

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 JUL 29 A 10:56

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

**BOMAPAC**

ADDRESS (number and street) **1201 New York Ave., NW, Suite**

Check if different than previously reported. (ACC) **Washington DC 20005**

2. FEC IDENTIFICATION NUMBER **C00106435**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day Post-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **01 01 2005** through **06 30 2005**

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 **Karen Penafiel** *Karen Penafiel*

Signature of Treasurer **Electronically Filed by Karen Penafiel** Date **07 28 2005**

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

25038862961

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
**BOMAPAC**

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	V	W	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5	<table border="1"><tr><td> </td></tr></table>		<table border="1"><tr><td>16104.10</td></tr></table>	16104.10
Y	Y	Y	Y									
2	0	0	5									
16104.10												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1"><tr><td>16104.10</td></tr></table>	16104.10										
16104.10												
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td>13637.00</td></tr></table>	13637.00	<table border="1"><tr><td>13637.00</td></tr></table>	13637.00								
13637.00												
13637.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1"><tr><td>29741.10</td></tr></table>	29741.10	<table border="1"><tr><td>29741.10</td></tr></table>	29741.10								
29741.10												
29741.10												
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td>8771.90</td></tr></table>	8771.90	<table border="1"><tr><td>8771.90</td></tr></table>	8771.90								
8771.90												
8771.90												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td>20969.20</td></tr></table>	20969.20	<table border="1"><tr><td>20969.20</td></tr></table>	20969.20								
20969.20												
20969.20												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
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

25039862952

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
**BOMAPAC**

Report Covering the Period: From: 

MM	DD	YYYY
01	01	2005

 To: 

MM	DD	YYYY
06	30	2005

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	4280.00	4280.00
(i) Itemized (use Schedule A) .....	9357.00	9357.00
(ii) Unitemized .....	13637.00	13637.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13637.00	13637.00
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)) .....	13637.00	13637.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13637.00	13637.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	271.90	271.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	271.90	271.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	8500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	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))..	8771.90	8771.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8771.90	8771.90

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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 .....	13637.00	13637.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13637.00	13637.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	271.90	271.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	271.90	271.90

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

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

FOR LINE NUMBER: PAGE 6/21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
BOMAPAC

**A.** Full Name (Last, First, Middle Initial)  
Mark E. Barbieri

Mailing Address 6044 Seward Park Ave S

City State Zip Code  
Seattle WA 98118-3053

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

Name of Employer Occupation  
Washington Real Estate Holding Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005

Transaction ID: C95584

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mark E. Barbieri

Mailing Address 6044 Seward Park Ave S

City State Zip Code  
Seattle WA 98118-3053

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

Name of Employer Occupation  
Washington Real Estate Holding Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005

Transaction ID: C95585

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Ron Burton

Mailing Address 1724 Ballenger Creek Pike

City State Zip Code  
Point Of Rocks MD 21777-2002

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

Name of Employer Occupation  
BOMA International Information Requested

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

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2005

Transaction ID: C3965

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 375.00

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

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

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

FOR LINE NUMBER: PAGE 7/21

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**BOMAPAC**

Full Name (Last, First, Middle Initial) <b>A. Ron Burton</b>		Date of Receipt MM / DD / YYYY <b>06 / 22 / 2005</b>
Mailing Address <b>1724 Ballenger Creek Pike</b>		Transaction ID: <b>C95432</b>
City <b>Point Of Rocks</b>	State <b>MD</b>	Zip Code <b>21777-2002</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>BOMA International</b>	Occupation <b>Information Requested</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Timothy Steve Harrison</b>		Date of Receipt MM / DD / YYYY <b>01 / 13 / 2005</b>
Mailing Address <b>4211 Lantern Hill Drive</b>		Transaction ID: <b>C259</b>
City <b>Dacula</b>	State <b>GA</b>	Zip Code <b>30019</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>Parmenter Realty Partners</b>	Occupation <b>Information Requested</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Timothy Steve Harrison</b>		Date of Receipt MM / DD / YYYY <b>06 / 29 / 2005</b>
Mailing Address <b>4211 Lantern Hill Drive</b>		Transaction ID: <b>C95641</b>
City <b>Dacula</b>	State <b>GA</b>	Zip Code <b>30019</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Parmenter Realty Partners</b>	Occupation <b>Information Requested</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BOMAPAC**

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

Mailing Address 1005 Market St  
apt 310

City State Zip Code  
San Francisco CA 94103

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2005

Transaction ID: C32922

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony Lifieri

Mailing Address 26 Ridge Rd

City State Zip Code  
Dobbs Ferry NY 10522

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2005

Transaction ID: C3962

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ray Mackey

Mailing Address 2305 Heatherdale

City State Zip Code  
Mesquite TX 75150

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

Name of Employer Information Requested Occupation Information Requested  
Stream realty Partners, LP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2005

Transaction ID: C28119

Amount of Each Receipt this Period  
200.00

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

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

2503882968



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

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

FOR LINE NUMBER: PAGE 9 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.** Full Name (Last, First, Middle Initial)  
Ray Mackey

Mailing Address 2305 Heatherdale

City State Zip Code  
Mesquite TX 75150

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Stream realty Partners, LP Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005

Transaction ID: C95638

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
Edwin D. McCrory, III

Mailing Address 5703 Sunset Oak

City State Zip Code  
Spring TX 77379-2743

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
McCrory Engineering Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005

Transaction ID: C95606

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
Vincent I. Olsen

Mailing Address 187 Behnke Ave

City State Zip Code  
Paramus NJ 07652-4401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Olsen Group Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2005

Transaction ID: C3957

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25038862969

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

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

FOR LINE NUMBER: PAGE 10 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.** Full Name (Last, First, Middle Initial)  
Vincent I. Olsen

Mailing Address 187 Behnke Ave

City State Zip Code  
Paramus NJ 07652-4401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Olsen Group Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2005

Transaction ID: C28178

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
Vincent I. Olsen

Mailing Address 187 Behnke Ave

City State Zip Code  
Paramus NJ 07652-4401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Olsen Group Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005

Transaction ID: C95849

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
James A. Peck

Mailing Address 3505 Stardust Drive NE

City State Zip Code  
Albuquerque NM 87110

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CB Richard Ellis Senior Director - Asset Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2005

Transaction ID: C260

Amount of Each Receipt this Period

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

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

2503882970

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

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

FOR LINE NUMBER: PAGE 11 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.** Full Name (Last, First, Middle Initial)  
James A. Peck

Mailing Address 3505 Stardust Drive NE

City Albuquerque State NM Zip Code 87110

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

Name of Employer CB Richard Ellis Occupation Senior Director - Asset Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 02 / 11 / 2005  
Transaction ID: C28179  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
James A. Peck

Mailing Address 3505 Stardust Drive NE

City Albuquerque State NM Zip Code 87110

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

Name of Employer CB Richard Ellis Occupation Senior Director - Asset Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 06 / 29 / 2005  
Transaction ID: C95639  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Craig H. Peters

Mailing Address 7723 Suffolk Ave

City Saint Louis State MO Zip Code 63119-2120

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

Name of Employer Downtown Locust LLC Occupation Property Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2005  
Transaction ID: C3964  
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 640.00

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

25038862971

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

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

FOR LINE NUMBER: PAGE 12/21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.** Full Name (Last, First, Middle Initial)  
John K. Scott  
Mailing Address 16720 SW 276th St  
City State Zip Code  
Homestead FL 33031-2718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Hogan Group Inc. Occupation Vice President & General Manag  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2005  
Transaction ID: C28180  
Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
John K. Scott  
Mailing Address 16720 SW 276th St  
City State Zip Code  
Homestead FL 33031-2718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Hogan Group Inc. Occupation Vice President & General Manag  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005  
Transaction ID: C95654  
Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
John K. Scott  
Mailing Address 16720 SW 276th St  
City State Zip Code  
Homestead FL 33031-2718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Hogan Group Inc. Occupation Vice President & General Manag  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005  
Transaction ID: C95669  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 225.00  
**TOTAL** This Period (last page this line number only) ..... ▶ 4280.00

25058862972

**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 13 / 21

<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)  
BOMAPAC

**A. American Express**

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: D2415  
Date of Disbursement  
01 / 04 / 2005

Mailing Address 2965 West Corporate Lakes Blvd

City Weston State FL Zip Code 33331

Purpose of Disbursement merchant fee  
Candidate Name

Amount of Each Disbursement this Period  
5.00

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

**B. American Express**

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: D2416  
Date of Disbursement  
02 / 03 / 2005

Mailing Address 2965 West Corporate Lakes Blvd

City Weston State FL Zip Code 33331

Purpose of Disbursement merchant fee  
Candidate Name

Amount of Each Disbursement this Period  
5.00

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

**C. American Express**

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: D2417  
Date of Disbursement  
03 / 03 / 2005

Mailing Address 2965 West Corporate Lakes Blvd

City Weston State FL Zip Code 33331

Purpose of Disbursement merchant fee  
Candidate Name

Amount of Each Disbursement this Period  
5.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 15.00

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

250333297E

**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 14 / 21

<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)  
**BOMAPAC**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: D2418 Date of Disbursement MM / DD / YYYY <b>03 / 04 / 2005</b>	
Mailing Address <b>2965 West Corporate Lakes Blvd</b>		Amount of Each Disbursement this Period <b>4.50</b>	
City <b>Weston</b>	State <b>FL</b>	Zip Code <b>33331</b>	Category/ Type <input type="checkbox"/>
Purpose of Disbursement merchant fee			
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. American Express</b>		Transaction ID: D2419 Date of Disbursement MM / DD / YYYY <b>04 / 04 / 2005</b>	
Mailing Address <b>2965 West Corporate Lakes Blvd</b>		Amount of Each Disbursement this Period <b>5.00</b>	
City <b>Weston</b>	State <b>FL</b>	Zip Code <b>33331</b>	Category/ Type <input type="checkbox"/>
Purpose of Disbursement merchant fee			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: D2420 Date of Disbursement MM / DD / YYYY <b>05 / 03 / 2005</b>	
Mailing Address <b>2965 West Corporate Lakes Blvd</b>		Amount of Each Disbursement this Period <b>5.00</b>	
City <b>Weston</b>	State <b>FL</b>	Zip Code <b>33331</b>	Category/ Type <input type="checkbox"/>
Purpose of Disbursement merchant fee			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

25038852974

**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 15 / 21

<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
	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)  
BOMAPAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: D2421	
Mailing Address 2965 West Corporate Lakes Blvd		Date of Disbursement 06 / 03 / 2005	
City Weston	State FL	Zip Code 33331	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement merchant fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. NOVA Info System</b>		Transaction ID: D2422	
Mailing Address One Concourse Parkway Suite 300		Date of Disbursement 01 / 04 / 2005	
City Atlanta	State GA	Zip Code 30328	Amount of Each Disbursement this Period 35.00
Purpose of Disbursement merchant fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. NOVA Info System</b>		Transaction ID: D2423	
Mailing Address One Concourse Parkway Suite 300		Date of Disbursement 02 / 02 / 2005	
City Atlanta	State GA	Zip Code 30328	Amount of Each Disbursement this Period 35.00
Purpose of Disbursement merchant fee		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:		

SUBTOTAL of Disbursements This Page (optional) .....	75.00
TOTAL This Period (last page this line number only) .....	

2503882975

**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 16 / 21

<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)  
BOMAPAC

Full Name (Last, First, Middle Initial) <b>A. NOVA Info System</b>		Transaction ID: D2424 Date of Disbursement MM / DD / YYYY 03 / 02 / 2005
Mailing Address One Concourse Parkway Suite 300		Amount of Each Disbursement this Period 35.45
City Atlanta	State GA	
Zip Code 30328		
Purpose of Disbursement merchant fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NOVA Info System</b>		Transaction ID: D2425 Date of Disbursement MM / DD / YYYY 04 / 04 / 2005
Mailing Address One Concourse Parkway Suite 300		Amount of Each Disbursement this Period 35.00
City Atlanta	State GA	
Zip Code 30328		
Purpose of Disbursement merchant fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NOVA Info System</b>		Transaction ID: D2426 Date of Disbursement MM / DD / YYYY 05 / 03 / 2005
Mailing Address One Concourse Parkway Suite 300		Amount of Each Disbursement this Period 35.00
City Atlanta	State GA	
Zip Code 30328		
Purpose of Disbursement merchant fee		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:	

SUBTOTAL of Disbursements This Page (optional) .....	105.45
TOTAL This Period (last page this line number only) .....	

2503882976



**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 17/21

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

Full Name (Last, First, Middle Initial)  
**A. NOVA Info System**

Transaction ID: D2427  
Date of Disbursement  
06 / 02 / 2005

Mailing Address One Concourse Parkway  
Suite 300

City Atlanta State GA Zip Code 30328

Purpose of Disbursement merchant fee

Candidate Name

Category/Type

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

State: District:

Amount of Each Disbursement this Period  
35.00

Full Name (Last, First, Middle Initial)  
**B. Suntrust Bank**

Transaction ID: D2410  
Date of Disbursement  
01 / 31 / 2005

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement Account Analysis

Candidate Name

Category/Type

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

State: District:

Amount of Each Disbursement this Period  
2.70

Full Name (Last, First, Middle Initial)  
**C. Suntrust Bank**

Transaction ID: D2411  
Date of Disbursement  
02 / 28 / 2005

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement Account Analysis

Candidate Name

Category/Type

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

State: District:

Amount of Each Disbursement this Period  
8.74

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 46.44

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

25033862977

**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 18 / 21

<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)  
BOMAPAC

Full Name (Last, First, Middle Initial) A. Suntrust Bank		Transaction ID: D2412 Date of Disbursement	
Mailing Address P.O.Box 622227		MM / DD / YYYY 04 / 19 / 2005	
City Orlando	State FL	Zip Code 32862-2227	Amount of Each Disbursement this Period 3.72
Purpose of Disbursement Account Analysis		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Suntrust Bank		Transaction ID: D2413 Date of Disbursement	
Mailing Address P.O.Box 622227		MM / DD / YYYY 05 / 19 / 2005	
City Orlando	State FL	Zip Code 32862-2227	Amount of Each Disbursement this Period 5.39
Purpose of Disbursement Account Analysis		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Suntrust Bank		Transaction ID: D2414 Date of Disbursement	
Mailing Address P.O.Box 622227		MM / DD / YYYY 06 / 20 / 2005	
City Orlando	State FL	Zip Code 32862-2227	Amount of Each Disbursement this Period 6.40
Purpose of Disbursement Account Analysis		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:		

SUBTOTAL of Disbursements This Page (optional) .....	15.51
TOTAL This Period (last page this line number only) .....	271.90

25033852978

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

<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)  
**BOMAPAC**

Full Name (Last, First, Middle Initial) <b>A. Bob Ney for Congress</b>		Transaction ID: D1213 Date of Disbursement MM / DD / YYYY 03 / 08 / 2005	
Mailing Address PO Box 490		Amount of Each Disbursement this Period 1000.00	
City St. Clairsville	State OH	Zip Code 43950	Category/ Type
Purpose of Disbursement Primary		Candidate Name Bob Ney	
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: OH District: 18			

Full Name (Last, First, Middle Initial) <b>B. Pombo for Congress</b>		Transaction ID: D2352 Date of Disbursement MM / DD / YYYY 06 / 22 / 2005	
Mailing Address 28421 S. Chrisman Rd., Ste. 2		Amount of Each Disbursement this Period 1000.00	
City Tracy	State CA	Zip Code 95304	Category/ Type
Purpose of Disbursement Pombo for Congress		Candidate Name Richard Pombo	
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: CA District: 11			

Full Name (Last, First, Middle Initial) <b>C. Rick Renzi for Congress</b>		Transaction ID: D1214 Date of Disbursement MM / DD / YYYY 03 / 09 / 2005	
Mailing Address PO Box 219		Amount of Each Disbursement this Period 1000.00	
City Flagstaff	State AZ	Zip Code 86002	Category/ Type
Purpose of Disbursement Primary		Candidate Name Rick Renzi	
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: AZ District: 1			

SUBTOTAL of Disbursements This Page (optional) .....	3000.00
TOTAL This Period (last page this line number only) .....	[ ]

2503882979

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

<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)  
BOMAPAC

Full Name (Last, First, Middle Initial) <b>A. Sue Kelly for Congress</b>		Transaction ID: D1215	
Mailing Address PO Box 599		Date of Disbursement 03 / 17 / 2005	
City Katonah	State NY	Zip Code 10536-0599	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement primary		Category/ Type	
Candidate Name Sue W. Kelly			
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: NY	District: 19		

Full Name (Last, First, Middle Initial) <b>B. Conrad for Senate</b>		Transaction ID: D1211	
Mailing Address PO Box 812		Date of Disbursement 02 / 28 / 2005	
City Bismarck	State ND	Zip Code 58501	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement primary		Category/ Type	
Candidate Name Kent Conrad			
Office Sought: <input type="checkbox"/> House <input checked="" 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: ND	District:		

Full Name (Last, First, Middle Initial) <b>C. Santorum 2000</b>		Transaction ID: D1901	
Mailing Address 436 South Main Street		Date of Disbursement 04 / 28 / 2005	
City Pittsburgh	State PA	Zip Code 15220	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Primary		Category/ Type	
Candidate Name Rick Santorum			
Office Sought: <input type="checkbox"/> House <input checked="" 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: PA	District:		

SUBTOTAL of Disbursements This Page (optional) .....	4500.00
TOTAL This Period (last page this line number only) .....	

2503882000

**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 21 / 21

<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)  
BOMAPAC

Full Name (Last, First, Middle Initial)  
A. Committee for Delaware's Future

Transaction ID: D1885

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
0	3	0	2	2	0	0	5

Mailing Address PO Box 2882

City State Zip Code  
Wilmington DE 19805

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
PAC donation

--

Candidate Name  
Thomas R. Carper

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
 Other (specify) ▼

State: DE District:

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

1000.00
---------

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

8500.00
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25038862981

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>7/28/05</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Per*  
 PREPARER  
 (3/2005)

*7/29/05*  
 DATE PREPARED

25033882999