

# 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  
John Campbell For Congress

ADDRESS (number and street) 4590 Macarthur Boulevard  
Suite 500  
 Check if different than previously reported. (ACC)  
Newport Beach CA 92660 2028

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 07 01 2008 through 09 30 2008

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 10 15 2008

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

John Campbell For Congress

Report Covering the Period:

From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	78875.00	940179.40
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	7050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	78875.00	933129.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	106885.23	434213.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	862.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	106885.23	433350.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	381067.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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 12/2003)

Write or Type Committee Name  
John Campbell For Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

27050.00

617990.00

(ii) Unitemized.....

825.00

6699.47

(iii) TOTAL of contributions

27875.00

624689.47

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

51000.00

314319.93

(d) The Candidate.....

0.00

1170.00

(e) TOTAL CONTRIBUTIONS (other than loans)

78875.00

940179.40

(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

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

862.58

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

1990.90

1990.90

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

80865.90

943032.88

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	106885.23	434213.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	7050.00
21. OTHER DISBURSEMENTS.....	1125.00	75385.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	108010.23	616648.17

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	408211.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	80865.90
25. SUBTOTAL (add Line 23 and Line 24).....	489077.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108010.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	381067.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 44
	<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	

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)  
John Campbell For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Michaela Del Signore		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 2399 Redlands Drive		<b>Transaction ID:</b> A-C9270
	City Newport Beach	State CA	Zip Code 92660-3400
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer n/a	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joe Del Signore		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 2399 Redlands Drive		<b>Transaction ID:</b> A-C9269
	City Newport Beach	State CA	Zip Code 92660-3400
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer American Medical Tech, Inc.	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Virginia Wetterau		Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 19 Old Ranch Road		<b>Transaction ID:</b> A-C9309
	City Laguna Niguel	State CA	Zip Code 92677-9210
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer n/a	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) William Doddridge</p> <p>Mailing Address 15732 Tustin Village Way</p> <p>City State Zip Code Tustin CA 92780-4924</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Goldenwest Diamond Corp Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 2 2 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> A-C9333</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Marylin Stephens</p> <p>Mailing Address 563 Wilcox Avenue</p> <p>City State Zip Code Los Angeles CA 90004-1110</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation n/a Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 2 2 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> A-C9334</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Harland L Burge</p> <p>Mailing Address 25731 Dillon Road</p> <p>City State Zip Code Laguna Hills CA 92653-5871</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Employed Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 0 3 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> A-C9306</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3050.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephen Anderson

Mailing Address 1820 E Garry Avenue  
Suite 106

City State Zip Code  
Santa Ana CA 92705-5804

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

Name of Employer Occupation  
Shaent President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2008

**Transaction ID:** A-C9262

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mark S Wetterau

Mailing Address 19 Old Ranch Road

City State Zip Code  
Laguna Niguel CA 92677-9210

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

Name of Employer Occupation  
Golden State Foods CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2008

**Transaction ID:** A-C9308

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Laura Catalino

Mailing Address 2665 Riviera Drive

City State Zip Code  
Laguna Beach CA 92651-1027

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

Name of Employer Occupation  
Self-Employed Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2008

**Transaction ID:** A-C9250

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

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

Mailing Address 3709 Hillary Court

City State Zip Code  
Santa Rosa CA 95403-1590

FEC ID number of contributing federal political committee. C

Name of Employer American Medical Tech, Inc. Occupation Healthcare Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4600.00

Date of Receipt M M / D D / Y Y Y Y  
08 / 27 / 2008

**Transaction ID:** A-C9297

Amount of Each Receipt this Period 2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bruce Ogilvie

Mailing Address 33 Blue Heron

City State Zip Code  
Irvine CA 92603-0306

FEC ID number of contributing federal political committee. C

Name of Employer Super D Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 29 / 2008

**Transaction ID:** A-C9261

Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 1017 Granville Drive

City State Zip Code  
Newport Beach CA 92660-6205

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2800.00

Date of Receipt M M / D D / Y Y Y Y  
08 / 11 / 2008

**Transaction ID:** A-C9268

Amount of Each Receipt this Period 2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 6900.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 44

(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)  
John Campbell For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Yossie Hollander

Mailing Address 46 Blue Heron

City Irvine State CA Zip Code 92603-0307

FEC ID number of contributing federal political committee. C

Name of Employer 4D Software, Inc. Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 09 / 22 / 2008

**Transaction ID:** A-C9331

Amount of Each Receipt this Period 2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Dana Hollander

Mailing Address 46 Blue Heron

City Irvine State CA Zip Code 92603-0307

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 22 / 2008

**Transaction ID:** A-C9332

Amount of Each Receipt this Period 2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Diane Morton

Mailing Address 147 Alamo Hills Court

City Alamo State CA Zip Code 94507-2243

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2008

**Transaction ID:** A-C9316

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 5100.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 44	
	(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)  
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial) Mark S Wetterau	
Mailing Address 19 Old Ranch Road	
City Laguna Niguel	State Zip Code CA 92677-9210
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Golden State Foods	Occupation CEO
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY 09 / 03 / 2008
Transaction ID: A-C9307
Amount of Each Receipt this Period 2300.00
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	27050.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 44  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

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

Mailing Address 591 Redwood Highway  
Suite 4000

City Mill Valley State CA Zip Code 94941-3039

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** A-C9276

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Real Estate Investment Trusts PAC

Mailing Address 1875 I Street NW  
Suite 600

City Washington State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 8

**Transaction ID:** A-C9335

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
USAA Employee PAC

Mailing Address 601 Pennsylvania Avenue NW  
Suite 225

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** A-C9274

Amount of Each Receipt this Period  
1000.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.** Full Name (Last, First, Middle Initial)  
St. Jude Medical PAC  
Mailing Address 1 Lillehei Plaza  
City Saint Paul State MN Zip Code 55117-1761  
FEC ID number of contributing federal political committee. **C** C00305029  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: A-C9342  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
New York Life PAC  
Mailing Address 51 Madison Avenue  
City New York State NY Zip Code 10010-1603  
FEC ID number of contributing federal political committee. **C** C00158881  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00  
Date of Receipt 08 / 08 / 2008  
Transaction ID: A-C9275  
Amount of Each Receipt this Period 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Union Pacific Corporation PAC  
Mailing Address 600 13th Street NW Suite 340  
City Washington State DC Zip Code 20005-3012  
FEC ID number of contributing federal political committee. **C** C00010470  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 08 / 18 / 2008  
Transaction ID: A-C9287  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 44

(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)  
John Campbell For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Associated General Contractors PAC

Mailing Address 3095 Beacon Boulevard

City State Zip Code  
West Sacramento CA 95691-3462

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: A-C9259

Amount of Each Receipt this Period

2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Free and Strong America PAC, Inc.

Mailing Address PO Box 79226

City State Zip Code  
Waverley MA 02479-0226

FEC ID number of contributing federal political committee. **C** C00449280

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C9314

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
NAIOP PAC

Mailing Address 30151 Tomas

City State Zip Code  
Rancho Santa Marga CA 92688-2125

FEC ID number of contributing federal political committee. **C** C00233304

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C9252

Amount of Each Receipt this Period

1500.00

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

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

5000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 44  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.** Full Name (Last, First, Middle Initial)  
Independent Insurance Agents & Brokers PAC

Mailing Address 412 1st Street SE  
Suite 300

City State Zip Code  
Washington DC 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

**Transaction ID:** A-C9292

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1301 K Street NW  
Suite 800W

City State Zip Code  
Washington DC 20005-3317

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

**Transaction ID:** A-C9272

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
AT&T, Inc. Federal PAC

Mailing Address 175 E. Houston, Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

**Transaction ID:** A-C9284

Amount of Each Receipt this Period  
2000.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.**

Full Name (Last, First, Middle Initial)  
NAMIC PAC

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing federal political committee. C C00170258

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

**Transaction ID:** A-C9271

Amount of Each Receipt this Period 1000.00

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 PO Box 365

City State Zip Code  
Washington DC 20044-0365

FEC ID number of contributing federal political committee. C C00211318

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

**Transaction ID:** A-C9312

Amount of Each Receipt this Period 2000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
AICPA

Mailing Address 220 Leigh Farm Road

City State Zip Code  
Durham NC 27707-8110

FEC ID number of contributing federal political committee. C C00077321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8246.78

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

**Transaction ID:** A-C9278

Amount of Each Receipt this Period 1500.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.** Full Name (Last, First, Middle Initial)  
Bank Of America California PAC

Mailing Address 600 Peachtree Street NE  
Suite 1500

City Atlanta State GA Zip Code 30308-2219

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** A-C9313  
Amount of Each Receipt this Period: 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MetLife, Inc. Employees PAC

Mailing Address One Metlife Plaza  
27-01 Queens Plaza North, Area 4D

City Long Island City State NY Zip Code 11101

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 25 / 2008  
**Transaction ID:** A-C9294  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Assn of Insurance & Financial Advisors PAC

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 08 / 08 / 2008  
**Transaction ID:** A-C9277  
Amount of Each Receipt this Period: 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8500.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 44  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.** Full Name (Last, First, Middle Initial)  
PCIPAC  
Mailing Address 2600 S River Road  
City State Zip Code  
Des Plaines IL 60018-3203  
FEC ID number of contributing federal political committee. **C** C00066472  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt: 09 / 30 / 2008  
Transaction ID: A-C9343  
Amount of Each Receipt this Period: 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Altria Group, Inc. PAC  
Mailing Address 120 Park Avenue  
City State Zip Code  
New York NY 10017-5577  
FEC ID number of contributing federal political committee. **C** C00089136  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 08 / 01 / 2008  
Transaction ID: A-C9260  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association PAC  
Mailing Address 1100 King Street # 600  
City State Zip Code  
Alexandria VA 22314-2925  
FEC ID number of contributing federal political committee. **C** C00144766  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt: 09 / 24 / 2008  
Transaction ID: A-C9336  
Amount of Each Receipt this Period: 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 18 / 44  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.** Full Name (Last, First, Middle Initial)  
AFLAC Inc. PAC

Mailing Address 1932 Wynnton Road

City State Zip Code  
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

**Transaction ID:** A-C9295

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lincoln National Corporation PAC

Mailing Address 1300 S Clinton Street

City State Zip Code  
Fort Wayne IN 46802-3506

FEC ID number of contributing federal political committee. **C** C00110577

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

**Transaction ID:** A-C9293

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wellpoint, Inc. PAC - WELL PAC

Mailing Address 120 Monument Circle

City State Zip Code  
Indianapolis IN 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

**Transaction ID:** A-C9288

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 44  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

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

Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
08 / 11 / 2008

**Transaction ID:** A-C9273

Amount of Each Receipt this Period 3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Council of Insurance Agents & Brokers PAC

Mailing Address 701 Pennsylvania Avenue NW Suite 750

City Washington State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
08 / 08 / 2008

**Transaction ID:** A-C9279

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
JPMorgan Chase & Co. Federal PAC

Mailing Address 10 S Dearborn Street

City Chicago State IL Zip Code 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt MM / DD / YYYY  
08 / 18 / 2008

**Transaction ID:** A-C9286

Amount of Each Receipt this Period 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 44  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)  
Specialty Equipment Market Association

Mailing Address 1575 Valley Vista Drive

City State Zip Code  
Diamond Bar CA 91765-3914

FEC ID number of contributing federal political committee. **C** C00389403

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2008

Transaction ID: A-C9251

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	51000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 44
	(check only one)	
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Wells Fargo Card Services

Mailing Address PO Box 54349

City State Zip Code  
Los Angeles CA 90054-0349

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.90

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2008

**Transaction ID:** A-M9327

Amount of Each Receipt this Period  
370.90

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

**B.**

Full Name (Last, First, Middle Initial)  
ONPVGC

Mailing Address 921 11th Street  
Suite 400

City State Zip Code  
Sacramento CA 95814-2882

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1620.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2008

**Transaction ID:** A-M9341

Amount of Each Receipt this Period  
1620.00

Refund: Slate was Canceled by Vendor  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1990.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1990.90</b>

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
John Campbell For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cellular Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9289</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 170.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CL7 Communications</p> <p>Mailing Address 2125 Loma Verde Drive</p> <p>City Fullerton State CA Zip Code 92833-1712</p> <p>Purpose of Disbursement Fundraising Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9264</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Campaign Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9256</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 31.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2701.29

**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)  
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement  
Cellular Phone  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B-E-9255  
Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

85.07

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

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement  
Cellular Phone  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B-S-461  
Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

282.97

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

**[MEMO ITEM]**

Subitemization of Wells Fargo Card Services(09/19-/08)

C.

Full Name (Last, First, Middle Initial)  
Cingular Wireless

Mailing Address PO Box 60017

City Los Angeles State CA Zip Code 90060-0017

Purpose of Disbursement  
Wireless Fees  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B-S-451  
Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

1203.83

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

**[MEMO ITEM]**

Subitemization of Wells Fargo Card Services(07/25-/08)

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

85.07

**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)  
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)  
Transfirst, LLC

Mailing Address 3 San Joaquin Plaza  
Suite 100

City Newport Beach State CA Zip Code 92660-5944

Purpose of Disbursement  
Credit Card Discount Gees

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9321  
Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

166.26

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

B.

Full Name (Last, First, Middle Initial)  
CRA Voter Guide

Mailing Address PO Box 276101

City Sacramento State CA Zip Code 95827-6101

Purpose of Disbursement  
Appearance in Slate Mailer

Candidate Name

006  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9301  
Date of Disbursement

09 / 01 / 2008

Amount of Each Disbursement this Period

772.00

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

C.

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

Mailing Address PO Box 53779

City Phoenix State AZ Zip Code 85072-3779

Purpose of Disbursement  
Credit Card Discount Fees

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9322  
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

4.50

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

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

942.76

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 25 / 44

<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)  
John Campbell For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) CL7 Communications  Mailing Address 2125 Loma Verde Drive  City Fullerton State CA Zip Code 92833-1712  Purpose of Disbursement Fundraising Commission Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9249 Date of Disbursement 07 / 12 / 2008  Amount of Each Disbursement this Period 26712.45  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) UPS  Mailing Address PO Box 505820  City The Lakes State NV Zip Code 88905-5820  Purpose of Disbursement Townhouse Rental for Fundraise Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-455 Date of Disbursement 09 / 12 / 2008  Amount of Each Disbursement this Period 200.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of Capital Strategies DC(09/12/08)
<b>C.</b>	Full Name (Last, First, Middle Initial) CompleteCampaigns.com  Mailing Address 3536 Ruffin Road Floor 3  City San Diego State CA Zip Code 92123-2502  Purpose of Disbursement Software Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9238 Date of Disbursement 07 / 08 / 2008  Amount of Each Disbursement this Period 375.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**27087.45**

**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)  
John Campbell For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wells Fargo Card Services</p> <p>Mailing Address PO Box 54349</p> <p>City Los Angeles State CA Zip Code 90054-0349</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-460 <b>Date of Disbursement</b> 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 55.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Wells Fargo Card Services(09/05-/08)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capital Strategies DC</p> <p>Mailing Address PO Box 1605</p> <p>City Alexandria State VA Zip Code 22313-1605</p> <p>Purpose of Disbursement Fundraising Expenses:See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9311 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 953.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capital Strategies DC</p> <p>Mailing Address PO Box 1605</p> <p>City Alexandria State VA Zip Code 22313-1605</p> <p>Purpose of Disbursement Fundraising Commission</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9266 <b>Date of Disbursement</b> 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5275.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**6228.98**

**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)  
John Campbell For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The KAL Group</p> <p>Mailing Address 976 Pacific Avenue</p> <p>City Willows State CA Zip Code 95988-9788</p> <p>Purpose of Disbursement Bookkeeping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9263</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 618.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gilliard, Blanning &amp; Associates</p> <p>Mailing Address 921 11th Street Suite 400</p> <p>City Sacramento State CA Zip Code 95814-2882</p> <p>Purpose of Disbursement Lawn Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9300</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2066.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 3536 Ruffin Road Floor 3</p> <p>City San Diego State CA Zip Code 92123-2502</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9305</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3059.51

**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)  
John Campbell For Congress

A.	Full Name (Last, First, Middle Initial) Engage LLC	Transaction ID: B-E-9339
	Mailing Address PO Box 8522	Date of Disbursement 09 / 29 / 2008
	City Falls Church State VA Zip Code 22041-8522	Amount of Each Disbursement this Period 5250.00
	Purpose of Disbursement Website Development 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 State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Wells Fargo Card Services	Transaction ID: B-E-9326
	Mailing Address PO Box 54349	Date of Disbursement 09 / 05 / 2008
	City Los Angeles State CA Zip Code 90054-0349	Amount of Each Disbursement this Period 58.00
	Purpose of Disbursement Credit Card Payment:See Memo 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 State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Original vendors exceeding reporting threshold itemized as memo transactions.

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B-E-9324
	Mailing Address PO Box 53779	Date of Disbursement 08 / 11 / 2008
	City Phoenix State AZ Zip Code 85072-3779	Amount of Each Disbursement this Period 135.70
	Purpose of Disbursement Credit Card Discount Fees 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 State: District:	Category/Type 003
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5443.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) The KAL Group</p> <p>Mailing Address 976 Pacific Avenue</p> <p>City Willows State CA Zip Code 95988-9788</p> <p>Purpose of Disbursement Bookkeeping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9239</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 834.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Category/Type: 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Continuing the Republican Revolution Slate</p> <p>Mailing Address 1300 Bristol Street N Suite 100</p> <p>City Newport Beach State CA Zip Code 92660-2989</p> <p>Purpose of Disbursement Appearance on Slate Mailer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9282</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1060.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Category/Type: 004</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wells Fargo Card Services</p> <p>Mailing Address PO Box 54349</p> <p>City Los Angeles State CA Zip Code 90054-0349</p> <p>Purpose of Disbursement Credit Card Payment: See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9253</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1673.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Category/Type: 001</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

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

3568.60

**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)  
John Campbell For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Cox Media Mailing Address 29947 Avenida De Las Bandera City Rancho Santa Marga State CA Zip Code 92688-2113 Purpose of Disbursement Television Advertising Candidate Name	Transaction ID: B-S-464 Date of Disbursement 09 / 26 / 2008 Amount of Each Disbursement this Period 22847.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: 004 <b>[MEMO ITEM]</b> Subitemization of Gilliard, Blanning & Associates(-09/26/08)	

<b>B.</b> Full Name (Last, First, Middle Initial) CL7 Communications Mailing Address 2125 Loma Verde Drive City Fullerton State CA Zip Code 92833-1712 Purpose of Disbursement Reimbursement:See Memos Candidate Name	Transaction ID: B-E-9237 Date of Disbursement 07 / 08 / 2008 Amount of Each Disbursement this Period 63.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: 003 Original vendors exceeding reporting threshold itemized as memo transactions.	

<b>C.</b> Full Name (Last, First, Middle Initial) COGS South Mailing Address 3309 S Main Street City Santa Ana State CA Zip Code 92707-4406 Purpose of Disbursement Lawn Signs Candidate Name	Transaction ID: B-S-454 Date of Disbursement 09 / 01 / 2008 Amount of Each Disbursement this Period 2066.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: 006 <b>[MEMO ITEM]</b> Subitemization of Gilliard, Blanning & Associates(-09/01/08)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	63.00
<b>TOTAL</b> 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)  
John Campbell For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Family, Faith &amp; Freedom Association</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624-3985</p> <p>Purpose of Disbursement Appearance in Slate Mailer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9303 <b>Date of Disbursement</b> 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 568.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pick Up Stix</p> <p>Mailing Address 1112 Irvine Avenue</p> <p>City Newport Beach State CA Zip Code 92660-4603</p> <p>Purpose of Disbursement Staff Meeting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-453 <b>Date of Disbursement</b> 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 322.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Wells Fargo Card Services(07/25-/08)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) COGS South</p> <p>Mailing Address 3309 S Main Street</p> <p>City Santa Ana State CA Zip Code 92707-4406</p> <p>Purpose of Disbursement Street Signs Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-465 <b>Date of Disbursement</b> 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5092.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Gilliard, Blanning &amp; Associates(-09/29/08)</p>

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

568.00

**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)  
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)  
Bieber Communications

Mailing Address 3609 W Macarthur Boulevard

City Santa Ana State CA Zip Code 92704-6850

Purpose of Disbursement  
Envelopes

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9281  
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

258.60

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

B.

Full Name (Last, First, Middle Initial)  
Transfirst, LLC

Mailing Address 3 San Joaquin Plaza Suite 100

City Newport Beach State CA Zip Code 92660-5944

Purpose of Disbursement  
Credit Card Discount Fees

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9323  
Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

151.93

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

C.

Full Name (Last, First, Middle Initial)  
Premier Business Centers

Mailing Address 4590 Macarthur Boulevard Suite 500

City Newport Beach State CA Zip Code 92660-2028

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9258  
Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

175.00

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

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

585.53

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)  
John Campbell For Congress

A.	Full Name (Last, First, Middle Initial) Gilliard, Blanning & Associates <hr/> Mailing Address 921 11th Street Suite 400 <hr/> City Sacramento State CA Zip Code 95814-2882 <hr/> Purpose of Disbursement Street Signs and Placement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9340 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 7592.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B.	Full Name (Last, First, Middle Initial) Independent Voters League <hr/> Mailing Address 2912 Old Bennett Ridge Road <hr/> City Santa Rosa State CA Zip Code 95404-8857 <hr/> Purpose of Disbursement Slate Mailer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9330 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Wells Fargo Card Services <hr/> Mailing Address PO Box 54349 <hr/> City Los Angeles State CA Zip Code 90054-0349 <hr/> Purpose of Disbursement Credit Card Payment: See Memo Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9325 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 280.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11722.08</b>
<b>TOTAL</b> 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)  
John Campbell For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cellular Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9329</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="85.07"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Laguna Woods Communications</p> <p>Mailing Address 24351 El Toro Road Floor 3</p> <p>City Laguna Woods State CA Zip Code 92637-2738</p> <p>Purpose of Disbursement Television Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-463</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1800.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Gilliard, Blanning &amp; Associates(-09/26/08)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ONPVG C</p> <p>Mailing Address 921 11th Street Suite 400</p> <p>City Sacramento State CA Zip Code 95814-2882</p> <p>Purpose of Disbursement Appearance on Slate Mailer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9283</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1620.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 44

<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)  
John Campbell For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Premier Business Centers  Mailing Address 4590 Macarthur Boulevard Suite 500  City Newport Beach State CA Zip Code 92660-2028  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9296 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 175.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) CL7 Communications  Mailing Address 2125 Loma Verde Drive  City Fullerton State CA Zip Code 92833-1712  Purpose of Disbursement Fundraising Retainer Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9236 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) CL7 Communications  Mailing Address 2125 Loma Verde Drive  City Fullerton State CA Zip Code 92833-1712  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9299 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 16.80  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2691.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 3536 Ruffin Road Floor 3</p> <p>City San Diego State CA Zip Code 92123-2502</p> <p>Purpose of Disbursement Software Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9265 <b>Date of Disbursement</b> 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cellular Phone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-450 <b>Date of Disbursement</b> 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 190.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Wells Fargo Card Services(07/25-/08)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The KAL Group</p> <p>Mailing Address 976 Pacific Avenue</p> <p>City Willows State CA Zip Code 95988-9788</p> <p>Purpose of Disbursement Bookkeeping Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9310 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 409.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

784.34

**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)  
John Campbell For Congress

A.	Full Name (Last, First, Middle Initial) Susan Gage Catering	Transaction ID: B-S-457 Date of Disbursement 09 / 12 / 2008
	Mailing Address 7411 Livingston Road	Amount of Each Disbursement this Period 308.00
	City Oxon Hill State MD Zip Code 20745-1747	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Catering Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Capital Strategies DC(09/12/08)
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CL7 Communications	Transaction ID: B-E-9344 Date of Disbursement 09 / 30 / 2008
	Mailing Address 2125 Loma Verde Drive	Amount of Each Disbursement this Period 2500.00
	City Fullerton State CA Zip Code 92833-1712	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Retainer Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Wells Fargo Card Services	Transaction ID: B-E-9254 Date of Disbursement 07 / 15 / 2008
	Mailing Address PO Box 54349	Amount of Each Disbursement this Period 54.00
	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 memos Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2554.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
John Campbell For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) CL7 Communications</p> <p>Mailing Address 2125 Loma Verde Drive</p> <p>City Fullerton State CA Zip Code 92833-1712</p> <p>Purpose of Disbursement Fundraising Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9298</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Leisure Capital Management, Inc.</p> <p>Mailing Address 650 Town Center Drive Suite 670</p> <p>City Costa Mesa State CA Zip Code 92626-7018</p> <p>Purpose of Disbursement Financial Management Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9290</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 249.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Time Warner</p> <p>Mailing Address 1 Time Warner Center</p> <p>City New York State NY Zip Code 10019-6038</p> <p>Purpose of Disbursement Television Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-462</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 8032.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Gilliard, Blanning &amp; Associates(-09/26/08)</p>

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

2749.00

**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 39 / 44

<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)  
John Campbell For Congress

A.

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

Mailing Address 921 11th Street  
Suite 400

City Sacramento State CA Zip Code 95814-2882

Purpose of Disbursement  
Cable Television Advertisement

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9337  
Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

32679.00

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

Original vendors exceeding reporting threshold itemized as memo transactions.

B.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address PO Box 505820

City The Lakes State NV Zip Code 88905-5820

Purpose of Disbursement  
Shipping

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-456  
Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

115.98

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

[MEMO ITEM]  
Subitemization of Capital Strategies DC(09/12/08)

C.

Full Name (Last, First, Middle Initial)  
Premier Business Centers

Mailing Address 4590 Macarthur Boulevard  
Suite 500

City Newport Beach State CA Zip Code 92660-2028

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9304  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

175.00

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

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

32854.00

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)  
John Campbell For Congress

A.

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

Mailing Address PO Box 53779

City Phoenix State AZ Zip Code 85072-3779

Purpose of Disbursement  
Credit Card Discount Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9353  
Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

5.90

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

B.

Full Name (Last, First, Middle Initial)  
Cafe Recess

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
Fundraising Catering

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-458  
Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

330.00

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

**[MEMO ITEM]**

Subitemization of Capital Strategies DC(09/12/08)

C.

Full Name (Last, First, Middle Initial)  
Transfirst, LLC

Mailing Address 3 San Joaquin Plaza Suite 100

City Newport Beach State CA Zip Code 92660-5944

Purpose of Disbursement  
Credit Card Discount Fees

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-9320  
Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

568.47

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

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

574.37

**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)  
John Campbell For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) California Taxpayer Protection Committee Voter Guide Mailing Address 9321 Silverbend Lane City Elk Grove State CA Zip Code 95624-3985 Purpose of Disbursement Appearance in Slate Mailer Candidate Name	Transaction ID: B-E-9302 Date of Disbursement MM / DD / YYYY 09 / 01 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 006

<b>B.</b> Full Name (Last, First, Middle Initial) Impact Placement Mailing Address 22431 Antonio Parkway City Rancho Santa Marga State CA Zip Code 92688-2804 Purpose of Disbursement Placement of Signs Candidate Name	Transaction ID: B-S-466 Date of Disbursement MM / DD / YYYY 09 / 29 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

**[MEMO ITEM]**  
Subitemization of Gilliard, Blanning & Associates(-09/29/08)

<b>C.</b> Full Name (Last, First, Middle Initial) Aristotle Publishing Mailing Address 205 Pennsylvania Avenue SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Credit Card Discount Fees Candidate Name	Transaction ID: B-E-9246 Date of Disbursement MM / DD / YYYY 07 / 03 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>810.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
John Campbell For Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Cellular Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9234 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 80.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 54349 City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-452 Date of Disbursement 07 / 25 / 2008 Amount of Each Disbursement this Period 35.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Wells Fargo Card Services(07/25-/08)
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Campaign Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9291 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 26.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

106.68

**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 43 / 44

<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)  
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)  
US Postal Service

Mailing Address 1920 W Commonwealth Avenue

City Fullerton State CA Zip Code 92837-9990

Purpose of Disbursement  
Postage

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-444

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

63.00

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

**[MEMO ITEM]**

Subitemization of CL7 Com-  
munications(07/08/08)

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

0.00

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

106885.23

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)  
Sean Parnell for Congress

Mailing Address PO Box 100719

City Anchorage State AK Zip Code 99510-0719

Purpose of Disbursement

Candidate Name  
Sean Parnell

Office Sought:  House  
 Senate  
 President  
State: AK District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B-E-9267  
Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)  
Republican Party of Orange County

Mailing Address 1800 W Katella Avenue  
Suite 210

City Orange State CA Zip Code 92867-3444

Purpose of Disbursement

Candidate Name  
Republican Party of Orange County

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B-E-9257  
Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

125.00

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

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

1125.00

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

1125.00