

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 4590 MacArthur Blvd., Suite 500
 Check if different than previously reported. (ACC)
Irvine CA 92660

2. **FEC IDENTIFICATION NUMBER** C00412312
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CA 48

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

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

5. Covering Period 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 Kelly Lawler

Signature of Treasurer Electronically Filed by Kelly Lawler Date 07 06 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Campbell for Congress

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 Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	58491.45	110564.04
(b) Total Contribution Refunds (from Line 20(d)).....	200.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	58291.45	109364.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	103554.44	183005.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	1415.78	1905.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	102138.66	181100.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32940.18	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	383977.54	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Campbell for Congress

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
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

17550.00

49436.69

(ii) Unitemized.....

2580.00

3850.00

(iii) TOTAL of contributions

20130.00

53286.69

from individuals..... ▶

490.00

490.00

(b) Political Party Committees.....

37871.45

56787.35

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

58491.45

110564.04

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

1415.78

1905.26

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

0.00

0.00

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

59907.23

112469.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	103554.44	183005.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	200.00	1200.00
(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 20(a), (b), and (c)).....	200.00	1200.00
21. OTHER DISBURSEMENTS.....	12625.00	12625.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	116379.44	196830.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	89412.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	59907.23
25. SUBTOTAL (add Line 23 and Line 24).....	149319.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116379.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32940.18

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
3M PAC

Mailing Address 3M Center, Bldg. 224-5N-40

City State Zip Code
Saint Paul MN 55144-0000

FEC ID number of contributing federal political committee. **C** C00084475

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6186

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AICPA

Mailing Address 1455 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20040-0000

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: 60412.C6188

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Americas Community Bankers Committee

Mailing Address 900 19th Street, NW, #400

City State Zip Code
Washington DC 20006-0000

FEC ID number of contributing federal political committee. **C** C00001875

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 60412.C6199

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. American Council of Life Insurers PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 101 Constitution Avenue, NW, #700		Transaction ID: 60412.C6198
City State Zip Code Washington DC 20001-0000	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00147066	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Medical Association PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: 60414.C6215
City State Zip Code Washington DC 20005-0000	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000422	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. Capital One Associates Political Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1680 Capital One Drive		Transaction ID: 60412.C6195
City State Zip Code Mc Lean VA 22102-0000	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00326595	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Conservative Victory Fund Mailing Address P.O. Box 15245 City State Zip Code Washington DC 20003-0000 FEC ID number of contributing federal political committee. C C00009704 Name of Employer Qualified Multi-Candidate Com. Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 60320.C6164 Amount of Each Receipt this Period 417.30 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE: Blast Fax for Fundraiser
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Full Name (Last, First, Middle Initial) B. Conservative Victory Fund Mailing Address P.O. Box 15245 City State Zip Code Washington DC 20003-0000 FEC ID number of contributing federal political committee. C C00009704 Name of Employer Qualified Multi-Candidate Com. Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6 Transaction ID: 60414.C6212 Amount of Each Receipt this Period 454.15 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE: Blast fax for fundraiser
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Full Name (Last, First, Middle Initial) C. Conservative Victory Fund Mailing Address P.O. Box 15245 City State Zip Code Washington DC 20003-0000 FEC ID number of contributing federal political committee. C C00009704 Name of Employer Qualified Multi-Candidate Com. Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Transaction ID: 60412.C6197 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	1371.45
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
DaimlerChrysler Corporation PAC

Mailing Address 1401 H Street, NW Suite 700

City Washington State DC Zip Code 20005-0000

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Qualified Multi-Candidate Com.
Receipt For: 2006
 Primary General
 Other (specify) ▼
Special General 2005

Occupation
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6183

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Deloitte & Touche Federal PAC

Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Qualified Multi-Candidate Com.
Receipt For: 2006
 Primary General
 Other (specify) ▼

Occupation
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: 60414.C6213

Amount of Each Receipt this Period
204.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Food for Fundraiser

C. Full Name (Last, First, Middle Initial)
Deloitte & Touche Federal PAC

Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Qualified Multi-Candidate Com.
Receipt For: 2006
 Primary General
 Other (specify) ▼

Occupation
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C6214

Amount of Each Receipt this Period
1296.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address P.O. Box 365		Transaction ID: 60412.C6206	
City State Zip Code Washington DC 20044-0365		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00211318		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005		Occupation Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address P.O. Box 365		Transaction ID: 60412.C6207	
City State Zip Code Washington DC 20044-0365		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00211318		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Occupation Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. Ernst & Young		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 1225 Connecticut Avenue, NW		Transaction ID: 60412.C6205	
City State Zip Code Washington DC 20036-0000		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00227744		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Farmers Group, Inc.

Mailing Address 1201 F Street, N.W., Suite 250

City State Zip Code
Washington DC 20004-0000

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Special General 2005

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6184

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Federal Natl Mortgage Assn

Mailing Address 3900 Wisconsin Avenue, NW

City State Zip Code
Washington DC 20016-0000

FEC ID number of contributing federal political committee. **C** C00393520

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2006

Transaction ID: 60412.C6177

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
General Motors Corporation PAC

Mailing Address 1680 E Street, NW #400

City State Zip Code
Washington DC 20036-0000

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Special Run Off 2005

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 60412.C6208

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Growth & Prosperity PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 2610 Ridge Road Drive		Transaction ID: 60412.C6200
City State Zip Code Alexandria VA 22302-0000	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00388793	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Independent Community Bankers PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address One Thomas Circle, NW, #400		Transaction ID: 60412.C6194
City State Zip Code Washington DC 20005-0000	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00032698	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Intuit 21st Century Leadership Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 6220 Greenwich Drive		Transaction ID: 60412.C6202
City State Zip Code San Diego CA 92122-0000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00361741	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005	Occupation Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Jacobs Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 1111 S. Arroyo Parkway		Transaction ID: 60412.C6204	
City State Zip Code Pasadena CA 91105-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00142299		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. KPMG PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address P.O. Box 18254		Transaction ID: 60412.C6196	
City State Zip Code Washington DC 20036-0000		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00280222		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Morgan Stanley PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 1585 Broadway, 39th Floor		Transaction ID: 60412.C6179	
City State Zip Code New York NY 10036-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00337626		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Morgan Stanley PAC

Mailing Address 1585 Broadway, 39th Floor

City State Zip Code
New York NY 10036-0000

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60412.C6192

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Natl Assn of Federal Credit Unions

Mailing Address 3138 N. 10th Street

City State Zip Code
Arlington VA 22201-0000

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6175

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Natl Funderal Directors Assn PAC

Mailing Address 13625 Bishops Drive

City State Zip Code
Brookfield WI 53005-0000

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
Special General 2005

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6182

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
National Restaurant Assn PAC

Mailing Address 1200 Seventeenth Street, NW

City Washington State DC Zip Code 20036-3097

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6178

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Pfizer PAC

Mailing Address 325 7th Street, NW, Suite 1200

City Washington State DC Zip Code 20004-0000

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6185

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PMI Mortgage Insurance Co Federal PAC

Mailing Address 3003 Oak Road

City Walnut Creek State CA Zip Code 94597-0000

FEC ID number of contributing federal political committee. **C** C00347112

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60412.C6201

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
PricewaterhouseCoopers

Mailing Address 1301 K Street, NW, Suite 700W

City Washington State DC Zip Code 20005-0000

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer
Qualified Multi-Candidate Com.
Receipt For: 2006
 Primary General
 Other (specify) ▼
Special General 2005

Occupation
Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C6216

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Property Casualty Insurers Assn PAC

Mailing Address 2600 S. River Road

City Des Plaines State IL Zip Code 60018-3286

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 26 / 2006

Transaction ID: 60224.C6134

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wachovia Corporation Empl. Govt Fund

Mailing Address 301 S. College Street

City Charlotte State NC Zip Code 28288-0000

FEC ID number of contributing federal political committee. **C** C00012518

Name of Employer
Qualified Multi-Candidate Com.
Receipt For: 2006
 Primary General
 Other (specify) ▼

Occupation
Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6176

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Washington Mutual PAC

Mailing Address 1215 Fourth Avenue, FCB 1620

City State Zip Code
Seattle WA 98161-0000

FEC ID number of contributing federal political committee. **C** C00129833

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60412.C6193

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	37871.45

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Jennifer Bendall

Mailing Address 600 14th Street, NW, #600

City State Zip Code
Washington DC 20005-0000

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

Name of Employer Occupation
Bartlett & Bendall, LLC Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2006

Transaction ID: 60412.C6209

Amount of Each Receipt this Period
250.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE:Catering & Rental Fee

B. Full Name (Last, First, Middle Initial)
Mark M. Butier

Mailing Address 12171 Orviliena Drive

City State Zip Code
Santa Ana CA 92705-0000

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

Name of Employer Occupation
Butier Engineerin, Inc. Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2006

Transaction ID: 60224.C6136

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Maurine Campbell

Mailing Address 125 South Las Palmas Avenue

City State Zip Code
Los Angeles CA 90004

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

Name of Employer Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2200.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: 60320.C6170

Amount of Each Receipt this Period
2200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Maurine Campbell

Mailing Address 125 South Las Palmas Avenue

City State Zip Code
Los Angeles CA 90004

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

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

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

Transaction ID: 60706.C6442

Amount of Each Receipt this Period
100.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
NOTE: Resignation

B. Full Name (Last, First, Middle Initial)
Maurine Campbell

Mailing Address 125 South Las Palmas Avenue

City State Zip Code
Los Angeles CA 90004

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

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

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

Transaction ID: 60706.C6443

Amount of Each Receipt this Period
-100.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
NOTE: Resignation

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

Mailing Address P.O. Box 444

City State Zip Code
Tustin CA 92781-0000

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

Name of Employer Occupation
Self-Employed Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60224.C6142

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
William Ferguson, Jr.

Mailing Address 4074 N. Lorcom Lane

City State Zip Code
Arlington VA 22207-0000

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

Name of Employer Occupation
The Ferguson Group Self-Employed

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Special General 2005

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60412.C6203

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ed Fitzpatrick

Mailing Address 4320 McHenry

City State Zip Code
Modesto CA 95356-0000

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

Name of Employer Occupation
Fitzgerald Dealership Group Auto Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 24 / 2006

Transaction ID: 60320.C6167

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul Freeman

Mailing Address 27894 Via Esztancia

City State Zip Code
San Juan Capistran CA 92675

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

Name of Employer Occupation
CJ Segerstrom & Sons Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Special General 2005

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60412.C6187

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Paul Habeeb

Mailing Address 532 Keel Drive

City State Zip Code
Corona Del Mar CA 92625-1241

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

Name of Employer Data Circuit Systems Occupation Vice Chair

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60224.C6144

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Rudy Hanley

Mailing Address 2718 North Vista Valley Road

City State Zip Code
Orange CA 92867

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

Name of Employer Orange Co. Teachers FCU Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 6

Transaction ID: 60412.C6174

Amount of Each Receipt this Period
2100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rose Hussain

Mailing Address 11140 Antietam Drive

City State Zip Code
Alta Loma CA 91737-0000

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60224.C6154

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Paul Jensen

Mailing Address 650 Town Center Drive, 12th Floor

City State Zip Code
Costa Mesa CA 92626-0000

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

Name of Employer Occupation
Jensen & Associates Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Special General 2005

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60224.C6137

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James F. McConnell

Mailing Address 1130 Connecticut Avenue, NW, #300

City State Zip Code
Washington DC 20036-3981

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60320.C6169

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Pamela Sapetto

Mailing Address 20162 East Chapman

City State Zip Code
Orange CA 92869-0000

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

Name of Employer Occupation
Sapetto Group, Inc. CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60224.C6132

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Hal Sears

Mailing Address 1131 Emerald Bay

City Laguna Beach State CA Zip Code 92651-0000

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

Name of Employer Self-Employed Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2006

Transaction ID: 60224.C6143

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gary Simning

Mailing Address 25852 Pecos Road

City Laguna Hills State CA Zip Code 92653

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60412.C6190

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Norman Tanber

Mailing Address 25 Saint John

City Monarch Beach State CA Zip Code 92629-0000

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

Name of Employer Merrill Lynch Occupation Financial Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2006

Transaction ID: 60224.C6160

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Omar Turbi

Mailing Address 2516 Temple Hills Drive

City State Zip Code
Laguna Beach CA 92651-0000

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

Name of Employer Occupation
Orbit Systems, Inc. President & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 60130.C6119

Amount of Each Receipt this Period
2000.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Fundraiser Expense

B. Full Name (Last, First, Middle Initial)
Debra J. Wilkinson

Mailing Address 33 Kentworth

City State Zip Code
Irvine CA 92602-0000

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 60224.C6133

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas Zimbrick

Mailing Address 5870 Persimmon Drive

City State Zip Code
Madison WI 53711

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

Name of Employer Occupation
Zimbrick, Inc. Auto Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼
Special General 2005

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: 60412.C6180

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 66	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Michael Whipple

Mailing Address 30896 Rivera Place

City Laguna Niguel State CA Zip Code 92677-0000

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

Name of Employer MF Whipple & Associates Occupation Financial Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 60320.C6168

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	17550.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 66
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Natl Republican Congressional Committee Mailing Address 320 First Street, SE City State Zip Code Washington DC 20003-0000 FEC ID number of contributing federal political committee. C C00075820 Name of Employer Qualified Multi-Candidate Com. Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 6 Transaction ID: 60320.C6162 Amount of Each Receipt this Period 98.00 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE:Blast Fax
--	--	--

Full Name (Last, First, Middle Initial) B. Natl Republican Congressional Committee Mailing Address 320 First Street, SE City State Zip Code Washington DC 20003-0000 FEC ID number of contributing federal political committee. C C00075820 Name of Employer Qualified Multi-Candidate Com. Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 6 Transaction ID: 60320.C6163 Amount of Each Receipt this Period 98.00 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE:Blast Fax
--	--	--

Full Name (Last, First, Middle Initial) C. Natl Republican Congressional Committee Mailing Address 320 First Street, SE City State Zip Code Washington DC 20003-0000 FEC ID number of contributing federal political committee. C C00075820 Name of Employer Qualified Multi-Candidate Com. Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6 Transaction ID: 60320.C6161 Amount of Each Receipt this Period 98.00 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE:Blast Fax
--	--	--

SUBTOTAL of Receipts This Page (optional)	294.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Natl Republican Congressional Committee

Mailing Address 320 First Street, SE

City State Zip Code
Washington DC 20003-0000

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
392.00

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

Transaction ID: 60412.C6173

Amount of Each Receipt this Period
98.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Blast Fax

B. Full Name (Last, First, Middle Initial)
Natl Republican Congressional Committee

Mailing Address 320 First Street, SE

City State Zip Code
Washington DC 20003-0000

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
490.00

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

Transaction ID: 60412.C6191

Amount of Each Receipt this Period
98.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Blast Fax

SUBTOTAL of Receipts This Page (optional)	▶	196.00
TOTAL This Period (last page this line number only)	▶	490.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
Cox Media

Mailing Address 29947 Avenida De Las Banderas

City Rancho Santa Marga State CA Zip Code 92688-0000

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Special Run Off 2005

Election Cycle-to-Date ▼ 233.78

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

Transaction ID: 60224.C6135

Amount of Each Receipt this Period
 233.78

Offsets to Operating Expenditure
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE:Refund of Overpayment

B. Full Name (Last, First, Middle Initial)
Gilliard, Blanning & Associates

Mailing Address 921 11th Street, #400

City Sacramento State CA Zip Code 95814-0000

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1182.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 60320.C6166

Amount of Each Receipt this Period
 1182.00

Offsets to Operating Expenditure
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE:Refund of Overpayment

SUBTOTAL of Receipts This Page (optional)	▶	1415.78
TOTAL This Period (last page this line number only)	▶	1415.78

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. David L. Andrukitis, Inc.		Transaction ID: 60412.E3725 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006	
Mailing Address 50 E. Street, SE		Amount of Each Disbursement this Period 816.13	
City Washington State DC Zip Code 20003-0000	Purpose of Disbursement PRINT LETTERHEAD	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINT LETTERHEAD	

Full Name (Last, First, Middle Initial) B. Aristotle Publishing		Transaction ID: 60130.E3656 Date of Disbursement MM / DD / YYYY 01 / 04 / 2006	
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 148.00	
City Washington State DC Zip Code 20003-0000	Purpose of Disbursement CREDIT CARD FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEES	

Full Name (Last, First, Middle Initial) C. AT&T flka SBC California		Transaction ID: 60320.E3680 Date of Disbursement MM / DD / YYYY 02 / 05 / 2006	
Mailing Address Payment Center		Amount of Each Disbursement this Period 95.46	
City Van Nuys State CA Zip Code 91388-0000	Purpose of Disbursement TELEPHONE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE	

SUBTOTAL of Disbursements This Page (optional) ▶	1059.59
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 66

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. AT&T flka SBC California		Transaction ID: 60320.E3695 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address Payment Center		Amount of Each Disbursement this Period 92.46
City Van Nuys	State Zip Code CA 91388-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T flka SBC California		Transaction ID: 60412.E3740 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address Payment Center		Amount of Each Disbursement this Period 0.32
City Van Nuys	State Zip Code CA 91388-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) C. Robert Ball		Transaction ID: 60320.E3686 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 225 Broadway, Suite 2220		Amount of Each Disbursement this Period 3692.91
City San Diego	State Zip Code CA 92101-0000	
Purpose of Disbursement ATTORNEY FEES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ATTORNEY FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3785.69
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Robert Ball		Transaction ID: 60320.E3685 Date of Disbursement 02 / 06 / 2006
Mailing Address 225 Broadway, Suite 2220		Amount of Each Disbursement this Period 220.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92101-0000	Purpose of Disbursement ATTORNEY 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) ▼	ATTORNEY FEES

Full Name (Last, First, Middle Initial) B. Robert Ball		Transaction ID: 60320.E3684 Date of Disbursement 02 / 06 / 2006
Mailing Address 225 Broadway, Suite 2220		Amount of Each Disbursement this Period 10022.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92101-0000	Purpose of Disbursement ATTORNEY 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) ▼	ATTORNEY FEES

Full Name (Last, First, Middle Initial) C. Robert Ball		Transaction ID: 60412.E3760 Date of Disbursement 03 / 31 / 2006
Mailing Address 225 Broadway, Suite 2220		Amount of Each Disbursement this Period 1940.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92101-0000	Purpose of Disbursement ATTORNEY 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) ▼	ATTORNEY FEES

SUBTOTAL of Disbursements This Page (optional) ▶	12183.07
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Jennifer Bendall		Transaction ID: 60412.C6209IK Date of Disbursement MM / DD / YYYY 03 / 29 / 2006
Mailing Address 600 14th Street, NW, #600		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-0000	IN KIND: NOTE:CATERING & RENTAL FEE	
Purpose of Disbursement NOTE:CATERING & RENTAL FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60320.E3679 Date of Disbursement MM / DD / YYYY 02 / 05 / 2006
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 129.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90060-0000	CELLULAR PHONE	
Purpose of Disbursement CELLULAR PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60320.E3698 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 277.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90060-0000	CELLULAR PHONE	
Purpose of Disbursement CELLULAR PHONE		Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	657.22
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60412.E3741 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 125.63
City Los Angeles State CA Zip Code 90060-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
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. Conservative Victory Fund		Transaction ID: 60320.C6164IK Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 15245		Amount of Each Disbursement this Period 417.30
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE:BLAST FAX FOR FUNDRAISER	Candidate Name	IN KIND: NOTE:BLAST FAX FOR FUNDRAISER
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) C. Conservative Victory Fund		Transaction ID: 60414.C6212IK Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 15245		Amount of Each Disbursement this Period 454.15
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE: BLAST FAX FOR FUNDRAISER	Candidate Name	IN KIND: NOTE: BLAST FAX FOR FUNDRAISER
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) ▶	997.08
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Deloitte & Touche Federal PAC		Transaction ID: 60414.C6213IK Date of Disbursement MM / DD / YYYY 03 / 07 / 2006	
Mailing Address P.O. Box 365		Amount of Each Disbursement this Period 204.00	
City Washington State DC Zip Code 20044-0365	Purpose of Disbursement FOOD FOR FUNDRAISER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: FOOD FOR FUNDRAISER	

Full Name (Last, First, Middle Initial) B. Mrs. Jaylene Farry		Transaction ID: 60412.E3751 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 11442 Ann Arbor Lane		Amount of Each Disbursement this Period 4000.00	
City San Diego State CA Zip Code 92131-0000	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICES	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 60412.E3720 Date of Disbursement MM / DD / YYYY 03 / 17 / 2006	
Mailing Address P.O. Box 1140 Dept. A		Amount of Each Disbursement this Period 13.99	
City Memphis State TN Zip Code 38194-	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SHIPPING	

SUBTOTAL of Disbursements This Page (optional) ▶	4217.99
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. IKON Management		Transaction ID: 60412.E3762 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 198727		Amount of Each Disbursement this Period 592.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30384-0000	Category/Type OFFICE EQUIPMENT RENTAL	
Purpose of Disbursement OFFICE EQUIPMENT RENTAL		OFFICE EQUIPMENT RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Increase Strategies, Inc.		Transaction ID: 60412.E3761 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 1605		Amount of Each Disbursement this Period 5495.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22313-0000	Category/Type FUNDRAISING COMMISSION	
Purpose of Disbursement FUNDRAISING COMMISSION		FUNDRAISING COMMISSION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Keelen Communications, Inc.		Transaction ID: 60320.E3690 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 5697.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-0000	Category/Type FUNDRAISER COSTS-DEBT PMT	
Purpose of Disbursement FUNDRAISER COSTS-DEBT PMT		FUNDRAISER COSTS-DEBT PMT
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11785.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. The Monaco Group, Inc.		Transaction ID: 60320.E3688 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 189.40
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE-DEBT PMT	Candidate Name	POSTAGE-DEBT PMT
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. The Monaco Group, Inc.		Transaction ID: 60320.E3689 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 7884.40
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING & MAILING-DEBT PMT	Candidate Name	PRINTING & MAILING-DEBT PMT
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) C. The Monaco Group, Inc.		Transaction ID: 60320.E3687 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 764.70
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING & MAILING-DEBT PMT	Candidate Name	PRINTING & MAILING-DEBT PMT
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) ▶	8838.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Ms. Sara Myers		Transaction ID: 60412.E3744 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 201 Bay Shore Avenue, #307		Amount of Each Disbursement this Period 296.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Long Beach State CA Zip Code 90803-0000	REIMBURSE CAMPAIGN EXP: SEE BELOW	
Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW 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. Misc. Expenses Under Threshold		Transaction ID: 60412.E3750 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 86.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92616-	[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES 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) C. USPO-Newport Beach		Transaction ID: 60412.E3746 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1133 Camelback Street		Amount of Each Disbursement this Period 209.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newport Beach State CA Zip Code 92658-0000	[MEMO ITEM] MEMO: POSTAGE	
Purpose of Disbursement POSTAGE 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) ▶	296.03
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Ms. Sara Myers		Transaction ID: 60412.E3743 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 201 Bay Shore Avenue, #307		Amount of Each Disbursement this Period 4000.00
City Long Beach State CA Zip Code 90803-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	Candidate Name	CAMPAIGN SUPPORT SERVICES
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. Natl Republican Congressional Committee		Transaction ID: 60320.C6162IK Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE:BLAST FAX	Candidate Name	IN KIND: NOTE:BLAST FAX
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) C. Natl Republican Congressional Committee		Transaction ID: 60320.C6163IK Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE:BLAST FAX	Candidate Name	IN KIND: NOTE:BLAST FAX
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) ▶	4196.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Natl Republican Congressional Committee		Transaction ID: 60320.C61611K Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE:BLAST FAX	Candidate Name	IN KIND: NOTE:BLAST FAX
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. Natl Republican Congressional Committee		Transaction ID: 60412.C61731K Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE:BLAST FAX	Candidate Name	IN KIND: NOTE:BLAST FAX
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) C. Natl Republican Congressional Committee		Transaction ID: 60412.C61911K Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE:BLAST FAX	Candidate Name	IN KIND: NOTE:BLAST FAX
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) ▶	294.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Chris Palmer		Transaction ID: 60412.E3721 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address 1760 Missouri Street		Amount of Each Disbursement this Period 50.00
City Costa Mesa State CA Zip Code 92626-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMUBURES CAMPAIGN EXP:SEE BELOW Candidate Name		REIMUBURES CAMPAIGN EXP:S-EE BELOW
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. Misc. Expenses Under Threshold		Transaction ID: 60412.E3722 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 50.00
City Irvine State CA Zip Code 92616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES Candidate Name		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES
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) C. Lou Penrose		Transaction ID: 60412.E3726 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006
Mailing Address P.O. Box 2913		Amount of Each Disbursement this Period 604.75
City Capistrano Beach State CA Zip Code 92624-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE CONVENTION EXP:SEE BELOW Candidate Name		REIMBURSE CONVENTION EXP:-SEE BELOW
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) ▶	654.75
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial)		Transaction ID: 60412.E3735																					
A. Misc. Expenses Under Threshold		Date of Disbursement																					
Mailing Address Vendors Total are Under \$200		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City Irvine	State CA	Zip Code 92616-	Amount of Each Disbursement this Period																				
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200			350.15																				
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State: District:			MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200																				

Full Name (Last, First, Middle Initial)		Transaction ID: 60412.E3727																					
B. Southwest Air Lines		Date of Disbursement																					
Mailing Address 18601 Airport Way, #239		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City Santa Ana	State CA	Zip Code 92707-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR TRAVEL			254.60																				
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State: District:			MEMO: AIR TRAVEL																				

Full Name (Last, First, Middle Initial)		Transaction ID: 60224.E3664																					
C. Premier Business Centers		Date of Disbursement																					
Mailing Address 4590 MacArthur Blvd., Suite 500		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	3		2	0	0	6														
City Newport Beach	State CA	Zip Code 92660-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES			181.44																				
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CAMPAIGN SUPPORT SERVICES																				
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	181.44
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Premier Business Centers		Transaction ID: 60320.E3678 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 4590 MacArthur Blvd., Suite 500		Amount of Each Disbursement this Period 175.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newport Beach State CA Zip Code 92660-0000	CAMPAIGN SUPPORT SERVICES	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Premier Business Centers		Transaction ID: 60412.E3736 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 4590 MacArthur Blvd., Suite 500		Amount of Each Disbursement this Period 378.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newport Beach State CA Zip Code 92660-0000	CAMPAIGN SUPPORT SERVICES	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Reflections Photography		Transaction ID: 60320.E3691 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 6408-P Seven Corners Place		Amount of Each Disbursement this Period 2940.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falls Church State VA Zip Code 22044-0000	FUNDRAISER PHOTOGRAPHY	
Purpose of Disbursement FUNDRAISER PHOTOGRAPHY		Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3493.69
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Secretary of State		Transaction ID: 60320.E3694 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 1500 11th Street, Room 495		Amount of Each Disbursement this Period 1583.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95814-0000	Purpose of Disbursement FILING 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) ▼	FILING FEE

Full Name (Last, First, Middle Initial) B. Steinberg and Associates, Inc.		Transaction ID: 60412.E3759 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 335 Stunt Road		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calabasas State CA Zip Code 91302-0000	Purpose of Disbursement POLLING & RESEARCH 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) ▼	POLLING & RESEARCH

Full Name (Last, First, Middle Initial) C. Steinberg and Associates, Inc.		Transaction ID: 60412.E3763 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 335 Stunt Road		Amount of Each Disbursement this Period 16500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calabasas State CA Zip Code 91302-0000	Purpose of Disbursement POLLING & RESEARCH 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) ▼	POLLING & RESEARCH

SUBTOTAL of Disbursements This Page (optional) ▶	33083.72
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Diane Stone & Associates		Transaction ID: 60412.E3752 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 10229 Whitetail Drive		Amount of Each Disbursement this Period 1130.00	
City Oakdale State CA Zip Code 95361-0000	Purpose of Disbursement FUNDRAISER FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	FUNDRAISER FEE	
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. Storage West		Transaction ID: 60130.E3654 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 2892 Kelvin Avenue		Amount of Each Disbursement this Period 115.95	
City Irvine State CA Zip Code 92614-5826	Purpose of Disbursement STORAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	STORAGE	
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) C. Storage West		Transaction ID: 60320.E3677 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 2892 Kelvin Avenue		Amount of Each Disbursement this Period 268.31	
City Irvine State CA Zip Code 92614-5826	Purpose of Disbursement STORAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	STORAGE	
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) ▶	1514.26
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Storage West		Transaction ID: 60320.E3683 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 2892 Kelvin Avenue		Amount of Each Disbursement this Period 115.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92614-5826	Category/Type STORAGE	
Purpose of Disbursement STORAGE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	STORAGE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Storage West		Transaction ID: 60320.E3701 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 2892 Kelvin Avenue		Amount of Each Disbursement this Period 275.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92614-5826	Category/Type STORAGE	
Purpose of Disbursement STORAGE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	STORAGE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Storage West		Transaction ID: 60412.E3724 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 2892 Kelvin Avenue		Amount of Each Disbursement this Period 275.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92614-5826	Category/Type STORAGE	
Purpose of Disbursement STORAGE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	STORAGE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	667.75
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. The KAL Group		Transaction ID: 60130.E3655	
Mailing Address 976 Pacific Avenue		Date of Disbursement 01 / 06 / 2006	
City Willows	State CA	Zip Code 95988-0000	
Purpose of Disbursement BOOKEEPING & REPORTING SERVICE		Amount of Each Disbursement this Period 727.67	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKEEPING & REPORTING SERVICE	
State: District:			

Full Name (Last, First, Middle Initial) B. The KAL Group		Transaction ID: 60320.E3682	
Mailing Address 976 Pacific Avenue		Date of Disbursement 02 / 05 / 2006	
City Willows	State CA	Zip Code 95988-0000	
Purpose of Disbursement BOOKKEEPING & REPORTING SERVICES		Amount of Each Disbursement this Period 1402.78	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKKEEPING & REPORTING SERVICES	
State: District:			

Full Name (Last, First, Middle Initial) C. The KAL Group		Transaction ID: 60412.E3723	
Mailing Address 976 Pacific Avenue		Date of Disbursement 03 / 17 / 2006	
City Willows	State CA	Zip Code 95988-0000	
Purpose of Disbursement BOOKKEEPING & REPORTING SERVICES		Amount of Each Disbursement this Period 268.56	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKKEEPING & REPORTING SERVICES	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2399.01
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. The KAL Group		Transaction ID: 60412.E3737 Date of Disbursement 03 / 31 / 2006
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period 3550.00
City Willows State CA Zip Code 95988-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE CAMPAIGN EXP:SEE BELOW		REIMBURSE CAMPAIGN EXP:SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Aristotle Publishing		Transaction ID: 60412.E3739 Date of Disbursement 03 / 31 / 2006
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 3550.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SOFTWARE		[MEMO ITEM] MEMO: SOFTWARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The KAL Group		Transaction ID: 60412.E3738 Date of Disbursement 03 / 31 / 2006
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period 612.03
City Willows State CA Zip Code 95988-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BOOKKEEPING & REPORTING SERVICES		BOOKKEEPING & REPORTING 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4162.03
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Omar Turbi		Transaction ID: 60130.C6119IK Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 2516 Temple Hills Drive		Amount of Each Disbursement this Period 2000.00
City Laguna Beach State CA Zip Code 92651-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTE: FUNDRAISIER EXPENSE		IN KIND: NOTE: FUNDRAISIER EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wells Fargo Card Services		Transaction ID: 60224.E3665 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 2258.87
City Los Angeles State CA Zip Code 90054-0349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		CREDIT CARD PAYMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hi-Time Wine Cellars		Transaction ID: 60224.E3667 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 250 Ogle Street		Amount of Each Disbursement this Period 281.29
City Costa Mesa State CA Zip Code 92627-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WINE FOR FUNDRAISER		[MEMO ITEM] MEMO: WINE FOR FUNDRAISER
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4258.87
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Mandarin Oriental		Transaction ID: 60224.E3668 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1330 Maryland Avenue, SW		Amount of Each Disbursement this Period 1303.16
City Washington State DC Zip Code 20024-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	[MEMO ITEM] MEMO: LODGING
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. Soiree Catering		Transaction ID: 60224.E3666 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 3019 S. Bristol Street		Amount of Each Disbursement this Period 674.42
City Santa Ana State CA Zip Code 92704-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER CATERING	Candidate Name	[MEMO ITEM] MEMO: FUNDRAISER CATERING
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) C. Wells Fargo Card Services		Transaction ID: 60320.E3681 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 2623.72
City Los Angeles State CA Zip Code 90054-0349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	Candidate Name	CREDIT CARD PAYMENT: SEE BELOW
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) ▶	2623.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. The Congressional Institute		Transaction ID: 60320.E3705 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 401 Wythe Street, #103		Amount of Each Disbursement this Period 943.00
City Alexandria State VA Zip Code 22314-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE FEES	Candidate Name	[MEMO ITEM] MEMO: CONFERENCE FEES
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. The Congressional Institute		Transaction ID: 60320.E3707 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 401 Wythe Street, #103		Amount of Each Disbursement this Period 613.00
City Alexandria State VA Zip Code 22314-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE FEES	Candidate Name	[MEMO ITEM] MEMO: CONFERENCE FEES
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) C. Hilton Hotels		Transaction ID: 60320.E3710 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 1001 16th Street, NW		Amount of Each Disbursement this Period 232.44
City Washington State DC Zip Code 20036-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	[MEMO ITEM] MEMO: LODGING
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Jet Blue Airways		Transaction ID: 60320.E3704 Date of Disbursement 02 / 05 / 2006
Mailing Address P.O. Box 17435		Amount of Each Disbursement this Period 217.10
City Garden City State UT Zip Code 84028-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIR TRAVEL	Candidate Name	[MEMO ITEM] MEMO: AIR TRAVEL
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. Misc. Expenses Under Threshold		Transaction ID: 60320.E3711 Date of Disbursement 02 / 05 / 2006
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 368.08
City Irvine State CA Zip Code 92616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200	Candidate Name	[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200
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) C. Southwest Air Lines		Transaction ID: 60320.E3709 Date of Disbursement 02 / 05 / 2006
Mailing Address 18601 Airport Way, #239		Amount of Each Disbursement this Period 250.10
City Santa Ana State CA Zip Code 92707-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIR TRAVEL	Candidate Name	[MEMO ITEM] MEMO: AIR TRAVEL
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. USPO- Placentia		Transaction ID: 51013.E3098 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address 1400 N Kraemer		Amount of Each Disbursement this Period 11475.00
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Category/Type	[MEMO ITEM] MEMO: POSTAGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Card Services		Transaction ID: 60320.E3700 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 956.14
City Los Angeles State CA Zip Code 90054-0349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT:SEE BELOW	Category/Type	CREDIT CARD PAYMENT:SEE BELOW
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 60320.E3714 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 1140 Dept. A		Amount of Each Disbursement this Period 41.37
City Memphis State TN Zip Code 38194-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Category/Type	[MEMO ITEM] MEMO: SHIPPING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	956.14
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial)		Transaction ID: 60320.E3716																					
A. Misc. Expenses Under Threshold		Date of Disbursement																					
Mailing Address Vendors Total are Under \$200		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	3		2	0	0	6														
City Irvine	State CA	Zip Code 92616-	Amount of Each Disbursement this Period																				
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200		Category/ Type	41.37																				
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State: District:			MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200																				

Full Name (Last, First, Middle Initial)		Transaction ID: 60320.E3712																					
B. Thaifoon-Taste of Asia		Date of Disbursement																					
Mailing Address 857 Newport Center		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	3		2	0	0	6														
City Newport Beach	State CA	Zip Code 92660-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAMPAIGN MEETING		Category/ Type	283.51																				
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State: District:			MEMO: CAMPAIGN MEETING																				

Full Name (Last, First, Middle Initial)		Transaction ID: 60320.E3713																					
C. Vessia Ristorante		Date of Disbursement																					
Mailing Address 3966 Barranca Parkway, Suite B		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	3		2	0	0	6														
City Irvine	State CA	Zip Code 92606-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAMPAIGN MEETING		Category/ Type	547.70																				
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State: District:			MEMO: CAMPAIGN MEETING																				

SUBTOTAL of Disbursements This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Card Services		Transaction ID: 60320.E3715 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006	
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 83.56	
City Los Angeles State CA Zip Code 90054-0349	Purpose of Disbursement CREDIT CARD FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CREDIT CARD FEES	

Full Name (Last, First, Middle Initial) B. Wells Fargo Card Services		Transaction ID: 60412.E3753 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 959.30	
City Los Angeles State CA Zip Code 90054-0349	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PAYMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 60412.E3756 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 350.00	
City Washington State DC Zip Code 20003-0000	Purpose of Disbursement CAMPAIGN MEETING MEALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEETING MEALS	

SUBTOTAL of Disbursements This Page (optional) ▶	959.30
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address P.O. Box 1140 Dept. A

City Memphis State TN Zip Code 38194-

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60412.E3755

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

485.75

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

[MEMO ITEM]

MEMO: SHIPPING

Full Name (Last, First, Middle Initial)

B. Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City Irvine State CA Zip Code 92616-

Purpose of Disbursement
MISC. CAMPAIGN EXPENSES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60412.E3758

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

123.55

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

[MEMO ITEM]

MEMO: MISC. CAMPAIGN EXPE-
NSES

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

103265.15

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 66

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. CA 50 Congressional Victory Committee		Transaction ID: 60412.E3719 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 40385		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-0000	Purpose of Disbursement FEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. California Womens Leadership Assn PAC		Transaction ID: 60412.E3742 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 27312 Calle Arroyo		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Juan State CA Zip Code 92675-	Purpose of Disbursement MEMBERSHIP FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Natl Republican Congressional Committee		Transaction ID: 60414.E3772 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-0000	Purpose of Disbursement CONTRIBUTION TO NATIONAL PARTY Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 66

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial)

A. Natl Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-0000

Purpose of Disbursement
CONTRIBUTION TO NATIONAL PARTY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60412.E3717

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 57 / 66
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Campbell for Congress

Transaction ID: LS50630.C3737

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 20 Y Y Y Y 2005	20060620	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	200000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 58 / 66
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Campbell for Congress

Transaction ID: LS50823.C3898

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred MM DD YY 08 03 2005	Date Due 20061231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 59 / 66
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Campbell for Congress

Transaction ID: LS50916.C4201

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 06 Y Y Y Y 2005	20061231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
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)
 Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period 10000.00	Transaction ID: 16LS51122.E3378	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period 15000.00	Transaction ID: 17LS51122.E3376	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Design for Mail Piece
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period 3225.00	Transaction ID: 18LS60105.E3624	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3225.00

1) SUBTOTALS This Period This Page (optional).....	28225.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 / 66
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Radio/TV Ad Production
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="3018.10"/>	Transaction ID: 19LS60105.E3625	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3018.10"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="15000.00"/>	Transaction ID: 20LS60105.E3626	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Design and Artwork for Mail Pieces
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="2250.00"/>	Transaction ID: 5LS60105.E3627	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2250.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="20268.10"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 / 66
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Campaign Expenses
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 8LS60412.E3769	
Amount Incurred This Period 3490.97	Payment This Period 0.00	Outstanding Balance at Close of This Period 3490.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Stationary
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 9LS60412.E3771	
Amount Incurred This Period 2181.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 2181.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing & Mailing-Debt Pmt
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 764.70	Transaction ID: 21LS60320.E3687	
Amount Incurred This Period 0.00	Payment This Period 764.70	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	5672.53
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
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)
 Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 The Monaco Group, Inc. Nature of Debt (Purpose):
 Print Fundraising Invites

Mailing Address 1000 Ortega Way, Bldg C

City State ZIP Code
 Placentia CA 92870-0000

Outstanding Balance Beginning This Period **Transaction ID: 10LS60105.E3613**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 The Monaco Group, Inc. Nature of Debt (Purpose):
 Postage-Debt Pmt

Mailing Address 1000 Ortega Way, Bldg C

City State ZIP Code
 Placentia CA 92870-0000

Outstanding Balance Beginning This Period **Transaction ID: 11LS60320.E3688**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 The Monaco Group, Inc. Nature of Debt (Purpose):
 Printing & Mailing-Debt Pmt

Mailing Address 1000 Ortega Way, Bldg C

City State ZIP Code
 Placentia CA 92870-0000

Outstanding Balance Beginning This Period **Transaction ID: 22LS60320.E3689**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1818.13"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
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)
 Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing Mail Piece
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 10090.89	Transaction ID: 23LS60105.E3617	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10090.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing Mail Piece
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 5012.17	Transaction ID: 1LS60105.E3620	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5012.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T filka SBC California	Nature of Debt (Purpose): Telephone
Mailing Address Payment Center	
City State ZIP Code Van Nuys CA 91388-0000	

Outstanding Balance Beginning This Period 392.72	Transaction ID: 13LS60320.E3680	
Amount Incurred This Period 0.00	Payment This Period 188.24	Outstanding Balance at Close of This Period 204.48

1) SUBTOTALS This Period This Page (optional).....	15307.54
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
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)
 Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc.	Nature of Debt (Purpose): Mailing List
Mailing Address P.O. Box 1706	
City State ZIP Code Burbank CA 91507-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 24LS60412.E3768	
Amount Incurred This Period 1236.97	Payment This Period 0.00	Outstanding Balance at Close of This Period 1236.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Sara Myers	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 201 Bay Shore Avenue, #307	
City State ZIP Code Long Beach CA 90803-0000	

Outstanding Balance Beginning This Period 33890.08	Transaction ID: 12LS60104.E3535	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33890.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Sara Myers	Nature of Debt (Purpose): Fundraising Service Fee
Mailing Address 201 Bay Shore Avenue, #307	
City State ZIP Code Long Beach CA 90803-0000	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 14LS60412.E3770	
Amount Incurred This Period 27559.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 27559.19

1) SUBTOTALS This Period This Page (optional).....	62686.24
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
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)
 Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Storage West
 Nature of Debt (Purpose):
 Storage

Mailing Address 2892 Kelvin Avenue

City State ZIP Code
 Irvine CA 92614-5826

Outstanding Balance Beginning This Period	Transaction ID: 6LS60130.E3654	
115.95		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	115.95	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Keelen Communications, Inc.
 Nature of Debt (Purpose):
 Fundraiser Costs

Mailing Address P.O. Box 2776

City State ZIP Code
 Arlington VA 22202-0000

Outstanding Balance Beginning This Period	Transaction ID: 4LS60105.E3631	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
5697.67	5697.67	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Robert Ball
 Nature of Debt (Purpose):
 Attorney Fees

Mailing Address 225 Broadway, Suite 2220

City State ZIP Code
 San Diego CA 92101-0000

Outstanding Balance Beginning This Period	Transaction ID: LS60320.E3684	
10022.85		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	10022.85	0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	133977.54
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	