



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Mary Bono Committee

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	194542.20	200252.20
(b) Total Contribution Refunds (from Line 20(d)).....	2000.00	7145.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	192542.20	193107.20
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	103883.92	220006.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	7062.49	7062.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	96821.43	212943.76
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>230917.14</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Mary Bono Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

137718.00

139518.00

(ii) Unitemized.....

19074.20

22784.20

(iii) TOTAL of contributions

156792.20

162302.20

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

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

37750.00

37950.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

194542.20

200252.20

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

.00

.00

13. LOANS

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

.00

.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS

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

.00

.00

14. OFFSETS TO OPERATING EXPENDITURES

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

7062.49

7062.49

15. OTHER RECEIPTS

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

.00

.00

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

201604.69

207314.69

**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.....	103883.92	220006.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2000.00	7145.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2000.00	7145.00
21. OTHER DISBURSEMENTS.....	21200.00	23200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	127083.92	250351.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	156396.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	201604.69
25. SUBTOTAL (add Line 23 and Line 24).....	358001.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	127083.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	230917.14

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 106
	<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Katherine Herbert Alden		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 2995 Woodside Road Suite 400		Transaction ID: 1175023632739
City Woodside State CA Zip Code 94062	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Woodside Hotels and Resorts	Occupation Proprietor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Corky Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 3740 W Caldwell Ave		Transaction ID: 1173801344603
City Visalia State CA Zip Code 93277	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pioneer Nursery	Occupation Farmer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Marion V. Ashley		Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2007
Mailing Address 1335 Rimrock Drive		Transaction ID: 1172675552818
City Perris State CA Zip Code 92570	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed	Occupation Real Estate	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jackie Autry

Mailing Address 328 W. Mountain view Place

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175025205638

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 8341 W Sunset Blvd Unit 6

City State Zip Code  
Los Angeles CA 90069

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: 1173965065364

Amount of Each Receipt this Period  
1250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr Morris R Beschloss

Mailing Address 71000 Tamarisk Lane

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 08 / 2007

Transaction ID: 1172679016632

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Edra Blixseth

Mailing Address 42-765 Dunes View RD

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer N/A Occupation Self

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173791640966

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs Emily Borba

Mailing Address 76-462 Via Chianti

City Indian Wells State CA Zip Code 92210

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

Name of Employer CBB Occupation Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173801448035

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Emily Bourne

Mailing Address 8 Wildhorse Ln

City Rolling Hills State CA Zip Code 90274

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 226.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 07 / 2007

Transaction ID: 1172686008498

Amount of Each Receipt this Period  
113.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>863.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Lori Bowers</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 79-245 Mandarin		<b>Transaction ID: 1173801203048</b>	
City State Zip Code La Quinta CA 92253	Amount of Each Receipt this Period 1700.00		
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Prudential Occupation Realtor	Election Cycle-to-Date ▼ 1700.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark A. Bragg</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007	
Mailing Address 64515 Via fermato		<b>Transaction ID: 1173792892281</b>	
City State Zip Code Palm Springs CA 92264	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Developer	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark A. Bragg</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 64515 Via fermato		<b>Transaction ID: 1173801297746</b>	
City State Zip Code Palm Springs CA 92264	Amount of Each Receipt this Period 1700.00		
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Developer	Election Cycle-to-Date ▼ 1950.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3650.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
TERRANCE COSGROVE

Mailing Address 620 6TH ST SOUTH

City State Zip Code  
Kirkland WA 98033

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

Name of Employer Occupation  
FMS, Inc Self

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

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175024778954

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
THERESA COSGROVE

Mailing Address 620 6TH ST SOUTH

City State Zip Code  
Kirkland WA 98033

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

Name of Employer Occupation  
Self FMS

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

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175024818467

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Martin Cancienne

Mailing Address 7075 Hwy 1 S  
PO Box 36

City State Zip Code  
Belle Rose LA 70341

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

Name of Employer Occupation  
Self Public relations

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

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175628427295

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Shirley Chuchian

Mailing Address 45-473 Camino del Ray

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer housewife Occupation housewife

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175626376041

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter B. Clark

Mailing Address 7675 La Jolla Blvd.  
Unit 203

City State Zip Code  
La Jolla CA 92037

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2007

Transaction ID: 1172588546767

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mary Cline

Mailing Address 1085 Deepwell RD

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173729526485

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

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

Mailing Address 55-150 Shoal Creek

City State Zip Code  
La Quinta CA 92253

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

Name of Employer Mine Reclamation Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175010055127

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rhett Day

Mailing Address PO Box 10330

City State Zip Code  
Palm Desert CA 92255

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

Name of Employer self Occupation Electric wholesaler

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2007

Transaction ID: 1173728090683

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Herbert Lee Dixson

Mailing Address 2542 Vale Ct.

City State Zip Code  
Davidsonville MD 21035

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

Name of Employer Robison International Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 1173801029791

Amount of Each Receipt this Period  
1700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Frank Donia

Mailing Address 79422 Montego Bay Drive

City State Zip Code  
Bermuda Dunes CA 92201

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 7

Transaction ID: 1172755129373

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ray D Edwards

Mailing Address 110 La Cerra Drive

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 7

Transaction ID: 1172687171602

Amount of Each Receipt this Period  
225.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Eichenberg

Mailing Address 1 Collins Is

City State Zip Code  
Newport Beach CA 92662

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

Name of Employer Occupation  
Ellison Ed. Eq. Incorporated Co-own small business

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 1172673195759

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1725.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Morton Farina

Mailing Address 8 Scarborough Way

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173792125077

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sara J. Finley

Mailing Address 909 Close LN

City Nashville State TN Zip Code 37205

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

Name of Employer Caremark RX, Inc. Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2007

Transaction ID: 1172590347250

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Foster

Mailing Address 1565 Deer Crossing Dr

City Diamond Bar State CA Zip Code 91765

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173799316125

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Gregory Frazier</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1019 Constitution Ave, NE		<b>Transaction ID: 1175629356468</b>	
City State Zip Code Washington DC 20002		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Info requested Occupation Info requested			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Helene V. Galen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 37791 Halper Lake Drive		<b>Transaction ID: 1173801382741</b>	
City State Zip Code Rancho Mirage CA 92270		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker Occupation Homemaker			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Tina Garcia</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 10541 N Broadway		<b>Transaction ID: 1175025289337</b>	
City State Zip Code Blythe CA 92225-1266		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Irvin Gettleman

Mailing Address 692 Mission Creek Drive

City State Zip Code  
Palm Desert CA 92211

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

Name of Employer  
Self-employed

Occupation  
Orthopedic Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2007

Transaction ID: 1175701753452

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Daniel R. Glickman

Mailing Address 4442 Hawthorne St., NW

City State Zip Code  
Washington DC 20016

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

Name of Employer  
Motion Picture Assoc. of America

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 1175627177990

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan A. Goldware

Mailing Address 2445 Rolling Ridge Road

City State Zip Code  
Riverside CA 92506

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

Name of Employer

Occupation  
Info Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2007

Transaction ID: 1172675464103

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

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

Mailing Address One Hawkeye Park  
69-844 Highway 111, Suite H

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2007

Transaction ID: 1172755805639

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mary Heckmann

Mailing Address

City State Zip Code

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

Name of Employer Self-employed Occupation Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175023756484

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Carolyn Heidenreich

Mailing Address 50-030 Monteloma CT

City La Quinta State CA Zip Code 92253

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175009158402

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Carolyn Heidenreich

Mailing Address 50-030 Monteloma CT

City State Zip Code  
La Quinta CA 92253

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175024867246

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ralph Hemingway

Mailing Address 1131 SW Klickitat Way

City State Zip Code  
Seattle WA 98134

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175025101955

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ralph Hemingway

Mailing Address 1131 SW Klickitat Way

City State Zip Code  
Seattle WA 98134

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175025117970

Amount of Each Receipt this Period  
700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms John Higgins

Mailing Address 11021 Oro Vista Avenue

City State Zip Code  
Sunland CA 91040

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

Name of Employer Occupation  
Telecom Inc. Telecom Technician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175023720767

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. James Houston

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173812661403

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173812692464

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 106
	<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)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline L. Houston

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Homemaker Homemaker

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

3800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1176233259527

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. James Houston

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Retired Retired

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1176233304135

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Retired Retired

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

3800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1176233346290

Amount of Each Receipt this Period  
1050.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline L. Houston

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Homemaker Homemaker

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1176233392086

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jacqueline L. Houston

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Homemaker Homemaker

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

3800.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1176233427569

Amount of Each Receipt this Period  
1050.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jacqueline L. Houston

Mailing Address 345 N. Via Las Palmas

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
Homemaker Homemaker

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

3800.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1176233541785

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
JENNIFER IMBRIANI

Mailing Address 33 Churchill Lane

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Jenco Productions Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175023113638

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs Dinesh Imbriani

Mailing Address 740 Creekside DR

City Redlands State CA Zip Code 92373

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175023038266

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. William M. Jeffrey

Mailing Address PO Box 253

City Thermal State CA Zip Code 92274

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: 1173727632879

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

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

Mailing Address 2630 Huntington Drive

City Aptos State CA Zip Code 95003

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 1172690655752

Amount of Each Receipt this Period  
290.00

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

**B.** Full Name (Last, First, Middle Initial)  
Carl J. Johnson

Mailing Address 1211 Minnesota Avenue

City Natrona Heights State PA Zip Code 15065

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

Name of Employer Il-VI Inc. Occupation Chairman and CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175022823057

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 14 Calle La Reina

City Rancho Mirage State CA Zip Code 92270-4099

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

Name of Employer Self Employed Occupation Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175010243541

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3290.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Maureen Kessler

Mailing Address 17632 Sunburst St

City Northridge State CA Zip Code 91325

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175010287226

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Knowlton

Mailing Address 47705 Vintage Club Dr East

City Indian Wells State CA Zip Code 92210

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2007

Transaction ID: 1172588371126

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address One Regency Drive

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173792063016

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 106
	<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)  
Mary Bono Committee

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

Mailing Address One Regency Drive

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173792832550

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Francis J. Kramer

Mailing Address 10491 Allante Ct.

City Gibsonia State PA Zip Code 15044

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

Name of Employer info requested Occupation info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175022624191

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joseph Kuzmanic

Mailing Address 17 PRINCETON DR

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 07 / 2007

Transaction ID: 1172688198321

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Torsten Leines

Mailing Address 43568 Bordeaux DR

City State Zip Code  
La Quinta CA 92253

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175009739735

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
W. Howard Lester

Mailing Address 3250 Van Ness Avenue

City State Zip Code  
San Francisco CA 94109

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

Name of Employer Williams-Sonoma, Inc. Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175023406640

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
R. Kirk Lester

Mailing Address 72390 Morningstar Road

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer info requested Occupation info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175023512745

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Rich Lipeles

Mailing Address PO Box 286

City State Zip Code  
Sunset Beach CA 90742

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175009585258

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
PAMELA MCGUIRE

Mailing Address 45655 APACHE RD

City State Zip Code  
INDIAN WELLS CA 92210

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175009022502

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
PAMELA MCGUIRE

Mailing Address 45655 APACHE RD

City State Zip Code  
INDIAN WELLS CA 92210

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175009049391

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

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

Mailing Address 74695 Wren DR

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer N/A Occupation Housewife

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2007

Transaction ID: 1172755697628

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mallard Financial Group, LLC

Mailing Address 72-960 Fred Waring Drive Ste. 7

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1176216826389

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Benjamin Daniels

Mailing Address 45421 Banff Springs Street

City State Zip Code  
Indio CA 92201

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

Name of Employer Occupation  
Mallard Financial Group Financial adviser

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1176216863732

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

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

Mailing Address 1832 Liberty Way

City State Zip Code  
Valencia PA 16059-3912

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

Name of Employer II-VI Inc. Occupation V.P. Gov't and Military Business

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175008573178

Amount of Each Receipt this Period  
1600.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mashantucket Pequot Tribal Nation

Mailing Address P.O. Box 3008

City State Zip Code  
Mashantucket CT 06339-3008

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175023221945

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charles McCarthy

Mailing Address 73135 Amber ST

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: 1172692269208

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin B. McGuire

Mailing Address 45655 Apache Road

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer Occupation  
Palm Desert National Bank Chairman & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175008951364

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin B. McGuire

Mailing Address 45655 Apache Road

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer Occupation  
Palm Desert National Bank Chairman & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175008978972

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 3420 Lakeside View Drive

City State Zip Code  
Falls Church VA 22041

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

Name of Employer Occupation  
SISCORP Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175629234286

Amount of Each Receipt this Period  
500.00

Check  
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard N. Merkin

Mailing Address 3115 Ocean Front Walk  
Ste 1

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175009326879

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard N. Merkin

Mailing Address 3115 Ocean Front Walk  
Ste 1

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175009349206

Amount of Each Receipt this Period  
1950.00

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

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

Mailing Address 322 8th St SE

City Washington State DC Zip Code 20003

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

Name of Employer Hogan & Hartson Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173792360665

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 106
	<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)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Kenneth P. Miles

Mailing Address 8 Avenida Andra

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 1174923625416

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
John W. Mitchell

Mailing Address 1224 Mary Fleming Circle

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1015.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: 1173728040077

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Morongo Band of Mission Indians Native American Rights Fund-B

Mailing Address PO Box 366

City State Zip Code  
Cabazon CA 92230

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

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  
03 / 20 / 2007

Transaction ID: 1175009933554

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Morongo Band of Mission Indians Native American Rights Fund-B

Mailing Address PO Box 366

City Cabazon State CA Zip Code 92230

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175009972678

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Morongo Band of Mission Indians Native American Rights Fund-B

Mailing Address PO Box 366

City Cabazon State CA Zip Code 92230

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175009995895

Amount of Each Receipt this Period  
700.00

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

**C.** Full Name (Last, First, Middle Initial)  
David R. Morrow

Mailing Address 3930 Bob Hope Drive

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Occupation  
The Morrow Institute Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2007

Transaction ID: 1172670849193

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Angelo Mozilo

Mailing Address 2816 Ladsbrook Way

City State Zip Code  
Westlake Village CA 91361

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

Name of Employer Countrywide Occupation Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 1172671329624

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter C. Murphy, Jr.

Mailing Address 78154 San Timoteo

City State Zip Code  
La Quinta CA 92253

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 7

Transaction ID: 1173792940935

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
THOMAS NOYA

Mailing Address 14 CAPE DANBURY

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Community Home Loans, LLC Occupation Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 7

Transaction ID: 1173800987527

Amount of Each Receipt this Period  
1700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2700.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Frances B. Nelson

Mailing Address 60 31st Ave.

City San Mateo State CA Zip Code 94403-3497

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

Name of Employer Bohannon Development Co. Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2007

Transaction ID: 1175702010761

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nestande & Associates

Mailing Address 43-645 Monterey Suite B

City Palm Desert State CA Zip Code 92260

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

Name of Employer Partnership Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 1173810076629

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 43-645 Monterey Suite B

City Palm Desert State CA Zip Code 92260

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

Name of Employer Nestande & Associates Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 1173810158656

Amount of Each Receipt this Period  
500.00

Check  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Sole proprietorship attribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Bobbe Nuckels

Mailing Address 840 Chil Tern Road

City Hillsborough State CA Zip Code 94010

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173799431306

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard J. O'Linn

Mailing Address 1025 S Palm Canyon Dr

City Palm Springs State CA Zip Code 92264

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

Name of Employer Security & Alarm Systems Co. Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173795726840

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr Mani Ott

Mailing Address 78680 Calle Tampico

City La Quinta State CA Zip Code 92253

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

Name of Employer West Coast Turf Occupation Pilot

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173793359242

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
CHESTER JOHN PIPKIN

Mailing Address 501 W WALNUT ST

City State Zip Code  
COMPTON CA 90220

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

Name of Employer Belkin Corp Occupation President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 1172692718969

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Eric Parmater

Mailing Address 8341 W Sunset Blvd Unit 6

City State Zip Code  
Los Angeles CA 90069

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 0 7

Transaction ID: 1173965365288

Amount of Each Receipt this Period  
1250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. William H. Phillips

Mailing Address PO Box 419

City State Zip Code  
La Quinta CA 92253-0419

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

Name of Employer William H. Phillips Co. Occupation Produce Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 1172679275574

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William H. Phillips

Mailing Address PO Box 419

City State Zip Code  
La Quinta CA 92253-0419

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

Name of Employer Occupation  
William H. Phillips Co. Produce Broker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2007

Transaction ID: 1173791905014

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary M. Plummer

Mailing Address PO Box 1843

City State Zip Code  
Monterey CA 93942

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

Name of Employer Occupation  
Peninsula Moving and Storage Co President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 1173800777053

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Octavian Popaluca

Mailing Address 21 Toscana Way W

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer Occupation  
Info requested Info requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 1175626817334

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
William T. Powers

Mailing Address 77340 Black Mountain Trail

City State Zip Code  
Indian Wells CA 92210-9185

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

Name of Employer Occupation  
Pacific Western Bank Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173800949389

Amount of Each Receipt this Period  
1700.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert N Pyle

Mailing Address 50225 Via Simpatico

City State Zip Code  
La Quinta CA 92253

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 08 / 2007

Transaction ID: 1172670634062

Amount of Each Receipt this Period  
180.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patricia Pyle

Mailing Address 50255 Via Simpatico

City State Zip Code  
La Quinta CA 92253

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173792746382

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2130.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Krishnama Raju

Mailing Address 6906 Royal Hunt Ridge DR

City State Zip Code  
Riverside CA 92506

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 1172605080827

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Heather S. Raumin

Mailing Address 48-440 Prairie Drive

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Info Requested Occupation Info Requested

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 3 / 2 0 / 2 0 0 7

Transaction ID: 1175010824921

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Madeline M. Redstone

Mailing Address 71071 La Paz Road

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer Self Employed Occupation Philanthropist

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 3 / 2 0 / 2 0 0 7

Transaction ID: 1175025245167

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Allan Reichle

Mailing Address 2961 Calle Loreto

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175617698060

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Marion Rogers Riley

Mailing Address 1130 Shanandoah Rd.

City State Zip Code  
San Marino CA 91108

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 1173801601746

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Barbara Rottschaefter

Mailing Address 73311 Ironwood ST

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Self Occupation Doctor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 03 / 2007

Transaction ID: 1175702598472

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl E. Rowe

Mailing Address 11751 Davis St.

City State Zip Code  
Moreno Valley CA 92557

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

Name of Employer Occupation  
Integrated Communities President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2007

**Transaction ID:** 1172755763329

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Margit F. Rusche

Mailing Address 62450 Chiriaco RD

City State Zip Code  
Chiriaco Summit CA 92201

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

Name of Employer Occupation  
Travel Center/Chiriaco Summit Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2007

**Transaction ID:** 1173706209621

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
ALFREDO SANDOVAL

Mailing Address 45510 OSAGE CT

City State Zip Code  
INDIAN WELLS CA 92210

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

Name of Employer Occupation  
Creosote Partners Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

**Transaction ID:** 1175008866212

Amount of Each Receipt this Period  
400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Peter M. Scheer

Mailing Address PO Box 6000

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Self Occupation Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175010146951

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter M. Scheer

Mailing Address PO Box 6000

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Self Occupation Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175010171591

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Schlecht

Mailing Address 1500 Murray Canyon

City Palm Springs State CA Zip Code 92264

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

Name of Employer Schlecht, Shevin & Shoeb-erger Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 1172688122700

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Ken M Scott

Mailing Address 27 Diamond E Drive

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Occupation  
Sunrise C.C. Prof golfer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: 1173727981642

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edwin A. Seipp, Jr.

Mailing Address 49 Tuscaloosa Avenue

City State Zip Code  
Atherton CA 94027

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 07 / 2007

Transaction ID: 1172686455040

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
E. Del Smith

Mailing Address 4712 N 32nd Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
E. Del Smith & Co. President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 08 / 2007

Transaction ID: 1172671583457

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

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

Mailing Address 2700 Jacaranda Rd

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Retired Occupation Retired

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

**Transaction ID:** 1173727735280

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Alicia W. Smith

Mailing Address 1401 K Street NW Suite 1200

City State Zip Code  
Washington DC 20005

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

Name of Employer The Smith-Free Group Occupation Sr. Vice President

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 1175690552608

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Soboba Band of Luiseno Indians

Mailing Address PO Box 487

City State Zip Code  
San Jacinto CA 92581

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

Name of Employer Occupation

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

2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

**Transaction ID:** 1173801109599

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Soboba Band of Luiseno Indians

Mailing Address PO Box 487

City San Jacinto State CA Zip Code 92581

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2007

**Transaction ID:** 1173801130629

Amount of Each Receipt this Period  
 200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sam Paul Spinello

Mailing Address 75600 Mary Lane

City Indian Wells State CA Zip Code 92210

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2007

**Transaction ID:** 1175008001248

Amount of Each Receipt this Period  
 2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sam Paul Spinello

Mailing Address 75600 Mary Lane

City Indian Wells State CA Zip Code 92210

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2007

**Transaction ID:** 1175008038450

Amount of Each Receipt this Period  
 700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 106  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Amber Spinello

Mailing Address

City State Zip Code

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

Name of Employer  
Spinello, Inc      Occupation  
Info requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID:** 1175008239036

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Amber Spinello

Mailing Address 75600 Mary LN

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer  
Spinello, Inc      Occupation  
Info requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID:** 1175008258895

Amount of Each Receipt this Period  
700.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr Richard G. St. Marie

Mailing Address 25190 - 389th Avenue  
PO Box 98

City State Zip Code  
Plankinton SD 57368

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

Name of Employer  
Gopher News Co.      Occupation  
Sales

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID:** 1175009651098

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Vanstan Stevenson

Mailing Address 5704 Bradley Blvd

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Vans Stevenson Occupation Senior VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175690437641

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thelma Stewart

Mailing Address 1067 Bristol

City State Zip Code  
Stockton CA 95204

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2007

Transaction ID: 1172688701486

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gloria Stroschein

Mailing Address P.O. Box 1030

City State Zip Code  
Blythe CA 92226-1030

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 1173793033884

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederic E. Supple, Jr.

Mailing Address 2100 E Tahquitz Canyon Way

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation  
KPSL/KDES Radio Corp. Investor

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175617750761

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pam Sweat

Mailing Address 72-659 Pitahaya Street

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Occupation  
Scheer Kreizenbeck Sam Pr- of Partnershi Medical Administrator

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

1900.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175010103250

Amount of Each Receipt this Period  
1900.00

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

**C.** Full Name (Last, First, Middle Initial)  
The Thompson Company

Mailing Address 7161 Indiana Ave Suite A

City State Zip Code  
Riverside CA 92504-4555

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

Name of Employer Occupation

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2007

Transaction ID: 1175712515536

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Jerome Thompson

Mailing Address 7161 Indiana Ave  
Suite A

City Riverside State CA Zip Code 92504

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

Name of Employer Self Occupation Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 1175712575222

Amount of Each Receipt this Period  
500.00

Check  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Sole Proprietorship

**B.** Full Name (Last, First, Middle Initial)  
Mrs Bobbie Wade

Mailing Address 9821 Katy FRWY  
Ste 1050

City Houston State TX Zip Code 77024

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 7

Transaction ID: 1175024975554

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert B Wagner

Mailing Address PO Box 970

City Thousand Palms State CA Zip Code 92276

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

Name of Employer Self Employed Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 7

Transaction ID: 1173801261810

Amount of Each Receipt this Period  
1700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 106
	<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)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeff E. Walker

Mailing Address PO Box 4603

City State Zip Code  
Palm Springs CA 92263

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

Name of Employer Occupation  
Victory Christian Center Minister

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2007

Transaction ID: 1172755632694

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Douglas Walters

Mailing Address 1636 W Olive

City State Zip Code  
Redlands CA 92373

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

Name of Employer Occupation  
Info requested Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1800.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 1175023184478

Amount of Each Receipt this Period  
1800.00

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

**C.** Full Name (Last, First, Middle Initial)  
Eddie Wang

Mailing Address 1822 Spruce St.

City State Zip Code  
S Pasadena CA 91030

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

Name of Employer Occupation  
6LC Enterprises Architect

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2007

Transaction ID: 1172675279906

Amount of Each Receipt this Period  
210.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

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

Mailing Address 615 Edith Way

City State Zip Code  
Long Beach CA 90806

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 1172672984050

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael W Woods

Mailing Address 38384 Via Roberta

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 7

Transaction ID: 1173792212403

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Paulette Young

Mailing Address 41-480 Yucca Lane

City State Zip Code  
Bermuda Dunes CA 92201

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 7

Transaction ID: 1173792436692

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Patricia L. Young

Mailing Address 81880 Arus Avenue

City State Zip Code  
Indio CA 92201

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

Name of Employer Retired Occupation Retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175010208386

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr Greg D. Young

Mailing Address 38305 N. Jefferson St.

City State Zip Code  
Indio CA 92203-9427

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

Name of Employer Cocopah Nurseries Occupation Partner

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

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175010739815

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Paulette Young

Mailing Address 41-480 Yucca Lane

City State Zip Code  
Bermuda Dunes CA 92201

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

Name of Employer Homemaker Occupation Homemaker

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

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175010773907

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>136218.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 106
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. American Cable Assoc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007
Mailing Address One Parkway Center Suite 212		<b>Transaction ID: 1173791454439</b>
City Pittsburgh	State PA	Zip Code 15220
FEC ID number of contributing federal political committee. <b>C</b> C00364109		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. American Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1111 14th St., NW Suite 1100		<b>Transaction ID: 1175628980358</b>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00000729		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. American Dietetic Assoc. (ADA) PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1120 Connecticut Avenue NW Suite 480		<b>Transaction ID: 1175628024289</b>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 54 / 106  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
American Hotel & Lodging Assoc. PAC

Mailing Address 1201 New York Ave NW  
Suite 600

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00001198

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 Y  
0 3 / 2 0 / 2 0 0 7

**Transaction ID:** 1175024062845

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Arent Fox PLLC PAC

Mailing Address 1050 Connecticut Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

**Transaction ID:** 1175627224019

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
California Dairies Federal PAC

Mailing Address P.O. Box 2198

City State Zip Code  
Los Banos CA 93635

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

**Transaction ID:** 1175627274626

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 106
	<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)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Echostar Communications Corp. PAC

Mailing Address 5701 S. Santa Fe Drive

City Littleton State CO Zip Code 80120

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

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  
 03 / 27 / 2007

Transaction ID: 1175628904846

Amount of Each Receipt this Period  
 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Friends of Ray LaHood

Mailing Address 4238 N. Knoxville Avenue

City Peoria State IL Zip Code 61614

FEC ID number of contributing federal political committee. **C** C00284901

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  
 03 / 03 / 2007

Transaction ID: 1173791944171

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Help America's Leaders Political Action Committee (HALPAC)

Mailing Address 1155 21st Street, NW Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 05 / 2007

Transaction ID: 1172692562695

Amount of Each Receipt this Period  
 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 56 / 106  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Herbalife International PAC

Mailing Address 1800 Century Parkway East

City State Zip Code  
Los Angeles CA 90067

FEC ID number of contributing federal political committee. **C** C00393298

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2007

**Transaction ID:** 1173791687394

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
II-VI Incorporated PAC

Mailing Address 3420 Lakeside View Drive

City State Zip Code  
Falls Church VA 22041

FEC ID number of contributing federal political committee. **C** C00377960

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 Y  
 03 / 20 / 2007

**Transaction ID:** 1175008686657

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
INTL Academy of Compounding Pharmacists

Mailing Address PO Box

City State Zip Code  
Sugarland TX 77487

FEC ID number of contributing federal political committee. **C** C00424143

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2007

**Transaction ID:** 1175627946915

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 106
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Koch Industries Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 655 15th St., NW Suite 445		Transaction ID: 1175629391764
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00236489		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> National Air Traffic Controllers Association PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1325 Massachusetts Avenue NW		Transaction ID: 1175629442011
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00238725		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> New York Mercantile Exchange PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1 North End Avenue World Financial Center		Transaction ID: 1175629187663
City New York State NY Zip Code 10282	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00230185		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 106
	<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)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul, Hastings, Janofsky, & Walker PAC

Mailing Address 515 South Flower Street  
25th Floor

City State Zip Code  
Los Angeles CA 90071

FEC ID number of contributing federal political committee. **C** C00144584

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175629119540

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 455 Capitol Mall  
Suite 801

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 1175025160733

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Union Pacific Corp. Fund for Effective Govt

Mailing Address 600 Thirteenth Street NW  
Suite 340

City State Zip Code  
Washington DC 20005

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 1175628323887

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 106
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 55 Glenlake Parkway, NE		<b>Transaction ID: 1175008346641</b>
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00064766</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 55 Glenlake Parkway, NE		<b>Transaction ID: 1175628373186</b>
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00064766</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 3200.00	

Full Name (Last, First, Middle Initial) <b>C. Universal Music Group PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address P.O. Box 31756		<b>Transaction ID: 1173801891590</b>
City State Zip Code Charlotte NC 28234	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00392464</b>		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 106
	<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon Communications Inc. Good Gov't Club</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1717 Arch Street 47th Floor South		Transaction ID: 1175629028091
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. <b>C</b> C00186288		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Viacom Int'l, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1501 M Street, NW Suite 1100		Transaction ID: 1175023549649
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00167759		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Viacom Int'l, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1501 M Street, NW Suite 1100		Transaction ID: 1175023576273
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00167759		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	37750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 106
	<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 checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

**A.** Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address PO Box 1140

City State Zip Code  
Memphis TN 38101

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1376.09

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2007

**Transaction ID:** 1173729032401

Amount of Each Receipt this Period  
1376.09

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

Duplicate payment

**B.** Full Name (Last, First, Middle Initial)  
Mary's Political Action Committee

Mailing Address 1155 21st Street, NW Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00365338

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5678.15

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2007

**Transaction ID:** 1177443630495

Amount of Each Receipt this Period  
5678.15

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

see check to Bank of America on 1/11/07 for \$9,627-.05

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7054.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7054.24</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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Arthur J. Finkelstein &amp; Associates</b>		Transaction ID: 1171982774053 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 16 North Astor		Amount of Each Disbursement this Period 525.28	
City Irvington State NY Zip Code 10533	Purpose of Disbursement Political consulting fees Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Arthur J. Finkelstein &amp; Associates</b>		Transaction ID: 1172604084291 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 16 North Astor		Amount of Each Disbursement this Period 18449.72	
City Irvington State NY Zip Code 10533	Purpose of Disbursement Political consulting fees Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Transaction ID: 1173708434774 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address P.O. Box 3530		Amount of Each Disbursement this Period 26.16	
City Rancho Cordova State CA Zip Code 95741-3530	Purpose of Disbursement Merchant fees Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19001.16
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> 1173714087169
Mailing Address P.O. Box 3530		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
City Rancho Cordova	State CA	Zip Code 95741-3530
Purpose of Disbursement Credit card charges see below	Amount of Each Disbursement this Period 1942.33	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AOL On-Line Service</b>		<b>Transaction ID:</b> 1176733463929
Mailing Address 4892 First Coast Tech Parkway		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
City Jacksonville	State FL	Zip Code 32224
Purpose of Disbursement Internet service charges	Amount of Each Disbursement this Period 57.70	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. Pitney Bowes Inc.</b>		<b>Transaction ID:</b> 1176734204432
Mailing Address 1201 Market Street		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
City Wilmington	State DE	Zip Code 19801
Purpose of Disbursement Supplies expense	Amount of Each Disbursement this Period 203.08	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1942.33
<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)

PAGE 64 / 106

<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Roy's Restaurant</b>		Transaction ID: 1176735752060	
Mailing Address 340 East 2nd Street		Date of Disbursement 02 / 28 / 2007	
City Austin	State TX	Zip Code 78701	Amount of Each Disbursement this Period 445.85
Purpose of Disbursement Food and beverage expense		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: 1176734150246	
Mailing Address 350 S. Palm Canyon Drive		Date of Disbursement 02 / 28 / 2007	
City Palm Springs	State CA	Zip Code 92262	Amount of Each Disbursement this Period 39.72
Purpose of Disbursement Supplies expense		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. U.S. House of Representatives</b>		Transaction ID: 1176733604298	
Mailing Address Capitol Hill		Date of Disbursement 02 / 28 / 2007	
City Washington	State DC	Zip Code 20500	Amount of Each Disbursement this Period 95.82
Purpose of Disbursement Food expense		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. United Airlines Air Travel Plan</b>		Transaction ID: 1176733765777 Date of Disbursement 02 / 28 / 2007	
Mailing Address PO Box 2013		Amount of Each Disbursement this Period 300.00	
City Chicago State IL Zip Code 60673	Purpose of Disbursement Traveling expense Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 1176734369066 Date of Disbursement 02 / 28 / 2007	
Mailing Address PO Box 2167		Amount of Each Disbursement this Period 123.60	
City Folsom State CA Zip Code 95763	Purpose of Disbursement Telephone charges Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Transaction ID: 1174918997161 Date of Disbursement 03 / 26 / 2007	
Mailing Address P.O. Box 3530		Amount of Each Disbursement this Period 6064.75	
City Rancho Cordova State CA Zip Code 95741-3530	Purpose of Disbursement Credit card charges see below Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) ..... ▶	6064.75
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. AOL On-Line Service</b>		Transaction ID: 1176736057595 Date of Disbursement 03 / 26 / 2007	
Mailing Address 4892 First Coast Tech Parkway		Amount of Each Disbursement this Period 22.85	
City Jacksonville	State FL	Zip Code 32224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Internet service expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 1176736123077 Date of Disbursement 03 / 26 / 2007	
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 631.95	
City Dallas	State TX	Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Traveling expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		Transaction ID: 1176736298273 Date of Disbursement 03 / 26 / 2007	
Mailing Address 44-449 Town Center Way		Amount of Each Disbursement this Period 410.61	
City Palm Desert	State CA	Zip Code 92260	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Supplies for event expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Transaction ID: 1176736626870 Date of Disbursement 03 / 26 / 2007	
Mailing Address 44-449 Town Center Way		Amount of Each Disbursement this Period 800.00	
City Palm Desert	State CA	Zip Code 92260	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Supplies expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Transaction ID: 1176736579840 Date of Disbursement 03 / 26 / 2007	
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 552.30	
City Salt Lake City	State UT	Zip Code 84117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Traveling expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Margarita's Restaurant</b>		Transaction ID: 1176736678899 Date of Disbursement 03 / 26 / 2007	
Mailing Address 23320 Valencia Blvd		Amount of Each Disbursement this Period 43.67	
City Valencia	State CA	Zip Code 91355	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Food and beverage expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Mollers Garden Center</b>		Transaction ID: 1176737669814 Date of Disbursement 03 / 26 / 2007	
Mailing Address 72235 Painters Path		Amount of Each Disbursement this Period 228.97	
City Palm Desert	State CA	Zip Code 92210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Supplies for event expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Transaction ID: 1176736354271 Date of Disbursement 03 / 26 / 2007	
Mailing Address 73411 Highway 111		Amount of Each Disbursement this Period 144.86	
City Palm Desert	State CA	Zip Code 92260	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Supplies expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Transaction ID: 1176736486703 Date of Disbursement 03 / 26 / 2007	
Mailing Address 73411 Highway 111		Amount of Each Disbursement this Period 120.57	
City Palm Desert	State CA	Zip Code 92260	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Supplies expense		001 Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Sony</b>		Transaction ID: 1176735965380 Date of Disbursement MM / DD / YYYY 03 / 26 / 2007	
Mailing Address Westfield Garden State Plaza One Garden State Plaza		Amount of Each Disbursement this Period 2876.97	
City Paramus	State NJ	Zip Code 07652	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Supplies for event		Category/ Type 001	
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: 1175089403402 Date of Disbursement MM / DD / YYYY 02 / 28 / 2007	
Mailing Address P.O. Box 3530		Amount of Each Disbursement this Period 342.21	
City Rancho Cordova	State CA	Zip Code 95741-3530	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Bank fees		Category/ Type 001	
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Transaction ID: 1175702734111 Date of Disbursement MM / DD / YYYY 01 / 11 / 2007	
Mailing Address P.O. Box 3530		Amount of Each Disbursement this Period 9627.05	
City Rancho Cordova	State CA	Zip Code 95741-3530	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit card charges see below		Category/ Type 001	
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9969.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. AOL On-Line Service</b>		Transaction ID: 1176738128843 Date of Disbursement 01 / 11 / 2007	
Mailing Address 4892 First Coast Tech Parkway		Amount of Each Disbursement this Period 41.80	
City Jacksonville	State FL	Zip Code 32224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Internet service expense	001 Category/Type		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AOL On-Line Service</b>		Transaction ID: 1176753990077 Date of Disbursement 01 / 11 / 2007	
Mailing Address 4892 First Coast Tech Parkway		Amount of Each Disbursement this Period 122.50	
City Jacksonville	State FL	Zip Code 32224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Interent service expense	001 Category/Type		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alamo Rent-a-Car</b>		Transaction ID: 1176754372344 Date of Disbursement 01 / 11 / 2007	
Mailing Address 5164 Rent-A-Car		Amount of Each Disbursement this Period 1307.91	
City Las Vegas	State NV	Zip Code 89123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Rental car expense	001 Category/Type		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 1176738641043	
Mailing Address PO Box 619616		Date of Disbursement 01 / 11 / 2007	
City Dallas	State TX	Zip Code 75261	Amount of Each Disbursement this Period 229.20
Purpose of Disbursement Traveling expense	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Aspen Skiing Company</b>		Transaction ID: 1176754455028	
Mailing Address PO Box 1248		Date of Disbursement 01 / 11 / 2007	
City Aspen	State CO	Zip Code 81612	Amount of Each Disbursement this Period 569.00
Purpose of Disbursement Lift tickets for fundraising event	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		Transaction ID: 1176739838247	
Mailing Address 44-449 Town Center Way		Date of Disbursement 01 / 11 / 2007	
City Palm Desert	State CA	Zip Code 92260	Amount of Each Disbursement this Period 21.53
Purpose of Disbursement Supplies expense	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 1176738602669 Date of Disbursement 01 / 11 / 2007	
Mailing Address 1629 K St., NW Suite 501		Amount of Each Disbursement this Period 277.71	
City Washington State DC Zip Code 20006	Purpose of Disbursement Traveling expense Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Transaction ID: 1176755270216 Date of Disbursement 01 / 11 / 2007	
Mailing Address 207 E. Kearney St.		Amount of Each Disbursement this Period 581.85	
City Springfield State MO Zip Code 65804	Purpose of Disbursement Rental car expense Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Hertz Rent-A-Car</b>		Transaction ID: 1176738204387 Date of Disbursement 01 / 11 / 2007	
Mailing Address Ronald Reagan National Airport		Amount of Each Disbursement this Period 734.71	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Rental car expense Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Matsuhisa</b>		Transaction ID: 1176754654333 Date of Disbursement 01 / 11 / 2007
Mailing Address 129 N. La Cienega Blvd.		Amount of Each Disbursement this Period 245.28
City Beverly Hills State CA Zip Code 90211	Purpose of Disbursement Food and beverage expense Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. National Car Rental</b>		Transaction ID: 1176755147377 Date of Disbursement 01 / 11 / 2007
Mailing Address 4170 Highway 2 East		Amount of Each Disbursement this Period 265.60
City Kalispell State MT Zip Code 59901	Purpose of Disbursement Rental car expense Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Ruth's Chris Steak House</b>		Transaction ID: 1176738490189 Date of Disbursement 01 / 11 / 2007
Mailing Address 2231 Crystal Drive		Amount of Each Disbursement this Period 239.82
City Arlington State VA Zip Code 22314	Purpose of Disbursement Food and beverage expense Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Snowmass Ski Area</b>		Transaction ID: 1176754278707 Date of Disbursement 01 / 11 / 2007
Mailing Address PO Box 5010		Amount of Each Disbursement this Period 948.00
City Snowmass Village State CO Zip Code 81615	Purpose of Disbursement lift tickets for fundraising event Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: 1176738271604 Date of Disbursement 01 / 11 / 2007
Mailing Address 350 S. Palm Canyon Drive		Amount of Each Disbursement this Period 239.51
City Palm Springs State CA Zip Code 92262	Purpose of Disbursement Supplies expense Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: 1176754034029 Date of Disbursement 01 / 11 / 2007
Mailing Address 350 S. Palm Canyon Drive		Amount of Each Disbursement this Period 105.63
City Palm Springs State CA Zip Code 92262	Purpose of Disbursement Supplies expense Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. U.S. Airways</b>		Transaction ID: 1176754327596 Date of Disbursement 01 / 11 / 2007	
Mailing Address PO Box 12346		Amount of Each Disbursement this Period 621.20	
City Pittsburgh State PA Zip Code 15231	Purpose of Disbursement Traveling expense Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. U.S. House of Representatives</b>		Transaction ID: 1176754511964 Date of Disbursement 01 / 11 / 2007	
Mailing Address Capitol Hill		Amount of Each Disbursement this Period 26.30	
City Washington State DC Zip Code 20500	Purpose of Disbursement Food and beverage charges Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 1176753951360 Date of Disbursement 01 / 11 / 2007	
Mailing Address PO Box 66423		Amount of Each Disbursement this Period 713.20	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Traveling expense Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. United Airlines Air Travel Plan</b>		<b>Transaction ID:</b> 1176738381474 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address PO Box 2013		Amount of Each Disbursement this Period 566.70
City Chicago State IL Zip Code 60673	Purpose of Disbursement Traveling expense Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 1176754991836 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address PO Box 2167		Amount of Each Disbursement this Period 32.31
City Folsom State CA Zip Code 95763	Purpose of Disbursement Telephone charges Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Yard House</b>		<b>Transaction ID:</b> 1176738530125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 71800 Highway 111		Amount of Each Disbursement this Period 122.20
City Rancho Mirage State CA Zip Code 92270	Purpose of Disbursement Food and beverage expense Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> 1176686619531	
Mailing Address P.O. Box 3530		Date of Disbursement 01 / 03 / 2007	
City Rancho Cordova	State CA	Zip Code 95741-3530	Amount of Each Disbursement this Period 25.48
Purpose of Disbursement merchant fees	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		001 Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> 1176691213260	
Mailing Address P.O. Box 3530		Date of Disbursement 03 / 12 / 2007	
City Rancho Cordova	State CA	Zip Code 95741-3530	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement returned check fee	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		001 Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 1173727278866	
Mailing Address 815 Slaters Lane		Date of Disbursement 03 / 08 / 2007	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 91.12
Purpose of Disbursement Printing & shipping	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		001 Category/ Type
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>121.60</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 1175091412656 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 1775 I Street, NW Ste 700		Amount of Each Disbursement this Period -2000.00
City Washington State DC Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Faxing, Printing & shipping Candidate Name		001 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 1175091469435 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 1775 I Street, NW Ste 700		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Faxing, Printing & shipping Candidate Name		001 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

12/19/07 ck #5486 repayment

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 1175695643361 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1775 I Street, NW Ste 700		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Faxing, Printing & shipping Candidate Name		001 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	250.00
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 1175695719934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1775 I Street, NW Ste 700		Amount of Each Disbursement this Period 7462.00
City Washington State DC Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Bonus Candidate Name		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bieber Communications</b>		<b>Transaction ID:</b> 1171982833755 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 3605 W. MacArthur Boulevard Ste. 712		Amount of Each Disbursement this Period 575.00
City Santa Ana State CA Zip Code 92704	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing/mailling services Candidate Name		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bieber Communications</b>		<b>Transaction ID:</b> 1173707309535 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 3605 W. MacArthur Boulevard Ste. 712		Amount of Each Disbursement this Period 3300.00
City Santa Ana State CA Zip Code 92704	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing/mailling services Candidate Name		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11337.00
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Bieber Communications</b>		<b>Transaction ID:</b> 1173708106119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 3605 W. MacArthur Boulevard Ste. 712		Amount of Each Disbursement this Period 3306.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Ana State CA Zip Code 92704	Purpose of Disbursement Printing/mailling services Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Blake Photography</b>		<b>Transaction ID:</b> 1173708344919 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 10660 Cayuga DR		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75228	Purpose of Disbursement Event photos Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 1175692167570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 1215.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Purpose of Disbursement food, beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6521.46
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Cardinal Promotions</b>		<b>Transaction ID:</b> 1175089264440 Date of Disbursement
Mailing Address 68-895 Perez Road Suite 16		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Cathedral City	State CA	Zip Code 92234
Purpose of Disbursement Embroidery service	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="846.36"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> 1173707941705 Date of Disbursement
Mailing Address 17330 Preston Road Suite 100A		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City Dallas	State TX	Zip Code 75252
Purpose of Disbursement Phone Service	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="121.48"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> 1175089336249 Date of Disbursement
Mailing Address 17330 Preston Road Suite 100A		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Dallas	State TX	Zip Code 75252
Purpose of Disbursement Cell Phone Service	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="6.76"/>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="974.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> 1175695555007 Date of Disbursement
Mailing Address 17330 Preston Road Suite 100A		<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Dallas	State TX	Zip Code 75252
Purpose of Disbursement Cell phone service		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="204.33"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type <input type="text" value="001"/>
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> 1175700372831 Date of Disbursement
Mailing Address 17330 Preston Road Suite 100A		<input type="text" value="01"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Dallas	State TX	Zip Code 75252
Purpose of Disbursement Cell phone service		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="110.91"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type <input type="text" value="001"/>
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> 1175701339863 Date of Disbursement
Mailing Address 17330 Preston Road Suite 100A		<input type="text" value="01"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Dallas	State TX	Zip Code 75252
Purpose of Disbursement Cell phone service		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="196.82"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type <input type="text" value="001"/>
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="512.06"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns</b>		<b>Transaction ID:</b> 1168621269896 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102	Purpose of Disbursement Data import service Candidate Name Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Complete Campaigns</b>		<b>Transaction ID:</b> 1168621909121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102	Purpose of Disbursement Data import service Candidate Name Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Complete Campaigns</b>		<b>Transaction ID:</b> 1171654043994 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 314.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102	Purpose of Disbursement Data import service Candidate Name Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	814.50
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns</b>		<b>Transaction ID:</b> 1173707230445 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102	Purpose of Disbursement Data import service Candidate Name Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Complete Campaigns</b>		<b>Transaction ID:</b> 1173713582776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 69.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102	Purpose of Disbursement Data import service Candidate Name Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Complete Campaigns</b>		<b>Transaction ID:</b> 1175090559647 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 610 Gateway Ctr Way Suite K		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102	Purpose of Disbursement Data import service Candidate Name Category/Type: 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	569.65
<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)  
Mary Bono Committee

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 1173713959145 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 85.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 1175089807915 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 180.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 1175692472973 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 93.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>359.03</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Transaction ID: 1175699013556 Date of Disbursement 01 / 18 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 1376.09
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Transaction ID: 1175699059540 Date of Disbursement 01 / 18 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 493.88
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. GE Capital</b>		Transaction ID: 1175692259538 Date of Disbursement 02 / 01 / 2007
Mailing Address PO Box 642111		Amount of Each Disbursement this Period 382.34
City Pittsburgh State PA Zip Code 15264	Purpose of Disbursement Coping/faxing services Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) ..... ▶	2252.31
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. GE Capital</b>		Transaction ID: 1175701907872 Date of Disbursement 01 / 18 / 2007
Mailing Address PO Box 642111		Amount of Each Disbursement this Period 191.17
City Pittsburgh State PA Zip Code 15264	Purpose of Disbursement Coping/faxing services Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Sabrina Garcia</b>		Transaction ID: 1173364501997 Date of Disbursement 02 / 27 / 2007
Mailing Address 81944 Villa Reale		Amount of Each Disbursement this Period 2899.53
City Indio State CA Zip Code 92203	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Sabrina Garcia</b>		Transaction ID: 1175092133218 Date of Disbursement 03 / 28 / 2007
Mailing Address 81944 Villa Reale		Amount of Each Disbursement this Period 1374.65
City Indio State CA Zip Code 92203	Purpose of Disbursement Mileage & reimbursement Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**4465.35**

**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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Got Junk</b>		Transaction ID: 1175092822687	
Mailing Address 1460 West 9th Street		Date of Disbursement MM / DD / YYYY 03 / 28 / 2007	
City Upland	State CA	Zip Code 91786	Amount of Each Disbursement this Period 268.00
Purpose of Disbursement Junk hauling	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> See ck#5580 to Sabrina Garcia.
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sabrina Garcia</b>		Transaction ID: 1175192563733	
Mailing Address 81944 Villa Reale		Date of Disbursement MM / DD / YYYY 03 / 29 / 2007	
City Indio	State CA	Zip Code 92203	Amount of Each Disbursement this Period 2899.53
Purpose of Disbursement Salary	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sabrina Garcia</b>		Transaction ID: 1175261054672	
Mailing Address 81944 Villa Reale		Date of Disbursement MM / DD / YYYY 01 / 31 / 2007	
City Indio	State CA	Zip Code 92203	Amount of Each Disbursement this Period 2899.53
Purpose of Disbursement Salary	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5799.06</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Sabrina Garcia</b>		<b>Transaction ID:</b> 1176686318995
Mailing Address 81944 Villa Reale		Date of Disbursement 01 / 01 / 2007
City Indio	State CA	Zip Code 92203
Purpose of Disbursement salary	Candidate Name	Amount of Each Disbursement this Period 2884.52
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Jivaldi LLC</b>		<b>Transaction ID:</b> 1168621819781
Mailing Address 2735 Eagles Landing Court		Date of Disbursement 01 / 03 / 2007
City Dublin	State CA	Zip Code 94568
Purpose of Disbursement Web Hosting/Maintainence	Candidate Name	Amount of Each Disbursement this Period 768.75
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Jivaldi LLC</b>		<b>Transaction ID:</b> 1171653137564
Mailing Address 2735 Eagles Landing Court		Date of Disbursement 02 / 09 / 2007
City Dublin	State CA	Zip Code 94568
Purpose of Disbursement website hostage, usage, maintenance & up	Candidate Name	Amount of Each Disbursement this Period 1112.50
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4765.77</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Jivaldi LLC</b>		<b>Transaction ID:</b> 1173727553617 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 2735 Eagles Landing Court		Amount of Each Disbursement this Period 831.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dublin State CA Zip Code 94568		
Purpose of Disbursement Web Hosting/Maintenance Candidate Name	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Meredith Kelley</b>		<b>Transaction ID:</b> 1174580680535 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 1155 21st ST, NW Suite 300		Amount of Each Disbursement this Period 687.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036		
Purpose of Disbursement Blackberry Candidate Name	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> 1176694381076 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 17330 Preston Road Suite 100A		Amount of Each Disbursement this Period 687.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> see check to Meredith Kelley
City Dallas State TX Zip Code 75252		
Purpose of Disbursement blackberry Candidate Name	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1518.61
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Palm Springs Florist</b>		<b>Transaction ID:</b> 1173706503170 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 894 N Palm Canyon DR		Amount of Each Disbursement this Period 91.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Springs State CA Zip Code 92262		
Purpose of Disbursement Flowers for an event Candidate Name	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID:</b> 1168621713004 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address PO Box 3642		Amount of Each Disbursement this Period 79.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Culver City State CA Zip Code 90231-3642		
Purpose of Disbursement Payroll services Candidate Name	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID:</b> 1171576741157 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address PO Box 2950		Amount of Each Disbursement this Period 234.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Merrifield State VA Zip Code 22116		
Purpose of Disbursement Payroll services Candidate Name	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	405.43
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Transaction ID: 1173364613507	
Mailing Address PO Box 3642		Date of Disbursement 02 / 28 / 2007	
City Culver City	State CA	Zip Code 90231-3642	Amount of Each Disbursement this Period 896.22
Purpose of Disbursement tax payment	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Transaction ID: 1173727498183	
Mailing Address PO Box 2950		Date of Disbursement 03 / 08 / 2007	
City Merrifield	State VA	Zip Code 22116	Amount of Each Disbursement this Period 78.05
Purpose of Disbursement Payroll Services	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Transaction ID: 1175192644886	
Mailing Address PO Box 3642		Date of Disbursement 03 / 30 / 2007	
City Culver City	State CA	Zip Code 90231-3642	Amount of Each Disbursement this Period 868.22
Purpose of Disbursement Payroll Services	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1842.49</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Transaction ID: 1175261137215	
Mailing Address PO Box 3642		Date of Disbursement 01 / 31 / 2007	
City Culver City	State CA	Zip Code 90231-3642	Amount of Each Disbursement this Period 896.22
Purpose of Disbursement Payroll Services	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Transaction ID: 1176686494973	
Mailing Address PO Box 3642		Date of Disbursement 01 / 01 / 2007	
City Culver City	State CA	Zip Code 90231-3642	Amount of Each Disbursement this Period 883.23
Purpose of Disbursement payroll taxes	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Transaction ID: 1176687895357	
Mailing Address PO Box 3642		Date of Disbursement 01 / 31 / 2007	
City Culver City	State CA	Zip Code 90231-3642	Amount of Each Disbursement this Period 1458.00
Purpose of Disbursement payroll taxes	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3237.45</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Pitney Bowes Inc.</b>		<b>Transaction ID: 1168621011734</b>	
Mailing Address 1201 Market Street		Date of Disbursement 01 / 11 / 2007	
City Wilmington	State DE	Zip Code 19801	
Purpose of Disbursement Postage by phone		Amount of Each Disbursement this Period 100.79	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>B. Pitney Bowes Inc.</b>		<b>Transaction ID: 1175694826911</b>	
Mailing Address 1201 Market Street		Date of Disbursement 02 / 01 / 2007	
City Wilmington	State DE	Zip Code 19801	
Purpose of Disbursement Postage by phone		Amount of Each Disbursement this Period 117.69	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>C. Pitney Bowes Inc.</b>		<b>Transaction ID: 1175694979003</b>	
Mailing Address 1201 Market Street		Date of Disbursement 02 / 01 / 2007	
City Wilmington	State DE	Zip Code 19801	
Purpose of Disbursement Postage by phone		Amount of Each Disbursement this Period 1739.09	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/ Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1957.57</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Pitney Bowes Inc.</b>		<b>Transaction ID:</b> 1175695417173 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1201 Market Street		Amount of Each Disbursement this Period 106.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19801	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pitney Bowes Inc.</b>		<b>Transaction ID:</b> 1175695486043 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1201 Market Street		Amount of Each Disbursement this Period 475.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19801	Purpose of Disbursement postage machine maintenance Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Plaza Del Sol</b>		<b>Transaction ID:</b> 1173709430770 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1555 S. Palm Canyon Drive Suite G106		Amount of Each Disbursement this Period 665.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Springs State CA Zip Code 92264	Purpose of Disbursement Monthly office rental Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1246.00
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Plaza Del Sol</b>		<b>Transaction ID:</b> 1175089595097 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 1555 S. Palm Canyon Drive Suite G106		Amount of Each Disbursement this Period 665.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Springs State CA Zip Code 92264	Purpose of Disbursement Monthly office rental Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Plaza Del Sol</b>		<b>Transaction ID:</b> 1175699354284 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 1555 S. Palm Canyon Drive Suite G106		Amount of Each Disbursement this Period 665.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Springs State CA Zip Code 92264	Purpose of Disbursement Monthly office rental Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rancho Las Palmas</b>		<b>Transaction ID:</b> 1170278464884 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 41-000 Bob Hope Drive		Amount of Each Disbursement this Period 422.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rancho Mirage State CA Zip Code 92270	Purpose of Disbursement Campaign event expenses Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1752.45</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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. SCM Associates</b>		<b>Transaction ID:</b> 1173708006843 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 10 Main Street PO Box 720		Amount of Each Disbursement this Period 9441.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jaffrey State NH Zip Code 03452	Purpose of Disbursement Printing/Shipping services Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SCM Associates</b>		<b>Transaction ID:</b> 1173726712676 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 10 Main Street PO Box 720		Amount of Each Disbursement this Period 19.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jaffrey State NH Zip Code 03452	Purpose of Disbursement Shipping Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Time Warner Cable</b>		<b>Transaction ID:</b> 1173707757512 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 41725 Cook Street		Amount of Each Disbursement this Period 151.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Desert State CA Zip Code 92211-5100	Purpose of Disbursement Cable service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9612.30
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Time Warner Cable</b>		<b>Transaction ID:</b> 1175089889818 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 810 N farrell Drive		Amount of Each Disbursement this Period 151.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Springs CA 92262-5998	Purpose of Disbursement Cable service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		<b>Transaction ID:</b> 1175700269099 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 41725 Cook Street		Amount of Each Disbursement this Period 151.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Desert CA 92211-5100	Purpose of Disbursement Cable tv service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Toby Willaby</b>		<b>Transaction ID:</b> 1173707518196 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 405 Onyx Drive		Amount of Each Disbursement this Period 420.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Springs CA 92264	Purpose of Disbursement Graphic design service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	722.35
<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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Toby Willaby</b>		<b>Transaction ID:</b> 1173708527472 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 405 Onyx Drive		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
City State Zip Code Palm Springs CA 92264	Purpose of Disbursement Graphic design service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Toby Willaby</b>		<b>Transaction ID:</b> 1173727363033 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 405 Onyx Drive		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Springs CA 92264	Purpose of Disbursement Graphic design service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Toby Willaby</b>		<b>Transaction ID:</b> 1174659678876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 405 Onyx Drive		Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Springs CA 92264	Purpose of Disbursement Graphic design service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	575.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Toby Willaby</b>		<b>Transaction ID:</b> 1175693078606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 405 Onyx Drive		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Springs State CA Zip Code 92264	Purpose of Disbursement Graphic design service Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Top of the Line Signs</b>		<b>Transaction ID:</b> 1173728630968 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 179		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City La Quinta State CA Zip Code 92247	Purpose of Disbursement Signs Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Twenty-First Century Group</b>		<b>Transaction ID:</b> 1175089542005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 434 NJ Ave, SE		Amount of Each Disbursement this Period 1265.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Food for event Candidate Name Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2090.00</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)

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Valley Office Equipment</b>		<b>Transaction ID:</b> 1173713777305 Date of Disbursement
Mailing Address 36-665 Bankside Drive #B		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City Cathedral City	State CA	Zip Code 92234
Purpose of Disbursement Office supplies	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="35.53"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Valley Office Equipment</b>		<b>Transaction ID:</b> 1175090313455 Date of Disbursement
Mailing Address 36-665 Bankside Drive #B		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Cathedral City	State CA	Zip Code 92234
Purpose of Disbursement Copy machine supplies	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="150.82"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 1173707437216 Date of Disbursement
Mailing Address PO Box 9622		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City Mission Hills	State CA	Zip Code 91346
Purpose of Disbursement Cell Phone bill	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="72.42"/>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="258.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 1173726609337	
Mailing Address PO Box 9622		Date of Disbursement 03 / 08 / 2007	
City Mission Hills	State CA	Zip Code 91346	Amount of Each Disbursement this Period 98.03
Purpose of Disbursement Cell Phone Service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 1175089662188	
Mailing Address PO Box 9622		Date of Disbursement 03 / 26 / 2007	
City Mission Hills	State CA	Zip Code 91346	Amount of Each Disbursement this Period 76.92
Purpose of Disbursement Cell Phone Service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 1175090078153	
Mailing Address PO Box 9622		Date of Disbursement 03 / 26 / 2007	
City Mission Hills	State CA	Zip Code 91346	Amount of Each Disbursement this Period 60.75
Purpose of Disbursement Cell Phone Service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>235.70</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)

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 1175700543578
Mailing Address PO Box 2167		Date of Disbursement 01 / 18 / 2007
City Folsom	State CA	Zip Code 95763
Purpose of Disbursement Cell Phone Service	Amount of Each Disbursement this Period 282.04	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 1175700609139
Mailing Address PO Box 9622		Date of Disbursement 01 / 18 / 2007
City Mission Hills	State CA	Zip Code 91346
Purpose of Disbursement Phone service	Amount of Each Disbursement this Period 200.16	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> 1173707690578
Mailing Address 1717 Arch Street 25th Floor		Date of Disbursement 02 / 22 / 2007
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Phone service	Amount of Each Disbursement this Period 479.66	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>961.86</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)

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: 1175089999048 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address 1717 Arch Street 25th Floor		Amount of Each Disbursement this Period 472.43	
City Philadelphia State PA Zip Code 19103	Purpose of Disbursement Phone service Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<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>472.43</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>102608.30</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)

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

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NAME OF COMMITTEE (In Full)  
Mary Bono Committee

Full Name (Last, First, Middle Initial)

**A.** Mary Hart

Mailing Address 9440 Santa Monica Blvd  
#407

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement  
refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1176693931593

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

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

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

2000.00

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

2000.00

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
Mary Bono Committee

Full Name (Last, First, Middle Initial) <b>A. Shelter From the Storm</b>		<b>Transaction ID:</b> 1175192902780
Mailing Address 73555 Alessandro DR Suite D		Date of Disbursement 03 / 29 / 2007
City Palm Desert	State CA	Zip Code 92260
Purpose of Disbursement Charitable donation	Candidate Name	012 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 1200.00	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) <b>B. Sister to Sister</b>		<b>Transaction ID:</b> 1172692464731
Mailing Address 601 F Street, NW		Date of Disbursement 02 / 19 / 2007
City Washington	State DC	Zip Code 20004
Purpose of Disbursement charitable donation	Candidate Name	001 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 20000.00	
<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) .....	21200.00
<b>TOTAL</b> This Period (last page this line number only) .....	21200.00