction ID:</b> SB21B.7072 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1445 New York Avenue, NW		Amount of Each Disbursement this Period 175.40
City Washington State DC Zip Code 20005-2108	Purpose of Disbursement Credit Card Service Charge 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 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	329.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	329.62

# 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)  
American Financial Services Association PAC

Full Name (Last, First, Middle Initial) <b>A. Blasdel for Congress</b>		<b>Transaction ID:</b> SB23.7102 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 479		Amount of Each Disbursement this Period 1500.00
City Lisbon State OH Zip Code 44432	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Mr. Chuck Blasdel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	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. Bob Ney for Congress</b>		<b>Transaction ID:</b> SB23.7075 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 600		Amount of Each Disbursement this Period 2500.00
City Hebron State OH Zip Code 43025	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Hon. Robert W. Ney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee to Re-Elect Vito Fossella</b>		<b>Transaction ID:</b> SB23.7076 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P.O. BOX 131403		Amount of Each Disbursement this Period 2000.00
City Staten Island State NY Zip Code 10313	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Hon. Vito Fossella		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	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) ..... ▶	.....



**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 9 / 13

<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)  
American Financial Services Association PAC

Full Name (Last, First, Middle Initial) <b>A. Defend America PAC</b>		<b>Transaction ID: SB23.7079</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 2626		Amount of Each Disbursement this Period 5000.00
City Tuscaloosa State AL Zip Code 35403	011 Category/ Type	
Purpose of Disbursement 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. Fitzpatrick For Congress</b>		<b>Transaction ID: SB23.7081</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 115 North Broad Street		Amount of Each Disbursement this Period 1000.00
City Doylestown State PA Zip Code 18901	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name Hon. Michael G. Fitzpatrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	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. Friends Of Dave Reichert</b>		<b>Transaction ID: SB23.7082</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 53322		Amount of Each Disbursement this Period 1000.00
City Bellevue State WA Zip Code 98015	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name Mr. Dave Reichert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	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) ..... ▶	7000.00
<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)

PAGE 10 / 13

<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)  
American Financial Services Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Mike Sodrel</b>		<b>Transaction ID: SB23.7083</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 1000.00
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Hon. Michael E. Sodrel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	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. Geoff Davis For Congress</b>		<b>Transaction ID: SB23.7086</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00
City Erlanger State KY Zip Code 41018	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Hon. Geoffrey C. Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	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. Hastert For Congress Committee</b>		<b>Transaction ID: SB23.7087</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 625		Amount of Each Disbursement this Period 2500.00
City Batavia State IL Zip Code 60510	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Hon. Dennis J. Hastert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	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) ..... ▶	4500.00
<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)  
American Financial Services Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Jim Gerlach for Congress Committee

Mailing Address P. O. Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Hon. Jim Gerlach

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.7088

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Judy Biggert For Congress

Mailing Address P. O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Hon. Judy Biggert

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Transaction ID: SB23.7089

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Kennedy 06

Mailing Address P. O. Box 49333

City Blaine State MN Zip Code 55449

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Hon. Mark Raymond Kennedy

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.7090

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

2500.00

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

4500.00

**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)  
American Financial Services Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Kennedy 06</b>		Transaction ID: SB23.7108 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address P. O. Box 49333		Amount of Each Disbursement this Period 1000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement Contribution 011 Category/ Type	Candidate Name Hon. Mark Raymond Kennedy	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Matheson For Congress</b>		Transaction ID: SB23.7091 Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement Contribution 011 Category/ Type	Candidate Name Hon. Jim Matheson	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	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. Menendez for Senate</b>		Transaction ID: SB23.7092 Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address P. O. Box 848		Amount of Each Disbursement this Period 2000.00	
City Union City State NJ Zip Code 07087	Purpose of Disbursement Contribution 011 Category/ Type	Candidate Name Mr. Robert Menendez	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	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) ..... ▶	4000.00
<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)  
American Financial Services Association PAC

Full Name (Last, First, Middle Initial) <b>A. Pryce for Congress</b>		<b>Transaction ID: SB23.7095</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Contribution Candidate Name Hon. Deborah D. Pryce	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	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. Reynolds for Congress</b>		<b>Transaction ID: SB23.7098</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 15388		Amount of Each Disbursement this Period 2500.00
City Rochester State NY Zip Code 14615		
Purpose of Disbursement Contribution Candidate Name Hon. Thomas M. Reynolds	011 Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Van Taylor for Congress</b>		<b>Transaction ID: SB23.7105</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 485		Amount of Each Disbursement this Period 1500.00
City Waco State TX Zip Code 76703		
Purpose of Disbursement Contribution Candidate Name Mr. Nicholas VanCampen Taylor	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	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) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>32500.00</b>