

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 ONE AMERICA COMMITTEE

ADDRESS (number and street) 1001 G St. NW Suite 400 West Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00368613 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) X (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2006 through 03 31 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 Ambassador Jeanette Hyde

Signature of Treasurer Electronically Filed by Ambassador Jeanette Hyde Date 06 26 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.

Office Use Only FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ONE AMERICA COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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		31039.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	31039.18									
(c) Total Receipts (from Line 19) .....	278841.71	278841.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	309880.89	309880.89								
7. Total Disbursements (from Line 31) .....	302722.04	302722.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7158.85	7158.85								
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) .....	108278.71									

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  
ONE AMERICA COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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	207500.00	207500.00
(i) Itemized (use Schedule A) .....	45223.69	45223.69
(ii) Unitemized .....	252723.69	252723.69
(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) .....	252723.69	252723.69
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) .....	118.02	118.02
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) .....	26000.00	26000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	26000.00	26000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	278841.71	278841.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	252841.71	252841.71

**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.....	25833.50	25833.50
(ii) Non-Federal Share.....	25833.50	25833.50
(b) Other Federal Operating Expenditures.....	246055.04	246055.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	297722.04	297722.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	5000.00	5000.00
(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)) .....	5000.00	5000.00
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))..	302722.04	302722.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	276888.54	276888.54

**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) .....	252723.69	252723.69
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	247723.69	247723.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	271888.54	271888.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	118.02	118.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	271770.52	271770.52

**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 / 131
	<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	

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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Edward Hart Rice

Mailing Address 2217 Halcyon Lane

City State Zip Code  
Vienna VA 22181

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2006

Transaction ID: A171D0B335F47479D978

Amount of Each Receipt this Period  
5000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Ronald J. Bell

Mailing Address 10 Quarry Lake Ct NE

City State Zip Code  
Atlanta GA 30342-1965

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

Name of Employer Occupation  
Target Marketing, Inc. Advertising

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: A795232A04E8D4D59B10

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
John J.B. Miller

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2006

Transaction ID: A91086674F6584C2498C

Amount of Each Receipt this Period  
250.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Lanny T. Wilson

Mailing Address 1442 Quadrant Circle

City State Zip Code  
Wilmington NC 28405

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2006

**Transaction ID:** AE70F163A2AA44571986

Amount of Each Receipt this Period  
5000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Carol Folse

Mailing Address 4895 Rose Ave NE

City State Zip Code  
Bainbridge Island WA 98110-2141

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

Name of Employer Unemployed Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

**Transaction ID:** A1DA9C83E8EAA4245995

Amount of Each Receipt this Period  
5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Parker C. Folse, III

Mailing Address 4895 Rose Ave NE

City State Zip Code  
Bainbridge Island WA 98110-2141

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

Name of Employer Susman Godfrey LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

**Transaction ID:** ACE5C36B037184590977

Amount of Each Receipt this Period  
5000.00

Check

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Betsy Malcolm		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 300 Central Park W. Apt 7b		Transaction ID: A337E7B045810492096B	
City State Zip Code New York NY 10024-1591	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Suzanne McGill		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 613 Evergreen Pt Rd		Transaction ID: AB36C26185E3D44FBB77	
City State Zip Code Medina WA 98039-4702	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Unemployed Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas J. McGill		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 613 Evergreen Pt Rd		Transaction ID: A52650DA6A340455ABB6	
City State Zip Code Medina WA 98039-4702	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer NW Capital Occupation Principal	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. John A. Meeks</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 5055 Godown Rd		<b>Transaction ID: AEC590ED882CB4A48989</b>	
City Columbus	State OH	Zip Code 43220-7213	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer JM & Associates	Occupation President		
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. Janet Sinegal</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 999 Lake Dr		<b>Transaction ID: A1F55565B06DD41C6868</b>	
City Issaquah	State WA	Zip Code 98027-8990	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Self Employed	Occupation Civic Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. James D. Sinegal</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 4245 Hunts Pt Rd		<b>Transaction ID: A14A6918013D443939C1</b>	
City Hunts Point	State WA	Zip Code 98004-1107	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Costco	Occupation President/ceo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Leonidas E. Plakas

Mailing Address 2550 Radford St NW

City Canton State OH Zip Code 44720-5889

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

Name of Employer Tzangas Plakas et al Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: A6050EAD383914196BA6

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Steven P. Okey

Mailing Address 337 3rd St NW

City Canton State OH Zip Code 44702-1711

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

Name of Employer Okey Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: AB032B629BDD340C494A

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Brian L. Zimmerman

Mailing Address 236 3rd St NW  
Carnegie Building

City Canton State OH Zip Code 44702-1518

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: AA3D4395F54D94AEE823

Amount of Each Receipt this Period  
500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dimitrios Pousoulides</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address <b>931 N. Main Street Suite 201</b>		<b>Transaction ID: A7AADE4733C974080B2A</b>
City <b>North Canton</b>	State <b>OH</b>	Zip Code <b>44720</b>
Amount of Each Receipt this Period 500.00		Check
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. William Zavarello</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address <b>313 S. High St</b>		<b>Transaction ID: A26F5E4D706FE4FA1B8F</b>
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44308-1532</b>
Amount of Each Receipt this Period 500.00		Check
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark D. Okey</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address <b>337 3rd St NW</b>		<b>Transaction ID: A63574DA622674EB5801</b>
City <b>Canton</b>	State <b>OH</b>	Zip Code <b>44702-1711</b>
Amount of Each Receipt this Period 500.00		Check
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Okey Law Firm	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jack De Sario

Mailing Address 467 Dillon Cir NE

City State Zip Code  
Canton OH 44720-7864

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

Name of Employer Occupation  
D and R Consulting Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: AB22C57F5463F4423B56

Amount of Each Receipt this Period  
1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Bradley H. Mindlin

Mailing Address 1640 S. Sepulveda Blvd Suite 218

City State Zip Code  
Los Angeles CA 90025-7535

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

Name of Employer Occupation  
Minslin Companies President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2006

Transaction ID: AEA433BE3A939442281C

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Stephen D. Moses

Mailing Address 1007 N. Beverly Glen Blvd

City State Zip Code  
Los Angeles CA 90077-3119

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

Name of Employer Occupation  
Stephen Moses Interests Chairman/president

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2006

Transaction ID: A0090A85AAC9E43B3B76

Amount of Each Receipt this Period  
500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 131
	<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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
David H. Daneshvar

Mailing Address 153 Ashdale Ave

City State Zip Code  
**Los Angeles CA 90049-2402**

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **1000.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 03 / 2006**

**Transaction ID: A674FC4E453A34B649E8**

Amount of Each Receipt this Period  
**1000.00**

Check

**B.** Full Name (Last, First, Middle Initial)  
R. Browne Greene

Mailing Address 100 Wilshire Blvd Suite 2100

City State Zip Code  
**Santa Monica CA 90401-1162**

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

Name of Employer Occupation  
Greene Broillet Wheeler LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **5000.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 03 / 2006**

**Transaction ID: A1567945C88244AE4BB2**

Amount of Each Receipt this Period  
**5000.00**

Check

**C.** Full Name (Last, First, Middle Initial)  
Jane Petty

Mailing Address 21650 Oxnard St Suite 1925

City State Zip Code  
**Woodland Hills CA 91367-7888**

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

Name of Employer Occupation  
Boulevard Management Management Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **2500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 03 / 2006**

**Transaction ID: A3FA985010845495B91F**

Amount of Each Receipt this Period  
**2500.00**

Check

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Gerald T. Kozai

Mailing Address 4160 Regal Oak Dr

City Encino State CA Zip Code 91436-3433

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

Name of Employer St. Francis Medical Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 3 / 2 0 0 6

**Transaction ID:** AE13954D99B254A8D9D6

Amount of Each Receipt this Period  
 1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Bain J. Farris

Mailing Address 1897 Granger Ave

City Los Altos State CA Zip Code 94024-6716

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

Name of Employer Daughters of Charity Health Sy Occupation President/ceo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 3 / 2 0 0 6

**Transaction ID:** A9095E3D9E2674CE8980

Amount of Each Receipt this Period  
 5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey S. Burum

Mailing Address 10621 Civic Center Dr

City Rancho Cucamonga State CA Zip Code 91730-3804

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

Name of Employer Jeffrey S. Burum Enterprises Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 3 / 2 0 0 6

**Transaction ID:** A23BB6ADFADC249699F0

Amount of Each Receipt this Period  
 5000.00

Check

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 131
	<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)  
**ONE AMERICA COMMITTEE**

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

Mailing Address 1312 Torrey St

City State Zip Code  
Davis CA 95616-5062

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

Name of Employer Nielsen Merksamerlo MLLR & Nylr Atty  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 6

**Transaction ID:** A8012B3F887404B4FA6E

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Woodrow A. Myers, Jr.

Mailing Address 4881 Via Andrea

City State Zip Code  
Newbury Park CA 91320-6810

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

Name of Employer Self Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 6

**Transaction ID:** A557852F8E0DB4AEEADA

Amount of Each Receipt this Period  
5000.00

Check

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

Mailing Address 773 Stradella Rd

City State Zip Code  
Los Angeles CA 90077-3307

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

Name of Employer Self Employed  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

**Transaction ID:** AF2D69720367C4AC5A05

Amount of Each Receipt this Period  
1500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sallie Shuping Russell

Mailing Address 507 E. Rosemary St

City State Zip Code  
Chapel Hill NC 27514-3714

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

Name of Employer Occupation  
Quellos Private Capital Investment Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: A89E9703A7F90410F8E8

Amount of Each Receipt this Period  
5000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Christine Spagnoli

Mailing Address 1303 Hill St

City State Zip Code  
Santa Monica CA 90405-4723

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

Transaction ID: AB0A669C4442341CFB69

Amount of Each Receipt this Period  
1500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Robert H. Curry

Mailing Address 1474 Valcartier St

City State Zip Code  
Sunnyvale CA 94087-4448

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

Name of Employer Occupation  
OConner Hospital President/ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

Transaction ID: A594246F1981A45C49EB

Amount of Each Receipt this Period  
2500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Glenn W. Sturm		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 4549 Harris Trl NW		<b>Transaction ID:</b> A4E32080B23C744E1A21	
City Atlanta	State GA	Zip Code 30327-3823	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Nelson Mullins Riley et al	Occupation Attorney	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Brittney L. Tribble		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 3262 Westheimer Rd Apt 412		<b>Transaction ID:</b> AE12C6201E0B94F49A2A	
City Houston	State TX	Zip Code 77098-1002	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Maxbowl Centers	Occupation Owner	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) A.S. Moosa		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 5067 Los Feliz Blvd		<b>Transaction ID:</b> A8C11B73DD8724BC2B35	
City Los Angeles	State CA	Zip Code 90027-1766	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Adam Venit		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 2505 Summitridge Dr		Transaction ID: A7EAB54C7C42F4C1FBDC
City Beverly Hills	State Zip Code CA 90210-1531	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Endeavor Agency, LLC	Occupation Literary Agent	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Trina Venit		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 2505 Summitridge Dr		Transaction ID: A8050F58732DF45068AE
City Beverly Hills	State Zip Code CA 90210-1531	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Unemployed	Occupation Homemaker	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Max L. Tribble		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 3262 Westheimer Rd Apt 412		Transaction ID: ACF431C8678D240FE999
City Houston	State Zip Code TX 77098-1002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Susman Godfrey LLP	Occupation Attorney	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Petersen		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address Rt 3, Box 781		<b>Transaction ID:</b> A5263010D175A45F98BE	
City Fayetteville	State WV	Zip Code 25840	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Petersen Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Claire Silberman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 28 old fulton st 1J		<b>Transaction ID:</b> A514B6C33D04C4F98A6C	
City brooklyn	State NY	Zip Code 11201	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer nonpracticing lawyer; mom	Occupation law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Christine J. Schulman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 3519 Culver Drive, NW		<b>Transaction ID:</b> A27760026C7E34B46A72	
City Canton	State OH	Zip Code 44709-2752	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer ACS, Ltd.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Allen Schulman, Jr.

Mailing Address 3519 Culver Drive, NW

City Canton State OH Zip Code 44709-2752

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

Name of Employer: Allen Schulman & Associates  
Occupation: Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: AAA7C13BD478748F1B26

Amount of Each Receipt this Period  
5000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Alan Hoffman

Mailing Address 6324 Waggoner Dr

City Dallas State TX Zip Code 75230-4016

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

Name of Employer: Self Employed  
Occupation: Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: A45FBA4904A2C4ADCAED

Amount of Each Receipt this Period  
5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Jaine E. Fraser

Mailing Address 6324 Waggoner Dr

City Dallas State TX Zip Code 75230-4016

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

Name of Employer: Self Employed  
Occupation: Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: AC608B1D194F341EDB69

Amount of Each Receipt this Period  
5000.00

Check

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Charles S. Paul		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 1003 Wallace Ridge		<b>Transaction ID:</b> A3D980D42148848B8AB0	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer IFilm Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 5000.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Gary Steelman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 105 Lyndhurst Ave		<b>Transaction ID:</b> ABDB5FB5B7A124011983	
City State Zip Code Wilmington DE 19803-2343	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Retired Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 300.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Anthony Gair		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 80 Pine St		<b>Transaction ID:</b> A22D8F7B5739C4A3B916	
City State Zip Code New York NY 10005-1701	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Gair, Gair, Conason, Steigman et Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 5000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Philip Lasher

Mailing Address CMR 421 Box 688

City State Zip Code  
APO, AE NY 09075

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

Name of Employer Viacore, Inc. Occupation Attorney / executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: AC7345A475D3B4FFC88F

Amount of Each Receipt this Period  
100.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Philip Lasher

Mailing Address CMR 421 Box 688

City State Zip Code  
APO, AE NY 09075

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

Name of Employer Viacore, Inc. Occupation Attorney / executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: A34B85EF7AF0048F9ACC

Amount of Each Receipt this Period  
100.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
John Davis Lee

Mailing Address 422 South Gay St Suite 301

City State Zip Code  
Knoxville TN 37902

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

Name of Employer Lee, Lee & Lee Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: A22310E1C08A34413978

Amount of Each Receipt this Period  
1000.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Jennifer Brodkey Kaufman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2006
Mailing Address 1820 Bidwell Way		<b>Transaction ID:</b> A4F1A5C9B9DA24C59854
City Sacramento	State CA	Zip Code 95818
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Consultant	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Tashery Otway-Smithers		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2006
Mailing Address 1031 Albee Farm Rd		<b>Transaction ID:</b> A7D1E0DD1783441EDB9D
City Venice	State FL	Zip Code 34285-6283
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Farmer	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David R. Leeds		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2006
Mailing Address 69 Putnam Rd		<b>Transaction ID:</b> A95D56CDDE4F14081B6D
City Chilmark	State MA	Zip Code 02535-1954
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer Self Employed	Occupation Investor	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Donna Wendt

Mailing Address 2820 River Walk Pl.

City State Zip Code  
E. Wenatchee WA 98802

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

Name of Employer Occupation  
Wenatchee School District Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

**Transaction ID:** AAD238CC2E55748D0ACC

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Phyllis Stevens

Mailing Address 4601 Pleasant St #353

City State Zip Code  
W Des Moines IA 50266

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

Name of Employer Occupation  
Amerus Life Insurance Compensation Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

**Transaction ID:** AF0577881FC224AE4B26

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Margaret Mathews

Mailing Address 1 Irving Place, #U-24B

City State Zip Code  
New York NY 10003

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

Name of Employer Occupation  
Self Employed Curator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

**Transaction ID:** A52F8658061F347BE8C4

Amount of Each Receipt this Period  
250.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Larry Magee

Mailing Address 728 Chenery Street  
Chenery Street

City San Francisco State CA Zip Code 94131

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: A53BDD814A43D492D973

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Judi Jacobs

Mailing Address 356 North Cliffwood Ave

City Los Angeles State CA Zip Code 90049

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: AC204F74F62C64E2CA51

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Robert Grayson

Mailing Address 9045 Bay Dr

City Surfside State FL Zip Code 33154

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

Name of Employer Berglass Grayson Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: A48856D101D5D40A48A4

Amount of Each Receipt this Period  
250.00

Credit Card

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Luann Cooley

Mailing Address 144 Southern Magnolia Ln

City Rex State GA Zip Code 30273-1926

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

Name of Employer Georgia Perimeter College Occupation Instructor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** AA2AFC04C670249F2A0B

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Janet Gari

Mailing Address 205 W. 54th St

City New York State NY Zip Code 10019-5500

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

Name of Employer Self Employed Occupation Composer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** A700B99F2342040C391A

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Seta Albrecht

Mailing Address 582 Haworth Avenue

City Haworth State NJ Zip Code 07641

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

Name of Employer Everest Realty Co. Occupation Assistant to the President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** AE3BC32C539CC4883924

Amount of Each Receipt this Period  
300.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Kathleen Washienko

Mailing Address 3610 NE 42nd St

City State Zip Code  
Seattle WA 98105

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** A3B208C90F1E94EDDB08

Amount of Each Receipt this Period  
400.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Roger Pardieck

Mailing Address 4181 so. summit lane

City State Zip Code  
columbus IN 47274

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

Name of Employer Occupation  
Pardieck Law Firm Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** AE11D1ED7BA404F7C8D1

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Clyde Christofferson

Mailing Address 11291 Spyglass Cove Lane

City State Zip Code  
Reston VA 20191-4518

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

Name of Employer Occupation  
William, Curtis, Christoferson & Cook Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** A22AFA837186C41ADA45

Amount of Each Receipt this Period  
300.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Joanne Love</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1050 Balmoral Rd		<b>Transaction ID: AA66442E7A9F14807ADD</b>	
City Atlanta	State GA	Zip Code 30319	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Tonya Urbatsch</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3345 Pleasant Drive		<b>Transaction ID: A9BC1756AB34441EF990</b>	
City Bettendorf	State IA	Zip Code 52722	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer IA Dept of Education	Occupation Staff Development Council		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. William Hunt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 84 Judson St.		<b>Transaction ID: AB932AD7349914F00AB2</b>	
City Canton	State NY	Zip Code 13617	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer St. Lawrence University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Marylou Domino

Mailing Address 143 Oakwood Road

City Hopkins State MN Zip Code 55343-8530

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

Name of Employer Unemployed Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2006

**Transaction ID:** AD1913230C4A449BE83D

Amount of Each Receipt this Period  
 300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Kate C. Nichols

Mailing Address 1682 Oceanview Dr.

City Tierra Verde State FL Zip Code 33715-1500

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

Name of Employer Self Employed Occupation Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2006

**Transaction ID:** A7B76FB54E00A43B0BDE

Amount of Each Receipt this Period  
 1000.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Huib Vriesendorp

Mailing Address 6410 jeremy lane

City Jamesville State NY Zip Code 13078

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2006

**Transaction ID:** AA4F8D3F1D4994A5CA30

Amount of Each Receipt this Period  
 500.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Jean Palmer</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address PO Box 218		<b>Transaction ID: ABDCE3DE5FB0446EE823</b>	
City Lincoln	State MA	Zip Code 01773-0218	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Self Employed	Occupation Editor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>B. Mary Jane Greene</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 304 Robert Road		<b>Transaction ID: AD43245DEEA394DE3AF3</b>	
City Marlborough	State MA	Zip Code 01752	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Self Employed	Occupation Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. Laura Helmer</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 8596 Drake Ct		<b>Transaction ID: AE50353A33708468FAD4</b>	
City Chanhassen	State MN	Zip Code 55317	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Unemployed	Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Jitka West</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1622 S. Shore Dr.		Transaction ID: ABF6569DE46C346E1AFF	
City Park City	State UT	Amount of Each Receipt this Period 500.00	
Zip Code 84098		Credit Card	
FEC ID number of contributing federal political committee. C			
Name of Employer Natural SPI, Inc.	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dana Shires</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1029 Royal Pass Rd		Transaction ID: A6A6EC45D1E4B4733951	
City Tampa	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 22602		Credit Card	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Margo Lesser</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1044 N. Glenhurst Dr		Transaction ID: AD292B38B795E44B296E	
City Birmingham	State MI	Amount of Each Receipt this Period 300.00	
Zip Code 48009-1111		Credit Card	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ann Zinn</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 11451 Fairlane Dr.		<b>Transaction ID: A6F4057769C5C4038905</b>	
City State Zip Code South Lyon MI 48178-2993	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Occupation Hands-On Museum Curator	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Sandra Ogburn</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 9 Pinyon Place		<b>Transaction ID: A90651E7430534DA4B20</b>	
City State Zip Code Durham NC 27707	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Occupation City of Durham Council Member	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Brian Eisenstadt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 511 161st Ave E		<b>Transaction ID: A01E5B2CB8428426D843</b>	
City State Zip Code Redington Beach FL 33708	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Occupation Thomas & King, Inc. Government Relations	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Russ Fincher

Mailing Address 29 E. 6th St. #301

City State Zip Code  
Holland MI 49423

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

Name of Employer Ferris, Busscher & Zwiers Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: AE64615ACC9044D8D8C3

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Katherine Ammon

Mailing Address 1407 Richards Ave

City State Zip Code  
Watertown WI 53094

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

Name of Employer Self Employed Occupation Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: A74CAD926F95F49EBA16

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Cora Biernat

Mailing Address 3839 Hart Blvd Apt. 313

City State Zip Code  
columbia Heights MN 55421-4141

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: A42C556E6E51C4B398E7

Amount of Each Receipt this Period  
300.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Sandra Parks-Trusz		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 619 Carolyn Rd		<b>Transaction ID:</b> AB9BF5AC6BDB645DBBD3
City Glen Burnie	State MD	Zip Code 21061-4507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scenic Rivers Land Trust	Occupation Executive	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Cheryl Berklich		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 13440 N. 44th Street # 1152		<b>Transaction ID:</b> A864666418FB74E5EA3D
City Phoenix	State AZ	Zip Code 85032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Homes	Occupation Purchasing	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeanie Kilgour		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 6727 Woods Creek Dr.		<b>Transaction ID:</b> AED26324F40CF454C947
City Charlevoix	State MI	Zip Code 49727
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Unemployed	Occupation Homemaker	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Nicholas Baldick

Mailing Address 3207 Flushing Meadow Terrace

City State Zip Code  
**Chevy Chase MD 20815**

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

Name of Employer Hilltop Public Solutions Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 03 / 2006**

**Transaction ID: AF85E16682CBD4F0297A**

Amount of Each Receipt this Period  
**300.00**

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Teresa Weiner

Mailing Address 235 Kennedy Pkwy

City State Zip Code  
**Iowa City IA 52246**

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

Name of Employer Iowa City School Board Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 03 / 2006**

**Transaction ID: ADB799782763048A8B30**

Amount of Each Receipt this Period  
**300.00**

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Gina Defrank

Mailing Address 200 WOODBURN RD

City State Zip Code  
**RALEIGH NC 27605**

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

Name of Employer Liquidnee Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 03 / 2006**

**Transaction ID: A881E227A6CC342E8B5D**

Amount of Each Receipt this Period  
**300.00**

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. William Grolle</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1711 17th Court		<b>Transaction ID: A614C3C35D38F499A846</b>	
City State Zip Code Jupiter FL 33477-9023	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Robertson Financial Group	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ann Scoffier</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3111 Idaho Ave., NW		<b>Transaction ID: AA98DDED293744A6397A</b>	
City State Zip Code Washignton DC 20016	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Resource Development	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Steven Copes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1060 S. Howell St.		<b>Transaction ID: A39B87FD404B14058ACD</b>	
City State Zip Code Saint Paul MN 55116-2581	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Disabled	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

**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 37 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Todd Kummer</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>5319 Broadway</b>		<b>Transaction ID: A062A3820613D4B1FB33</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94618</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer <b>Kummer &amp; Adams</b>	Occupation <b>Attorney</b>	Credit Card
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>B. Mary Brown</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>57 Arbor Ln</b>		<b>Transaction ID: A2DCD817653574DDD93A</b>
City <b>Hollis</b>	State <b>NH</b>	Zip Code <b>03049-6277</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer <b>DSLCC</b>	Occupation <b>Retired</b>	Credit Card
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. Ken Howell</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>276 Boothe Hill Rd</b>		<b>Transaction ID: A8A3ED839C89147F5910</b>
City <b>Chaple Hill</b>	State <b>NC</b>	Zip Code <b>27517</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>SAS Institute Inc.</b>	Occupation <b>Computer Programmer</b>	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Andrea Friedell

Mailing Address 7911 Braesdale Lane

City State Zip Code  
Houston TX 77071

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

Name of Employer Occupation  
Self Employed Literary Review

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: A69F82155D23D48ADB34

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Sharon Lawrence

Mailing Address P.O. Box 74914

City State Zip Code  
Los Angeles CA 90004

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

Name of Employer Occupation  
Unemployed Homemaker

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: A19D4D9866BCE4CB3B7B

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Naomi Schleper

Mailing Address 221 26th Ave

City State Zip Code  
Racine WI 53403-9628

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: A87441864CC824F61857

Amount of Each Receipt this Period  
250.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Victoria Van Son</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address <b>115 D Street SE Apt 108</b>		<b>Transaction ID: AB77667E910564F9FBC5</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer <b>Weill Agency</b>	Occupation <b>Consultant</b>	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Brenda Willett</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address <b>117 Pine St</b>		<b>Transaction ID: ACFDC5FA414814C6DACB</b>	
City <b>Nacogdoches</b>	State <b>TX</b>	Zip Code <b>75965-2819</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer <b>Lone Star Legal Aide</b>	Occupation <b>Attorney</b>	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Eadie Churchill</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address <b>2038 Wildwood Dr</b>		<b>Transaction ID: A6D12897EBA82444A80</b>	
City <b>Wilmington</b>	State <b>DE</b>	Zip Code <b>19805-1061</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer <b>AIG</b>	Occupation <b>AVP Claims</b>	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Robert Sloan

Mailing Address 18620 N. Lowrie Lp.

City State Zip Code  
**Eagle River AK 99577-9957**

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

Name of Employer Self Employed Occupation  
Self Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 04 / 2006**

**Transaction ID: A98C9B5921D2340F8AE5**

Amount of Each Receipt this Period  
**300.00**

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Kaola Phoenix

Mailing Address 103 Longwood Dr.

City State Zip Code  
**Chapel Hill NC 27514**

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

Name of Employer Self Employed Occupation  
Self Employed Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 04 / 2006**

**Transaction ID: A0CCC59155A4C457590E**

Amount of Each Receipt this Period  
**250.00**

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Marsha Guggenheim

Mailing Address 141 alton avenue

City State Zip Code  
**san francisco CA 94116-9411**

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

Name of Employer Self Employed Occupation  
Self Employed Entrepreneur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 04 / 2006**

**Transaction ID: A83A6D351F2224305939**

Amount of Each Receipt this Period  
**250.00**

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Thomas Bonhag</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006	
Mailing Address 406 Monmouth Avenue		<b>Transaction ID: A4FE64D3FEC0649F183B</b>	
City State Zip Code Spring Lake NJ 07762-1131	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Occupation AXA Financial Financial Advisor	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Phyllis Hutchins</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006	
Mailing Address 1165 Lake Marie Road		<b>Transaction ID: A1C78EC695D1843C4932</b>	
City State Zip Code Gallatin TN 37066	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Occupation Unemployed Community Relations	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Jane Hanson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006	
Mailing Address 249 W. 29th St Apt 8s		<b>Transaction ID: A58D2F8B767D041229FB</b>	
City State Zip Code New York NY 10001-5233	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Occupation Milbank Tweed Attorney	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 131
	<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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Anne E. Swenson

Mailing Address 6629 York St

City State Zip Code  
Fort Worth TX 76132-3586

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

Name of Employer Occupation  
Tarrant County DA Office Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2006

**Transaction ID:** A71779F38E4E04CD3AFC

Amount of Each Receipt this Period  
600.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Eva Clayton

Mailing Address 177 Northside Drive

City State Zip Code  
littleton NC 27850

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

Name of Employer Occupation  
FAO / UN United Nations Professio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2006

**Transaction ID:** A8F8CDF0D3D224F77B9E

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Stuart Smits

Mailing Address 166 Mills Road

City State Zip Code  
Sacramento CA 95864

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

Name of Employer Occupation  
Kaiser Permanente Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2006

**Transaction ID:** AD853419035614B02B29

Amount of Each Receipt this Period  
300.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Suzanne M. Horton

Mailing Address 26 Woodworth Dr

City State Zip Code  
Palm Coast FL 32164

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2006

**Transaction ID:** A7B4EBA19F16A42C78B1

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Gerald Shuck

Mailing Address PO Box 1051

City State Zip Code  
Londonderry NH 03053

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

Name of Employer University of New Hampshire Occupation Citizens Advisory Task Force

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2006

**Transaction ID:** A1144D9F8AD9E41678C3

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Margaret Taylor Kane

Mailing Address 54 lincoln st.

City State Zip Code  
new haven CT 06511

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

Name of Employer Self Employed Occupation Garden Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2006

**Transaction ID:** A2653C653FDE14181A1B

Amount of Each Receipt this Period  
300.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mary Claire Kennedy</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006		
Mailing Address 3227 Old French Road		<b>Transaction ID: AD5FC2186CD2541BEA70</b>		
City State Zip Code Erie PA 16504-1166	Amount of Each Receipt this Period 300.00		Credit Card	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Sisters of St. Joseph Community Living	Occupation SSJ			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>B. Karen Bohlander</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006		
Mailing Address 27005 310th Place SE Po Box 507		<b>Transaction ID: A2C3A305C82BB4D81BCA</b>		
City State Zip Code Ravensdale WA 98051	Amount of Each Receipt this Period 250.00		Credit Card	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Mutual of Enumclaw Insurance	Occupation Records Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. Mary Joslin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006		
Mailing Address 2431 West Lake Drive 27609		<b>Transaction ID: A4BFC84B965994D56B82</b>		
City State Zip Code Raleigh NC 27609-7656	Amount of Each Receipt this Period 300.00		Credit Card	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Not employed	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Joslin		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 2431 West Lake Drive 27609		<b>Transaction ID:</b> A80A2E4CFBE21413E984
City Raleigh State NC Zip Code 27609-7656	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Not employed Occupation Retired	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Deborah Pfaff		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 409 Three Lakes Rd		<b>Transaction ID:</b> A3D1EE84400874474B93
City Barrington Hills State IL Zip Code 60010-4001	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Unemployed Occupation Homemaker	Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Deborah Pfaff		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 409 Three Lakes Rd		<b>Transaction ID:</b> A856AB4CBC64643D8937
City Barrington Hills State IL Zip Code 60010-4001	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Unemployed Occupation Homemaker	Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Rob Tully Mailing Address 4315 Greenwood Dr. City State Zip Code Des Moines IA 50312 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 <b>Transaction ID: A86EB5871AA3C412AA31</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Occupation Anderson and Tully Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Rob Tully Mailing Address 4315 Greenwood Dr. City State Zip Code Des Moines IA 50312 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 <b>Transaction ID: A798F6954EB3640BC99C</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Occupation Anderson and Tully Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) McLaire Kennedy Mailing Address 3227 Old French Road City State Zip Code Erie PA 16504-1166 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 <b>Transaction ID: AD2AE6CA66E834440B47</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Occupation  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Judith Barnet

Mailing Address 45 West Woods

City State Zip Code  
Yarmouth Porft MA 02675

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

Name of Employer Self Employed Occupation  
Self Employed Affordable Housing Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: AE3EBD448F3A247DD831

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Judith Barnet

Mailing Address 45 West Woods

City State Zip Code  
Yarmouth Porft MA 02675

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

Name of Employer Self Employed Occupation  
Self Employed Affordable Housing Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: AAB2C0226267E4044898

Amount of Each Receipt this Period  
300.00

Credit Card

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

Mailing Address 231 Forbush Mtn Dr 2

City State Zip Code  
Chapel Hill NC 27514

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

Name of Employer Self Employed Occupation  
Self Employed Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: A4E8F47A4B4454114A09

Amount of Each Receipt this Period  
300.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Russell Cook Mailing Address 4112 Sinclair Ave. City Austin State TX Zip Code 78756 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 <b>Transaction ID:</b> A9A2E142389AB4A60815 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self Employed Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) John Dains Mailing Address 1209 Green Street #1 City San Francisco State CA Zip Code 94109-1924 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 <b>Transaction ID:</b> A4F42FAF963F8402BB21 Amount of Each Receipt this Period 500.00 Credit Card
Name of Employer Helm Financial Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Richard L. Klinkner Mailing Address 9504 Emory Grove Road City Gaithersburg State MD Zip Code 20877 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 <b>Transaction ID:</b> AB9A35E0DCBCA49E0ACE Amount of Each Receipt this Period 600.00 Credit Card
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Eileen Heaser</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 449 San Miguel Way		<b>Transaction ID: A0DDE06137EA44F0BAA2</b>	
City Sacramento	State CA	Zip Code 95819-2717	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer California State University	Occupation Librarian	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Bart Halloran</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 791 Prospect Ave, PHS		<b>Transaction ID: A117386FC4702448089E</b>	
City West Hartford	State CT	Zip Code 06105	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Self Employed	Occupation Attorney	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Nancy Noyes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 1625 Larimer St. 1401		<b>Transaction ID: AEE3430A207C2460A8C3</b>	
City denver	State CO	Zip Code 80202	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Self Employed	Occupation Consult	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. James Cosentino</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 16146 Bristol Pointe Drive		<b>Transaction ID: A87B5B9F2120D468288B</b>	
City State Zip Code Delray Beach FL 33446	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Dynamic Restaurants	Occupation Owner		
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. Debbie Branscum</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 1301 Donna Lane		<b>Transaction ID: AA519A144A5D5498F9B8</b>	
City State Zip Code Bedford TX 76022-6713	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Heidi Salter</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 7655 S. Huron River Dr. FERRIS & SALTER PC		<b>Transaction ID: AE0BB8F11E9484C15B1B</b>	
City State Zip Code Ypsilanti MI 48197	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Ferris & Salter	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Janice Pennington

Mailing Address 1199 Pacific Hwy Unit 1606

City San Diego State CA Zip Code 92101-8419

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

Name of Employer Kaeske Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2006

Transaction ID: AF64AE2FBEA304640863

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Donna Ellis

Mailing Address 17661 Peak Ave.

City Morgan Hill State CA Zip Code 95037-4126

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2006

Transaction ID: A6DB4107E60444B60AFF

Amount of Each Receipt this Period  
100.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Andrew Pincus

Mailing Address 3149 Newark Street, NW

City Washington State DC Zip Code 20008

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

Name of Employer Mayer Brown Rowe Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2006

Transaction ID: A48AE352631E04CCBA59

Amount of Each Receipt this Period  
1500.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Saundra Daddio</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 150 Dogwood Dr		<b>Transaction ID: ADBF1C8E07D4B4A49937</b>
City State Zip Code Weaverville NC 28787	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Cain Cullen & Craig	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Micheletti</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 2954 Carambola Cir S		<b>Transaction ID: ABA56C81B24294DEC92E</b>
City State Zip Code Coconut Creek FL 33066	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Unemployed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Cynthia Hoffman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 1014 S. Lincoln Street		<b>Transaction ID: A53D1BBA2B471478D9BD</b>
City State Zip Code Bloomington IN 47401	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Defenders of Wildlife	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Petersen		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address Rt 3, Box 781		<b>Transaction ID:</b> AD7D5A5DCA17B4F68A0D	
City Fayetteville	State WV	Zip Code 25840	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Petersen Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jean Bromert		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 2036 352nd Place		<b>Transaction ID:</b> A27EE1992EC114080A97	
City Earlham	State IA	Zip Code 50072-8011	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Philip Lasher		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address CMR 421 Box 688		<b>Transaction ID:</b> AD0BB0475A3BE4DC6B72	
City APO, AE	State NY	Zip Code 09075	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Viacore, Inc.	Occupation Attorney / executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Neil Duncliffe</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 107 North hamilton		<b>Transaction ID: A927FE15FF04B449FB5F</b>	
City georgetown, State KY Zip Code 40324	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Self Employed	Occupation Attorney	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Tashery Otway-Smithers</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 1031 Albee Farm Rd		<b>Transaction ID: AD2E99090F17949CE9D2</b>	
City Venice State FL Zip Code 34285-6283	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Self Employed	Occupation Farmer	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Adam Broome</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 117 Chimeneas Place		<b>Transaction ID: AE5E3FFAE7F684923B20</b>	
City Chapel Hill State NC Zip Code 27517	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Cree Inc.	Occupation Attorney	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Elinore Peters

Mailing Address 1731 Homestead Rd.

City State Zip Code  
**Santa Clara CA 95050**

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

Name of Employer Occupation  
Unemployed Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 09 / 2006**

**Transaction ID: A8836E56018DB41058DB**

Amount of Each Receipt this Period  
**300.00**

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Vicki Ross

Mailing Address 617 Bowden Road

City State Zip Code  
**Chapel Hill NC 27516**

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

Name of Employer Occupation  
Unemployed Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 10 / 2006**

**Transaction ID: A755838F018194A71837**

Amount of Each Receipt this Period  
**300.00**

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Sheila A. Smith

Mailing Address 2800 N. Lake Shore Dr Apt 4107

City State Zip Code  
**Chicago IL 60657-6256**

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

Name of Employer Occupation  
ARC Global Technologies Inc Unknown

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 11 / 2006**

**Transaction ID: A1AAF7784A2C24BC2A73**

Amount of Each Receipt this Period  
**300.00**

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

A. Full Name (Last, First, Middle Initial) Philip Lasher Mailing Address CMR 421 Box 688 City State Zip Code APO, AE NY 09075 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006 <b>Transaction ID:</b> ADEEBDCE432FA4257984 Amount of Each Receipt this Period 100.00 Credit Card
Name of Employer Occupation Viacore, Inc. Attorney / executive Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 800.00		

B. Full Name (Last, First, Middle Initial) Cori Glaser Mailing Address 2033 1st Avenue #1 City State Zip Code Seattle WA 98121 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 <b>Transaction ID:</b> A5AE8ED3801D1459D951 Amount of Each Receipt this Period 5000.00 Check
Name of Employer Occupation RealNetworks Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00		

C. Full Name (Last, First, Middle Initial) Cameron McCrady Mailing Address 128 Noriega St. City State Zip Code San Francisco CA 94122-4717 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 <b>Transaction ID:</b> A245A48D0F66540A4A98 Amount of Each Receipt this Period 500.00 Credit Card
Name of Employer Occupation Spencer Communications Writer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Robert D. Glaser		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 2033 First Avenue #1		<b>Transaction ID:</b> A885B52131EF14222806
City State Zip Code Seattle WA 98121	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer RealNetworks Occupation CEO	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Richard L. Klinkner		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 9504 Emory Grove Road		<b>Transaction ID:</b> A389A3BFF6E5545BD906
City State Zip Code Gaithersburg MD 20877	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Kathryn S. Peck-Leeds		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 69 Putnam Road		<b>Transaction ID:</b> A0785F476EED44C31873
City State Zip Code Chilmark MA 02535	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self Employed Occupation Artist	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Caroline Buerkle Mailing Address 6701 Los Trechos Court, NE City State Zip Code Albuquerque NM 87109-2768 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 <b>Transaction ID:</b> A16A0E17A62F44E42ACF Amount of Each Receipt this Period 300.00 Check
Name of Employer Occupation New Mexico Attorney General Director of Special Projects Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) John J.B. Miller Mailing Address 1300 Barbara Ann St City State Zip Code Kerrville TX 78028-3413 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 <b>Transaction ID:</b> A760CEF7DA3FB4B9BAF7 Amount of Each Receipt this Period 150.00 Check
Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Tashery Otway-Smithers Mailing Address 1031 Albee Farm Rd City State Zip Code Venice FL 34285-6283 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 <b>Transaction ID:</b> AAE6967ED9F9B4D92A0E Amount of Each Receipt this Period 1000.00 Credit Card
Name of Employer Occupation Self Employed Farmer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

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

Mailing Address 105 Lyndhurst Ave

City State Zip Code  
Wilmington DE 19803-2343

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2006

Transaction ID: A7689E1BB30834FE2896

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Stephen Courtney

Mailing Address 25838 Sarah Springs Ct

City State Zip Code  
Spring TX 77373

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

Name of Employer ExxonMobile Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

Transaction ID: A4E58A9F16A06413493E

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Gary Steelman

Mailing Address 105 Lyndhurst Ave

City State Zip Code  
Wilmington DE 19803-2343

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2006

Transaction ID: AFB5BF7362A1D489AB62

Amount of Each Receipt this Period  
300.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Tony Duncan		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 308 Normandy Circle		<b>Transaction ID:</b> A5995AA9DDC28474389D	
City Nashville	State TN	Zip Code 37209	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Self Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Justin Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 6015 Phinney Avenue #424		<b>Transaction ID:</b> A8F0BAA8F38C04B3F9A5	
City Seattle	State WA	Zip Code 98103	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Susman Godfrey LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> J. Chase Cole		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 511 Union Street Suite 2100		<b>Transaction ID:</b> A5AE12AFF99484A4E834	
City Nashville	State TN	Zip Code 37219	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Self Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Tom Lee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 2532 Blair Blvd		Transaction ID: A8E2C088CE34F41A08BD Amount of Each Receipt this Period 4000.00
City Nashville    State TN    Zip Code 37212-4808		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Waller Law Firm    Occupation Attorney	Aggregate Year-to-Date ▼ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jonathan Cohen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 6020 California Cir Apt 215		Transaction ID: A51ACD3B673AC45DBBA2 Amount of Each Receipt this Period 50.00
City Rockville    State MD    Zip Code 20852-4843		
FEC ID number of contributing federal political committee. <b>C</b>		Check
Name of Employer Self Employed    Occupation Investor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James Katz</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 16 Shepard Street, Apt 3		Transaction ID: A1B64F33F42FA40EC89C Amount of Each Receipt this Period 500.00
City Cambridge    State MA    Zip Code 02138		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Self Employed    Occupation Author	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	207500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 62 / 131

<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

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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Keller and Heckman, LLP

Mailing Address 1001 G St NW

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement  
001 Rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BBC97B11ACC8742CCB4A

Date of Disbursement

01 / 02 / 2006

Amount of Each Disbursement this Period

3907.75

**B.** Full Name (Last, First, Middle Initial)  
Linemark Printing

Mailing Address 1220 Caraway Ct Ste 1040

City Upper Marlboro State MD Zip Code 20774-5338

Purpose of Disbursement  
001 Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B0CC9D499B21E4988877

Date of Disbursement

01 / 03 / 2006

Amount of Each Disbursement this Period

2821.00

**C.** Full Name (Last, First, Middle Initial)  
CareFirst BlueCross BlueShield

Mailing Address PO Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement  
001 Insurance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BE1744F0B3700410EB0C

Date of Disbursement

01 / 07 / 2006

Amount of Each Disbursement this Period

2511.00

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

9239.75

**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 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> B8BDA735AC3DF4E8EBDB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 7037.06
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes 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. Layth S. Elhassani</b>		<b>Transaction ID:</b> BB9611C36244D4EA7900 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 4451 Greenwich Pkwy NW		Amount of Each Disbursement this Period 747.71
City Washington State DC Zip Code 20007-2010	Purpose of Disbursement 001 Salary 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>C. Alicia J. Brown</b>		<b>Transaction ID:</b> B0EF588E4A3C246F6A43 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 835.64
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Salary 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

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

8620.41

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Kathleen McGlynn		<b>Transaction ID:</b> B23B047D34599448AAAA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1301 U St NW # 704		Amount of Each Disbursement this Period 1163.03
City Washington State DC Zip Code 20009-4444	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer A. Lee		<b>Transaction ID:</b> BFBF50EB23BA7470EA7C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 728.58
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) John K. Davis		<b>Transaction ID:</b> B8149F8A7D6B0432AAA4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1351.91
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3243.52

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A. David S. Medina</b> Full Name (Last, First, Middle Initial) Mailing Address 1440 Church St NW Apt 104 City Washington State DC Zip Code 20005-1912 Purpose of Disbursement 001 Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B6AC806D3E687436098B</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 2573.59 Category/Type
<b>B. Kenisha A. Smith</b> Full Name (Last, First, Middle Initial) Mailing Address 5323 Connecticut Ave NW Apt 405 City Washington State DC Zip Code 20015-1823 Purpose of Disbursement 001 Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: BCD3035E2C76941A48FA</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1097.92 Category/Type
<b>C. American Express</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: BE30731FDE8014E48B68</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 400.97 Category/Type

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

**4072.48**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giancarlo A. Messina</b>		<b>Transaction ID:</b> B1FDFF69418704172AD6 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement 001 Salary	
Candidate Name		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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B2F0C33E4191547D2941 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2336.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Salary	
Candidate Name		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. Angela L. Siecker</b>		<b>Transaction ID:</b> B394E76F41E364BCBAC3 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Salary	
Candidate Name		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) ..... ▶	4393.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Katherine M. Buchanan</b>		<b>Transaction ID:</b> B0854CDA683B2403885C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 102 Lake Cook Drive		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement 001 Salary Candidate Name 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. ADP</b>		<b>Transaction ID:</b> B7D304BE557424E68AF8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 57.00
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Service Charge Candidate Name 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. Verizon</b>		<b>Transaction ID:</b> B69EF742E345F4A30931 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 3011 Hungary Spring Road 4th Floor		Amount of Each Disbursement this Period 111.95
City Richmond State VA Zip Code 23228	Purpose of Disbursement 001 Telephone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**2168.95**

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 68 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Matthew Lawrence Nelson</b>		<b>Transaction ID:</b> B5D823F34819D4882ABF Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 6006 Stoddard Ct Apt P1 Apartment P-1		Amount of Each Disbursement this Period 268.67
City Alexandria State VA Zip Code 22315-5603	Purpose of Disbursement 001 Computer Supplies Reimb.	
Candidate Name		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. ADP</b>		<b>Transaction ID:</b> B6CD63126985D4E41AD0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 64.30
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Service Charge	
Candidate Name		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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BD0678A6214844BFD90F Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 145.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Telephone Reimbursement	
Candidate Name		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>478.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kimberly A. Rubey

Mailing Address 1 Scott Cir NW # 421

**Transaction ID:** BEEBAD837EEF54603B20

Date of Disbursement

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

City Washington State DC Zip Code 20036-2214

Amount of Each Disbursement this Period

25.36
-------

Purpose of Disbursement  
002 Travel/Lodging Reimbursement

Category/  
Type

Candidate Name

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

State: District:

**B.** Full Name (Last, First, Middle Initial)  
John K. Davis

Mailing Address 1006 F St NE

**Transaction ID:** BEF47FA9E64A6442CB07

Date of Disbursement

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

City Washington State DC Zip Code 20002-8618

Amount of Each Disbursement this Period

139.08
--------

Purpose of Disbursement  
002 Travel/Lodging Reimbursement

Category/  
Type

Candidate Name

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

State: District:

**C.** Full Name (Last, First, Middle Initial)  
John K. Davis

Mailing Address 1006 F St NE

**Transaction ID:** BE97EFBC408134F8691C

Date of Disbursement

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

City Washington State DC Zip Code 20002-8618

Amount of Each Disbursement this Period

1351.92
---------

Purpose of Disbursement  
001 Salary

Category/  
Type

Candidate Name

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

State: District:

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

1516.36

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 70 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Andrew R. Solari</b>		<b>Transaction ID:</b> B85640B6B7DBE4FDDB99 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 2550 University PI NW		Amount of Each Disbursement this Period 124.03
City Washington State DC Zip Code 20009-4509	Purpose of Disbursement 001 Salary Candidate Name 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. David S. Medina</b>		<b>Transaction ID:</b> BC440E98DEBC740E5837 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2573.58
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement 001 Salary Candidate Name 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. Wachovia Bank</b>		<b>Transaction ID:</b> BE5F4EB8B4E724C3DB95 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 111.60
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Bank Fees Candidate Name 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>2809.21</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 131

<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

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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank</b>		<b>Transaction ID:</b> B2A848A2E57804512934 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 366.97
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank Fees Candidate Name 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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B4BE13111C06144C4B42 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2336.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Salary Candidate Name 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. Angela L. Siecker</b>		<b>Transaction ID:</b> BEEB48AE4645F4E199FF Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.39
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4482.19**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alicia J. Brown</b>		<b>Transaction ID:</b> B2C305680B04C45D19B3 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 835.65
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Salary	
Candidate Name		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. American Express</b>		<b>Transaction ID:</b> B8FE5E7163F974D3AA62 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank Fees	
Candidate Name		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. Giancarlo A. Messina</b>		<b>Transaction ID:</b> B61BAF9E03E8947879E1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement 001 Salary	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1118.62

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kenisha A. Smith</b>		<b>Transaction ID:</b> BEE4716877C5E4AD9874 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 1097.92
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement 001 Salary Candidate Name 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. Kathleen McGlynn</b>		<b>Transaction ID:</b> B057F2072F5EF49CD88C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1301 U St NW # 704		Amount of Each Disbursement this Period 1163.03
City Washington State DC Zip Code 20009-4444	Purpose of Disbursement 001 Salary Candidate Name 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. Matthew Lawrence Nelson</b>		<b>Transaction ID:</b> B5B09D3C15DAB431AABB Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 6006 Stoddard Ct Apt P1 Apartment P-1		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22315-5603	Purpose of Disbursement 001 Computer Consulting Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5260.95**

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

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Lee</b>		Transaction ID: BF60391BDCE564999A07 Date of Disbursement 01 / 31 / 2006
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 747.70
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement 001 Salary	
Candidate Name		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. Joshua Brumberger</b>		Transaction ID: BF4022C32D5FE4329ABE Date of Disbursement 01 / 31 / 2006
Mailing Address 244 E 86th St Apt 33		Amount of Each Disbursement this Period 2700.00
City New York State NY Zip Code 10028-3007	Purpose of Disbursement 003 Fundraising Consulting Fee	
Candidate Name		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. ADP</b>		Transaction ID: B65DFCCCD761A4113A0C Date of Disbursement 01 / 31 / 2006
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 7027.89
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes	
Candidate Name		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) ..... ▶	10475.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> BB5EDA294DC4345C395E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank Fees 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. Wachovia Bank</b>		<b>Transaction ID:</b> B35F724982D7C47938A1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 217.36
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank Fees 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>C. Keller and Heckman, LLP</b>		<b>Transaction ID:</b> B4899EE1D75D8439392C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 1001 G St NW		Amount of Each Disbursement this Period 3907.75
City Washington State DC Zip Code 20001-4545	Purpose of Disbursement 001 Rent 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

**SUBTOTAL** of Disbursements This Page (optional) ..... **4129.61**

**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 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Chris Winn Consulting</b>		<b>Transaction ID:</b> B4E895B6C9DF9461EB94 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 664 E Prospect Avenue Apartment B		Amount of Each Disbursement this Period 2124.00
City State College State PA Zip Code 16801-4963	Purpose of Disbursement 001 Computer Consulting Services	
Candidate Name		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. Verizon Wireless</b>		<b>Transaction ID:</b> B2926498BB97048F9A7E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 358.96
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement 001 Telephone	
Candidate Name		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. Verizon Wireless</b>		<b>Transaction ID:</b> BF0FE5E8CD27645AC850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 170.29
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement 001 Telephone	
Candidate Name		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) ..... ▶	2653.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank</b>		<b>Transaction ID:</b> B70619A1BA4864514A25
Mailing Address P.O. Box 563966		Date of Disbursement MM / DD / YYYY 02 / 01 / 2006
City Charlotte	State NC	Zip Code 28256-3966
Purpose of Disbursement Merchant Bank Fees	Category/ Type	Amount of Each Disbursement this Period 45.90
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. Katherine M. Buchanan</b>		<b>Transaction ID:</b> BD110535FEB2349DD8E6
Mailing Address 102 Lake Cook Drive		Date of Disbursement MM / DD / YYYY 02 / 02 / 2006
City Alexandria	State VA	Zip Code 22304
Purpose of Disbursement 001 Salary	Category/ Type	Amount of Each Disbursement this Period 2000.00
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. Anne H. Lewis</b>		<b>Transaction ID:</b> B95CD3FDFDC9C4B6E8FF
Mailing Address 801 Pennsylvania Ave NW Ste 730		Date of Disbursement MM / DD / YYYY 02 / 03 / 2006
City Washington	State DC	Zip Code 20004-2687
Purpose of Disbursement 001 Internet Consulting	Category/ Type	Amount of Each Disbursement this Period 8000.00
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) .....

10045.90

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Getactive Software, Inc.</b>		<b>Transaction ID:</b> B4E2C3160C5FA4DE7B92 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 2855 Telegraph Avenue Suite 600		Amount of Each Disbursement this Period 3300.00
City Berkeley State CA Zip Code 94705		
Purpose of Disbursement 001 Website Support Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Information Systems Professional</b>		<b>Transaction ID:</b> B3E58DA2C17284856A48 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 10400 Forestgrove Ln		Amount of Each Disbursement this Period 1770.00
City Bowie State MD Zip Code 20721-2826		
Purpose of Disbursement 001 Computer Services Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hinton Hill</b>		<b>Transaction ID:</b> BA0164EEDA56E4938A77 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 5111 Pegasus Ct Ste H		Amount of Each Disbursement this Period 14685.48
City Frederick State MD Zip Code 21704-8318		
Purpose of Disbursement 003 Direct Mail Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **19755.48**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank</b>		<b>Transaction ID:</b> B5B828C3CA00D44C293A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 108.74
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank Fees 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. American Express</b>		<b>Transaction ID:</b> BDC9CAE03A80143B291A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 481.28
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank Fees 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>C. ADP</b>		<b>Transaction ID:</b> B2ED407F886364FBBA6D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 652.18
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1242.20
<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 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Joseph Clarke</b>		<b>Transaction ID:</b> BD1D2CF8ABFA140EE989 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 2615 Maple Ave		Amount of Each Disbursement this Period 500.00
City Manhattan Beach	State CA Zip Code 90266-2325	
Purpose of Disbursement Consultant Fees/Internet		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. David S. Medina</b>		<b>Transaction ID:</b> BBBC56D18DF68432788E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 182.41
City Washington	State DC Zip Code 20005-1912	
Purpose of Disbursement 001 Telephone Reimbursement		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. CareFirst BlueCross BlueShield</b>		<b>Transaction ID:</b> BDD614E373A524E1F865 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2790.00
City Baltimore	State MD Zip Code 21279-0749	
Purpose of Disbursement 001 Insurance		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3472.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) John K. Davis		<b>Transaction ID:</b> B5A59B559D19A4F22B56 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1006 F St NE		<b>Amount of Each Disbursement this Period</b> 1351.91
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) David S. Medina		<b>Transaction ID:</b> BB8A1B52DD0D9434FB82 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		<b>Amount of Each Disbursement this Period</b> 2573.59
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Andrew R. Solari		<b>Transaction ID:</b> B78E03E1BF02C490DB91 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 2550 University PI NW		<b>Amount of Each Disbursement this Period</b> 373.43
City Washington State DC Zip Code 20009-4509	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

4298.93

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kenisha A. Smith</b>		<b>Transaction ID:</b> B2A56514EDB1A467194B Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 1097.91
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement 001 Salary Candidate Name 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. Lori Kay Krause</b>		<b>Transaction ID:</b> B75C01C7B74EC4570820 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 625.18
City Arlington State VA Zip Code 22203-3302	Purpose of Disbursement 001 Salary Candidate Name 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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BE3A2A03298C4425DA51 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2336.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Salary Candidate Name 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) ..... ▶	4059.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>		<b>Transaction ID:</b> BA1B8C40C1C42443A8D3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1586.25
City Washington State DC Zip Code 20003-1182	Purpose of Disbursement 001 Software Support	
Candidate Name		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. Giancarlo A. Messina</b>		<b>Transaction ID:</b> BC23FCA1ECAE141F9B27 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement 001 Salary	
Candidate Name		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. Angela L. Siecker</b>		<b>Transaction ID:</b> BF64FB6FB260F4E598B4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Salary	
Candidate Name		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) ..... ▶	3643.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alicia J. Brown</b>		<b>Transaction ID:</b> B3FE7472705F64977972 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 917.73
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Salary Candidate Name 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. Layth S. Elhassani</b>		<b>Transaction ID:</b> B2DBBCA5229E44E889D8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 4451 Greenwich Pkwy NW		Amount of Each Disbursement this Period 747.71
City Washington State DC Zip Code 20007-2010	Purpose of Disbursement 001 Salary Candidate Name 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. Peter J. Eskra</b>		<b>Transaction ID:</b> B280E61789711496B9D9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 768.48
City Washington State DC Zip Code 20016-2230	Purpose of Disbursement 001 Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2433.92**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Lee</b>		<b>Transaction ID:</b> B53F9AEF1800749D9B7E Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 841.44
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement 001 Salary Candidate Name 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. Kathleen McGlynn</b>		<b>Transaction ID:</b> B6B594685E3974337AAA Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1301 U St NW # 704		Amount of Each Disbursement this Period 94.88
City Washington State DC Zip Code 20009-4444	Purpose of Disbursement 001 Salary Candidate Name 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. ADP</b>		<b>Transaction ID:</b> B5AC87C29B175477E994 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 7166.92
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **8103.24**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADP		<b>Transaction ID:</b> BC1C725445E8B4340B5E <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 64.30
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Service Charge Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Joshua Brumberger		<b>Transaction ID:</b> BF8919F42527C44D3AE2 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 244 E 86th St Apt 33		Amount of Each Disbursement this Period 489.41
City New York State NY Zip Code 10028-3007	Purpose of Disbursement 002 Travel/Lodging Reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Alicia J. Brown		<b>Transaction ID:</b> B4473C977446B42BDACA <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 522.06
City Washington State DC Zip Code 20009	Purpose of Disbursement 002 Travel/Lodging Reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1075.77

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BE50A4649B18942089CC Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 222.03
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 002 Travel/Lodging Reimbursement Candidate Name 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. Getactive Software, Inc.</b>		<b>Transaction ID:</b> B5557BEB194164AFA962 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 2855 Telegraph Avenue Suite 600		Amount of Each Disbursement this Period 3300.00
City Berkeley State CA Zip Code 94705	Purpose of Disbursement 001 Website Support Candidate Name 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. Verizon</b>		<b>Transaction ID:</b> B4D47A711E27D4AD89CE Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 3011 Hungary Spring Road 4th Floor		Amount of Each Disbursement this Period 113.35
City Richmond State VA Zip Code 23228	Purpose of Disbursement 001 Telephone Candidate Name 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>3635.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Rackspace</b>		<b>Transaction ID:</b> BC8524BA7462E401F873 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 671337		Amount of Each Disbursement this Period 2023.00
City Dallas State TX Zip Code 75367-1337	Purpose of Disbursement 001 Web Hosting Candidate Name 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. Direct Mail Processors, Inc.</b>		<b>Transaction ID:</b> BCFCF397970684ECFB71 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1150 Conrad Ct		Amount of Each Disbursement this Period 384.98
City Hagerstown State MD Zip Code 21740-5905	Purpose of Disbursement 003 Direct Mail Processing Candidate Name 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. Shurgard</b>		<b>Transaction ID:</b> BF23E5ECCAC624CF685F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 370 Holland Lane		Amount of Each Disbursement this Period 1704.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 001 Storage Unit Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4111.98**

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



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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Angela L. Siecker</b>		<b>Transaction ID:</b> B66A40A2AC3B24CA1BD8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1069.75
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Telephone Reimbursement 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. ADP</b>		<b>Transaction ID:</b> B7DF78FF4363644DDA99 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 32.00
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Fees 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>C. ADP</b>		<b>Transaction ID:</b> B0604EDC607E947E6899 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 67.70
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1169.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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

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)  
ONE AMERICA COMMITTEE

<b>A. Matthew Lawrence Nelson</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> B5258C75579154165884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 6006 Stoddard Ct Apt P1 Apartment P-1		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22315-5603	Purpose of Disbursement 001 Computer Consulting Services 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

<b>B. Joshua Brumberger</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> BC9330AB2D2A3458DB0D <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 244 E 86th St Apt 33		Amount of Each Disbursement this Period 2700.00
City New York State NY Zip Code 10028-3007	Purpose of Disbursement 003 Fundraising Consulting 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) ▼	Category/Type

<b>C. Jennifer A. Lee</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> B0034EDFF955B4E8DBEF <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 841.44
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement 001 Salary 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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **6541.44**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> B9B86921680114548B62 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 7110.50
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes 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. Peter J. Eskra</b>		<b>Transaction ID:</b> BD6544C1A36C4468ABF7 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 511.67
City Washington State DC Zip Code 20016-2230	Purpose of Disbursement 001 Salary 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>C. Layth S. Elhassani</b>		<b>Transaction ID:</b> BC3CCED84AF48485FA9D <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 4451 Greenwich Pkwy NW		Amount of Each Disbursement this Period 747.71
City Washington State DC Zip Code 20007-2010	Purpose of Disbursement 001 Salary 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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **8369.88**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alicia J. Brown</b>		<b>Transaction ID:</b> B8BC39D43F070499FA5C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 917.73
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Payroll	
Candidate Name		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. Angela L. Siecker</b>		<b>Transaction ID:</b> B4507F04A6BE14A42B6A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Salary	
Candidate Name		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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BCE297ABF39C54DC6B71 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2336.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Salary	
Candidate Name		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>5032.96</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giancarlo A. Messina</b>		<b>Transaction ID:</b> B357BC77138EC4CE69BA Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement 001 Salary Candidate Name 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. Lori Kay Krause</b>		<b>Transaction ID:</b> BDC8FBE79C3854177AAA Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 926.35
City Arlington State VA Zip Code 22203-3302	Purpose of Disbursement 001 Salary Candidate Name 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. Kenisha A. Smith</b>		<b>Transaction ID:</b> BB33D49FD578247BDB13 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 1097.92
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement 001 Salary Candidate Name 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) ..... ▶	2302.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. John K. Davis</b>		Transaction ID: B95C9485E285247E3A55 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1351.92
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement 001 Salary	
Candidate Name		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. Andrew R. Solari</b>		Transaction ID: B963445A89CA543378B0 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 2550 University PI NW		Amount of Each Disbursement this Period 250.32
City Washington State DC Zip Code 20009-4509	Purpose of Disbursement 001 Salary	
Candidate Name		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. David S. Medina</b>		Transaction ID: BF872EB34FFD44F36A89 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2573.58
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement 001 Salary	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4175.82**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank</b>		<b>Transaction ID:</b> B7A9363A68A814237B88 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 6.95
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank Fees 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. Wachovia Bank</b>		<b>Transaction ID:</b> BBE0CC7AB50C04107A1B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 139.45
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank Fees 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>C. Wachovia Bank</b>		<b>Transaction ID:</b> B319C0E11007E446B955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 392.65
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank Fees 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	539.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Keller and Heckman, LLP</b>		<b>Transaction ID:</b> B03A71ADA6D434969A85 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1001 G St NW		Amount of Each Disbursement this Period 3907.75
City Washington State DC Zip Code 20001-4545	Purpose of Disbursement 001 Rent Candidate Name 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. American Express</b>		<b>Transaction ID:</b> B5061955E3BCA4FDB81F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank Fees Candidate Name 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. Wachovia Bank</b>		<b>Transaction ID:</b> B3620E98308E34C0EA80 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 98.18
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Bank Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4010.43**

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. John K. Davis</b>		<b>Transaction ID:</b> BFE41423B05384AFC8BE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 154.07
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement Travel/Lodging Reimbursement 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. Verizon Wireless</b>		<b>Transaction ID:</b> BE85BAEA7224943C5BD9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 355.40
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement Telephone 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>C. America Coming Together</b>		<b>Transaction ID:</b> B1BC0640550994A869D3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 888 16th Street, NW Suite 450		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	Purpose of Disbursement List 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5509.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ryan Montoya</b>		<b>Transaction ID:</b> B2B025E3A36E14DA7882 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 10 / 2006
Mailing Address 20 Altadena Dr		Amount of Each Disbursement this Period 449.75
City Pueblo State CO Zip Code 81005-2900	Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name 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. Joseph Clarke</b>		<b>Transaction ID:</b> B0FD3AC1D6FBB42DDAB9 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 10 / 2006
Mailing Address 2615 Maple Ave		Amount of Each Disbursement this Period 500.00
City Manhattan Beach State CA Zip Code 90266-2325	Purpose of Disbursement Consulting Fees/Internet Candidate Name 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. Jennifer L. Swanson Consulting</b>		<b>Transaction ID:</b> B004768BCD33141E0B40 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 10 / 2006
Mailing Address 1816 15th St NW		Amount of Each Disbursement this Period 6373.27
City Washington State DC Zip Code 20009-3902	Purpose of Disbursement Consulting Fees/Fundraising Candidate Name 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>7323.02</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 131

<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

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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Joshua Brumberger</b>		<b>Transaction ID:</b> B8A89A7862F3A4998BDE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 244 E 86th St Apt 33		Amount of Each Disbursement this Period 215.05
City New York State NY Zip Code 10028-3007		
Purpose of Disbursement Travel/Lodging Reimbursement	Candidate Name	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. American Express</b>		<b>Transaction ID:</b> B5B05ABEB14BE4997A91 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 680.18
City Phoenix State AZ Zip Code 85072-3852		
Purpose of Disbursement Merchant Bank Fees	Candidate Name	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. Giancarlo A. Messina</b>		<b>Transaction ID:</b> BDDEFF48D6371420FA91 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 190.89
City Washington State DC Zip Code 20001-4214		
Purpose of Disbursement Salary	Candidate Name	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) ..... ▶	1086.12
<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 100 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kenisha A. Smith</b>		<b>Transaction ID:</b> B28615E0C29A948AC956 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 584.95
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement Salary Candidate Name 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. Lori Kay Krause</b>		<b>Transaction ID:</b> BA5D0529DCF1042A4B00 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 926.34
City Arlington State VA Zip Code 22203-3302	Purpose of Disbursement Salary Candidate Name 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. Angela L. Siecker</b>		<b>Transaction ID:</b> B417E1D86F575479A86E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**3289.69**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 131

<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)  
ONE AMERICA COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kimberly A. Rubey</p> <p>Mailing Address 1 Scott Cir NW # 421</p> <p>City Washington State DC Zip Code 20036-2214</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> BC44ED637C3C5467B8E1</p> <p>Date of Disbursement 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 2097.65</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Eric G. Dillon</p> <p>Mailing Address 54 East Rosemont Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> BEDF068A4355146D787D</p> <p>Date of Disbursement 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 440.71</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John K. Davis</p> <p>Mailing Address 1006 F St NE</p> <p>City Washington State DC Zip Code 20002-8618</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B45FCC2A9560F4D14AB3</p> <p>Date of Disbursement 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1000.52</p> <p>Category/Type</p>

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

**3538.88**

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

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. David S. Medina</b>		<b>Transaction ID:</b> BCF677BE5C6C24BF6BB2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2295.34
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement Salary Candidate Name 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. ADP</b>		<b>Transaction ID:</b> B234F068BB1DA40B7A19 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 5144.38
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Taxes Candidate Name 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. Jennifer A. Lee</b>		<b>Transaction ID:</b> B68D48392BD3D4339B26 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 275.57
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement Salary Candidate Name 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) ..... ▶	7715.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alicia J. Brown</p>		<p><b>Transaction ID:</b> B063D40EC67854736AB5 <b>Date of Disbursement</b></p>	
<p>Mailing Address 2510 Cliffbourne Place, N.W. Number 102</p>		<p><input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>City Washington State DC Zip Code 20009</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement Salary Candidate Name</p>		<p><input type="text" value="303.14"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Peter J. Eskra</p>		<p><b>Transaction ID:</b> BDD603F9F6694497C8D5 <b>Date of Disbursement</b></p>	
<p>Mailing Address 3813 Veazey St NW</p>		<p><input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>City Washington State DC Zip Code 20016-2230</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement Salary Candidate Name</p>		<p><input type="text" value="226.91"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) Layth S. Elhassani</p>		<p><b>Transaction ID:</b> BEADE1C2F28934BF8A03 <b>Date of Disbursement</b></p>	
<p>Mailing Address 4451 Greenwich Pkwy NW</p>		<p><input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>City Washington State DC Zip Code 20007-2010</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement Salary Candidate Name</p>		<p><input type="text" value="527.05"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1125 Virginia Drive City Fort Washington State PA Zip Code 19034 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B8EDA8C4725ED4C8DB33 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 32.00 Category/Type
<b>B. Information Systems Professional</b> Full Name (Last, First, Middle Initial) Mailing Address 10400 Forestgrove Ln City Bowie State MD Zip Code 20721-2826 Purpose of Disbursement Computer Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B11D3417B2B8A4F0AB58 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 360.00 Category/Type
<b>C. Ryan Montoya</b> Full Name (Last, First, Middle Initial) Mailing Address 20 Altadena Dr City Pueblo State CO Zip Code 81005-2900 Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B27E10C83464B403497C <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 1858.56 Category/Type

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

2250.56

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Jennifer L. Swanson Consulting</b>		<b>Transaction ID:</b> B48776E5030A145C1826 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 1816 15th St NW		Amount of Each Disbursement this Period 4500.00
City Washington State DC Zip Code 20009-3902	Purpose of Disbursement Consulting Fees/Fundraising 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. Angus Strategy, Inc.</b>		<b>Transaction ID:</b> B6E56646C864E421AB58 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 20 Altadena Dr		Amount of Each Disbursement this Period 3000.00
City Pueblo State CO Zip Code 81005-2900	Purpose of Disbursement Consulting Fees/Internet 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>C. Action Business Equipment</b>		<b>Transaction ID:</b> B318A5D1115AF43CC9CB Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 12406 Macao Court		Amount of Each Disbursement this Period 126.90
City Herndon State VA Zip Code 20171-2100	Purpose of Disbursement Copier Lease 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7626.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Plus Three</b>		<b>Transaction ID:</b> B43B9FD4B2A23472FAE8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 50 Broadway Ste 806		Amount of Each Disbursement this Period 5959.00
City New York State NY Zip Code 10004-1693	Purpose of Disbursement Consulting Fees/Computer Services	
Candidate Name		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. Adams Hussey &amp; Associates</b>		<b>Transaction ID:</b> B71A1824621CD4F688FD <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 1400 I Street, N.W. Suite 650		Amount of Each Disbursement this Period 2002.31
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail	
Candidate Name		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. Katherine M. Buchanan</b>		<b>Transaction ID:</b> B18045462906141B3A5B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 102 Lake Cook Drive		Amount of Each Disbursement this Period 232.94
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Postage/Shipping Reimbursement	
Candidate Name		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) ..... ▶	8194.25
<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 107 / 131

<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)  
ONE AMERICA COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lori Kay Krause</p> <p>Mailing Address 3912 4th St N # 4</p> <p>City Arlington State VA Zip Code 22203-3302</p> <p>Purpose of Disbursement Travel/Lodging Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> BC5E2AF656DA94344B16</p> <p>Date of Disbursement 03 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 325.11</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Covad Communications</p> <p>Mailing Address PO Box 39000 Department 33258</p> <p>City San Francisco State CA Zip Code 94139-0001</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> BA5A46206B8A549C5882</p> <p>Date of Disbursement 03 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 1457.64</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 1125 Virginia Drive</p> <p>City Fort Washington State PA Zip Code 19034</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B74706C50937F4FB4902</p> <p>Date of Disbursement 03 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 66.00</p> <p>Category/Type</p>

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

1848.75

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 108 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Triplex Direct Marketing Corp.</b>		<b>Transaction ID:</b> B87277E454E27404B9D4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 20 Leveroni Court PO Box 1800		Amount of Each Disbursement this Period 1000.00
City Novato State CA Zip Code 94949-1800		
Purpose of Disbursement List Maintenance Fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Names In the News California, Inc.</b>		<b>Transaction ID:</b> B9BE452C26A32433EAB8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 1300 Clay St 11th Floor		Amount of Each Disbursement this Period 1323.02
City Oakland State CA Zip Code 94612-1425		
Purpose of Disbursement List Management Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ryan, Phillips, Utrecht &amp; MacKinnon</b>		<b>Transaction ID:</b> B2E4E92EDA871454BBC3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 1133 Connecticut Ave NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036-4375		
Purpose of Disbursement Legal Services Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

**3323.02**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> B0A25CCA324BF467AA80 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 3011 Hungary Spring Road 4th Floor		Amount of Each Disbursement this Period 22.08
City Richmond State VA Zip Code 23228		
Purpose of Disbursement Telephone Candidate Name	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. CareFirst BlueCross BlueShield</b>		<b>Transaction ID:</b> B4B75C35CDBA8466DB8E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 3058.90	
City Baltimore State MD Zip Code 21279-0749			
Purpose of Disbursement Insurance Candidate Name			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. John K. Davis</b>		<b>Transaction ID:</b> BED14956B5CF84BC1900 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1000.53	
City Washington State DC Zip Code 20002-8618			
Purpose of Disbursement Salary Candidate Name			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) ..... ▶	4081.51
<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 110 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A. Eric G. Dillon</b> Full Name (Last, First, Middle Initial) Mailing Address 54 East Rosemont Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B8D147C70BA4747BEC8</b> Date of Disbursement 03 / 30 / 2006 Amount of Each Disbursement this Period 440.71 Category/Type
<b>B. David S. Medina</b> Full Name (Last, First, Middle Initial) Mailing Address 1440 Church St NW Apt 104 City Washington State DC Zip Code 20005-1912 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B733601ABA1FA4119905</b> Date of Disbursement 03 / 30 / 2006 Amount of Each Disbursement this Period 2295.33 Category/Type
<b>C. Kenisha A. Smith</b> Full Name (Last, First, Middle Initial) Mailing Address 5323 Connecticut Ave NW Apt 405 City Washington State DC Zip Code 20015-1823 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: BFB2C2D391E974B0C97E</b> Date of Disbursement 03 / 30 / 2006 Amount of Each Disbursement this Period 584.95 Category/Type

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

**3320.99**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Lori Kay Krause		<b>Transaction ID:</b> BDA7FB0732E3247B793C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 926.35
City Arlington State VA Zip Code 22203-3302		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Giancarlo A. Messina		<b>Transaction ID:</b> B41D2D25EB79D4E4EBB2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 190.89
City Washington State DC Zip Code 20001-4214		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Angela L. Siecker		<b>Transaction ID:</b> B452A7E432C9F43349D1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.39
City Nashua State NH Zip Code 03063-1308		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

2895.63

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B22DB7D0E41874C7496C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2097.64
City Washington State DC Zip Code 20036-2214		
Purpose of Disbursement Salary Candidate Name	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. Alicia J. Brown</b>		<b>Transaction ID:</b> BB691DCB103FC4DF79B1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 303.14
City Washington State DC Zip Code 20009		
Purpose of Disbursement Salary Candidate Name	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. Layth S. Elhassani</b>		<b>Transaction ID:</b> B1697B98764424A0B9FA Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 4451 Greenwich Pkwy NW		Amount of Each Disbursement this Period 527.06
City Washington State DC Zip Code 20007-2010		
Purpose of Disbursement Salary Candidate Name	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) ..... ▶	2927.84
<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 113 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Peter J. Eskra</b>		<b>Transaction ID:</b> B7E9C8E68C14A4988BC2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 226.92
City Washington State DC Zip Code 20016-2230	Purpose of Disbursement Salary Candidate Name 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. Jennifer A. Lee</b>		<b>Transaction ID:</b> B4768EE4FB9744E1FAD2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 275.57
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement Salary Candidate Name 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. ADP</b>		<b>Transaction ID:</b> B74BA3A418943468CB42 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 5121.03
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5623.52**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 114 / 131

<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)  
ONE AMERICA COMMITTEE

<p><b>A. ADP</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1125 Virginia Drive</p> <p>City Fort Washington State PA Zip Code 19034</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> BE082056CD1FF4E65A0E</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="66.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. MBNA America</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 15288</p> <p>City Wilmington State DE Zip Code 19886-5288</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> B05C7109C6D8C4B6D853</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2553.21"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. American Airlines</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 80068</p> <p>City Raleigh State NC Zip Code 27623-0068</p> <p>Purpose of Disbursement 002 Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> B98E11EEDB51D43E784B</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1082.92"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2619.21"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: B423AAB8BD6F54927BD3 Date of Disbursement 01 / 17 / 2006
Mailing Address 1200 E. Algonquin Road		Amount of Each Disbursement this Period 338.60
City Chicago State IL Zip Code 60603	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. US Airways</b>		Transaction ID: BE48D178357CA4A5D912 Date of Disbursement 01 / 25 / 2006
Mailing Address 5642 University Pkwy		Amount of Each Disbursement this Period 494.39
City Winston Salem State NC Zip Code 27105-1312	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. Peter J. Eskra</b>		Transaction ID: B6C59C380EDE742B1A13 Date of Disbursement 03 / 17 / 2006
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 90.99
City Washington State DC Zip Code 20016-2230	[MEMO ITEM]	
Purpose of Disbursement See Details Candidate Name		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) ..... ▶	90.99
<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 116 / 131

<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

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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> B36AA966C8E25443293B
Mailing Address PO Box 790406		Date of Disbursement MM / DD / YYYY 03 / 10 / 2006
City Saint Louis	State MO	Zip Code 63179-0406
Purpose of Disbursement Telephone	Category/ Type	Amount of Each Disbursement this Period 51.64
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. Alicia J. Brown</b>		<b>Transaction ID:</b> BCF6928FD164362B59
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Date of Disbursement MM / DD / YYYY 03 / 10 / 2006
City Washington	State DC	Zip Code 20009
Purpose of Disbursement See Details	Category/ Type	Amount of Each Disbursement this Period 51.64
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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B7CFAC89DD6DA4560895
Mailing Address 1 Scott Cir NW # 421		Date of Disbursement MM / DD / YYYY 03 / 10 / 2006
City Washington	State DC	Zip Code 20036-2214
Purpose of Disbursement See Details	Category/ Type	Amount of Each Disbursement this Period 145.83
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) ..... ▶

249.11

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> B8CDE3BA49CD74EB79EE Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 145.83
City Saint Louis      State MO      Zip Code 63179-0406		
Purpose of Disbursement Telephone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>B. MBNA America</b>		<b>Transaction ID:</b> BF85233A726384791BB9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 15288		Amount of Each Disbursement this Period 3806.20
City Wilmington      State DE      Zip Code 19886-5288		
Purpose of Disbursement See Below Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		<b>Transaction ID:</b> B98DD5CF97A2B433BB9A Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1050 Delta Blvd		Amount of Each Disbursement this Period 379.98
City Atlanta      State GA      Zip Code 30354-1989		
Purpose of Disbursement 002 Travel/Lodging Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

[MEMO ITEM]

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

3952.03

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 131

<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

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)  
ONE AMERICA COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotel</p> <p>Mailing Address 1600 Lamar St</p> <p>City Houston State TX Zip Code 77010-5012</p> <p>Purpose of Disbursement 002 Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B9641E132670142CB88C</p> <p>Date of Disbursement MM / DD / YYYY 02 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 353.71</p> <p>[MEMO ITEM]</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sheraton Hotel</p> <p>Mailing Address 1 E 45th St</p> <p>City Kansas City State MO Zip Code 64111-1813</p> <p>Purpose of Disbursement 002 Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B3CB67AA13D8B4BD2B14</p> <p>Date of Disbursement MM / DD / YYYY 02 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 286.63</p> <p>[MEMO ITEM]</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Four Seasons Hotel</p> <p>Mailing Address 757 Market Street</p> <p>City San Francisco State CA Zip Code 94103</p> <p>Purpose of Disbursement 002 Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B57BECC3DCA234F909F2</p> <p>Date of Disbursement MM / DD / YYYY 02 / 10 / 2006</p> <p>Amount of Each Disbursement this Period 511.77</p> <p>[MEMO ITEM]</p>

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> BF0F981A700AF49AFBF2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address PO Box 80068		Amount of Each Disbursement this Period 1369.67
City Raleigh State NC Zip Code 27623-0068	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. Country Inn &amp; Suites</b>		<b>Transaction ID:</b> B62A936DF238F4000A40 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 201 Airgate Dr		Amount of Each Disbursement this Period 366.45
City Morrisville State NC Zip Code 27560-8494	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. Wyndham Hotel</b>		<b>Transaction ID:</b> B34FD73A07EE5483FA9D <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6
Mailing Address 50 East Adams Street		Amount of Each Disbursement this Period 212.78
City Phoenix State AZ Zip Code 85004	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 120 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: B6364868417C24530A0F Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 6
Mailing Address 5642 University Pkwy		Amount of Each Disbursement this Period 294.40
City Winston Salem	State NC Zip Code 27105-1312	
Purpose of Disbursement 002 Travel/Lodging		[MEMO ITEM]
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. MBNA America</b>		Transaction ID: BEE86DFF55E664104B1E Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 15288		Amount of Each Disbursement this Period 3391.31
City Wilmington	State DE Zip Code 19886-5288	
Purpose of Disbursement See Below		[MEMO ITEM]
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. Attitude New York, Inc.</b>		Transaction ID: BF8E30690A95641C4A43 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6
Mailing Address PO Box 1974		Amount of Each Disbursement this Period 606.00
City New York	State NY Zip Code 10101-1974	
Purpose of Disbursement 002 Travel/Lodging		[MEMO ITEM]
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) ..... ▶

3391.31

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 121 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: B02E791D3B9FD4B21817 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 1200 E. Algonquin Road		Amount of Each Disbursement this Period 101.80
City Chicago State IL Zip Code 60603	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. Sheraton Hotel</b>		Transaction ID: BBF63BBD53EC941549DD Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 1 E 45th St		Amount of Each Disbursement this Period 354.23
City Kansas City State MO Zip Code 64111-1813	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. American Airlines</b>		Transaction ID: B9BFF8E136AB44058BCB Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 80068		Amount of Each Disbursement this Period 1421.22
City Raleigh State NC Zip Code 27623-0068	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** US Airways

Mailing Address 5642 University Pkwy

City Winston Salem State NC Zip Code 27105-1312

Purpose of Disbursement  
002 Travel/Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BBB1A54B24FC54E76B18

Date of Disbursement

/   /

Amount of Each Disbursement this Period

794.40

**[MEMO ITEM]**

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

0.00

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

244598.60

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 131

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

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Daniel De La Garza</b>		<b>Transaction ID:</b> B9D6A6504581942A3B0A Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 45 Autumn Cres		Amount of Each Disbursement this Period 5000.00	
City Spring State TX Zip Code 77381-5158	Purpose of Disbursement Refund <input type="checkbox"/> Candidate Name <input type="checkbox"/> 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) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 124 / 131
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor David Ginsberg	Nature of Debt (Purpose): Consulting Fees/Research
Mailing Address 2007 O St NW # 304	
City State ZIP Code Washington DC 20036-5936	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> D376DCDCFE6724BC6ACD	
Amount Incurred This Period <input type="text" value="5000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Plus Three	Nature of Debt (Purpose): Consulting Fees/Computer
Mailing Address 50 Broadway Ste 806	
City State ZIP Code New York NY 10004-1693	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> D027A2120B4F84DDBB81	
Amount Incurred This Period <input type="text" value="13417.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13417.50"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Angus Strategy, Inc.	Nature of Debt (Purpose): Consulting Fees/Internet
Mailing Address 20 Altadena Dr	
City State ZIP Code Pueblo CO 81005-2900	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> D761A6FBB5A2B4EB9A52	
Amount Incurred This Period <input type="text" value="18000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18000.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="36417.50"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Linemark Printing	Nature of Debt (Purpose): Printing
Mailing Address 1220 Caraway Ct Ste 1040	
City State ZIP Code Upper Marlboro MD 20774-5338	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D00DE9D511140484F8B9</b>	
Amount Incurred This Period 14507.48	Payment This Period 0.00	Outstanding Balance at Close of This Period 14507.48

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ryan, Phillips, Utrecht & MacKinnon	Nature of Debt (Purpose): Consulting Fees/Legal
Mailing Address 1133 Connecticut Ave NW Suite 300	
City State ZIP Code Washington DC 20036-4375	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D9D45B95A3EDA40B2A5B</b>	
Amount Incurred This Period 3000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Getactive Software, Inc.	Nature of Debt (Purpose): Website Support
Mailing Address 2855 Telegraph Avenue Suite 600	
City State ZIP Code Berkeley CA 94705	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D659460E5B57643109DC</b>	
Amount Incurred This Period 6600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6600.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>24107.48</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Covad Communications	Nature of Debt (Purpose): Telephone
Mailing Address PO Box 39000 Department 33258	
City State ZIP Code San Francisco CA 94139-0001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> DB25EE59CD2704A908A3	
Amount Incurred This Period 3017.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 3017.19

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Anne H. Lewis	Nature of Debt (Purpose): Consulting Fees/Internet
Mailing Address 801 Pennsylvania Ave NW Ste 730	
City State ZIP Code Washington DC 20004-2687	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> D57D3145300B64692AB4	
Amount Incurred This Period 29000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Limbic Systems	Nature of Debt (Purpose): Database Management
Mailing Address 3124 19th Street, North	
City State ZIP Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> D60A96777CE884B2988C	
Amount Incurred This Period 2250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2250.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>34267.19</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Adams Hussey & Associates	Nature of Debt (Purpose): Direct Mail
Mailing Address 1400 I Street, N.W. Suite 650	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> DA494B99F80AE47549F0	
Amount Incurred This Period 5072.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 5072.50

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ryan Montoya	Nature of Debt (Purpose): Equipment Reimbursement
Mailing Address 20 Altadena Dr	
City State ZIP Code Pueblo CO 81005-2900	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> DD24C1AB878E14497B08	
Amount Incurred This Period 3531.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 3531.40

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Names In the News California, Inc.	Nature of Debt (Purpose): List Management
Mailing Address 1300 Clay St 11th Floor	
City State ZIP Code Oakland CA 94612-1425	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> DC37B46B5C2A746C288F	
Amount Incurred This Period 4882.64	Payment This Period 0.00	Outstanding Balance at Close of This Period 4882.64

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	13486.54
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	108278.71
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
 ONE AMERICA COMMITTEE

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative  Generic Voter Drive  Public Communications Referencing Party Only



**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 ONE AMERICA COMMITTEE

NAME OF ACCOUNT One America Commit- tee-Non Fed	DATE OF RECEIPT M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 26000.00
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BREAKDOWN OF TRANSFER RECEIVED		26000.00
i) Total Administrative .....		Transaction ID: H360103.C64
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC)		
		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative) .....	26000.00
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	26000.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A. Full Name (Last, First, Middle Initial)**  
Impact Marketing & Promotions

Mailing Address  
P.O. Box 1843

City	State	Zip Code
Sulphur	LA	70664

Purpose of Disbursement:  
Utilities

Category/  
Type

Type of Allocated Activity:

- Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

51667.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	5

Transaction ID: H451223.E47

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25833.50		25833.50		51667.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25833.50		25833.50		51667.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25833.50		25833.50		51667.00

Image# 26960175104

Form/Schedule: **F3XA**

The expenditure to Impact Marketing & Promotions was made in connection with the Committee's volunteer activities and was not made in connection with any Federal Candidate.

Transaction ID:

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