

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 20123  
 Check if different than previously reported. (ACC)  
Riverside CA 92516 0123

2. **FEC IDENTIFICATION NUMBER** C00257337  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 44

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

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

5. Covering Period 10 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Nicholas C. Vasels

Signature of Treasurer Electronically Filed by Nicholas C. Vasels Date 01 31 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

KEN CALVERT FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

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)).....	93303.50	437150.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	93303.50	436900.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	86603.42	344491.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	64.69	126.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	86538.73	344364.90
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>206668.63</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>2370.50</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 12/2003)

Write or Type Committee Name  
 KEN CALVERT FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

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).....

18650.00

253875.00

(ii) Unitemized.....

14153.50

16958.50

(iii) TOTAL of contributions

32803.50

270833.50

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

60500.00

166316.50

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

93303.50

437150.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

64.69

126.59

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

0.00

0.00

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

93368.19

437276.59

**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.....	86603.42	344491.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	250.00
21. OTHER DISBURSEMENTS.....	31000.00	69125.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	117603.42	413866.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	230903.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	93368.19
25. SUBTOTAL (add Line 23 and Line 24).....	324272.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	117603.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	206668.63

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Mr. Kenneth S Calvert		<b>Candidate ID Number</b> H2CA37023
<b>Name of Principal Campaign Committee</b> KEN CALVERT FOR CONGRESS		<b>Committee ID Number</b> C C00257337
<b>Committee Address</b> PO Box 20123		
<b>City</b> Riverside	<b>State</b> CA	<b>ZIP</b> 92516-0123
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	391541.59	47635.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	391541.59	47635.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
**KEN CALVERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Betty Bonnett

Mailing Address 1180 Country Club Drive

City State Zip Code  
Riverside CA 92506-3643

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 27 / 2007

**Transaction ID:** A-C11801

Amount of Each Receipt this Period 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Monte F Bourjaily, III

Mailing Address 218 S Fairfax Street

City State Zip Code  
Alexandria VA 22314-3304

FEC ID number of contributing federal political committee. C

Name of Employer RITTER AND BOURJAILY Occupation CONSULTANT

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 25 / 2007

**Transaction ID:** A-C11470

Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jill D Bourns

Mailing Address 2019 Polo Court

City State Zip Code  
Riverside CA 92506-5512

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt MM / DD / YYYY  
10 / 02 / 2007

**Transaction ID:** A-C11407

Amount of Each Receipt this Period 2300.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 58
	<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)  
**KEN CALVERT FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Jill D Bourns	Date of Receipt MM / DD / YYYY 10 / 02 / 2007
	Mailing Address 2019 Polo Court	<b>Transaction ID:</b> A-C11890
	City State Zip Code Riverside CA 92506-5512	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/A Homemaker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Dwight L Buschlen	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 3605 Buchanan Avenue	<b>Transaction ID:</b> A-C11812
	City State Zip Code Riverside CA 92503-4803	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation n/a Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William R Campbell	Date of Receipt MM / DD / YYYY 10 / 02 / 2007
	Mailing Address 3358 Mission Inn Avenue	<b>Transaction ID:</b> A-C11408
	City State Zip Code Riverside CA 92501-3303	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Preston & Simons Funeral Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 58  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial) Michael J Downs		Date of Receipt MM / DD / YYYY 12 / 13 / 2007
Mailing Address 1127 E Grand Boulevard		<b>Transaction ID:</b> A-C11850
City Corona	State CA	Zip Code 92879-2112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Downs Oil CO. Inc.	Occupation President	<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.**

Full Name (Last, First, Middle Initial) Roger S Faubel		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
Mailing Address 21992 Esplendor		<b>Transaction ID:</b> A-C11513
City Mission Viejo	State CA	Zip Code 92691-1309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Waters & Faubel	Occupation Public Affairs Principal	<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 ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. William Ferguson, Jr.		Date of Receipt MM / DD / YYYY 10 / 11 / 2007
Mailing Address 4074 Lorcom Lane		<b>Transaction ID:</b> A-C11424
City Arlington	State VA	Zip Code 22207-3937
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Ferguson Group	Occupation Owner	<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 ▼ 1500.00	

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



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

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

FOR LINE NUMBER: PAGE 9 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
June Fowler

Mailing Address 17050 Arnold Drive  
Apt. F209

City Riverside State CA Zip Code 92518-2858

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** A-C11618

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Phillip A Gunderson

Mailing Address PO Box 6636

City Corona State CA Zip Code 92878-6636

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Contractor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
10 / 31 / 2007

**Transaction ID:** A-C11541

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Pamela Horvath

Mailing Address 2983 Shain Circle

City Corona State CA Zip Code 92881-3911

FEC ID number of contributing federal political committee. C

Name of Employer Hamner Towing, Inc. Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 27 / 2007

**Transaction ID:** A-C11809

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 58  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Lynnette R Jacquez

Mailing Address 2403 Lellah Court

City State Zip Code  
Dunn Loring VA 22027-1200

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

Name of Employer Copeland, Lowery, Jacquez Occupation Partner

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  
1 0 / 2 5 / 2 0 0 7

**Transaction ID: A-C11468**

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Charlotte D Johnson

Mailing Address 7275 Greylock Avenue

City State Zip Code  
Riverside CA 92504-4920

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

Name of Employer Retired Occupation n/a

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  
1 0 / 2 5 / 2 0 0 7

**Transaction ID: A-C11497**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Beatrice Kubu

Mailing Address 21209 George Brown Avenue

City State Zip Code  
Riverside CA 92518-2881

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

Name of Employer Retired Occupation n/a

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  
1 1 / 0 7 / 2 0 0 7

**Transaction ID: A-C11633**

Amount of Each Receipt this Period  
250.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bill Lowery

Mailing Address **1341 G Street NW  
Suite 200**

City **Washington** State **DC** Zip Code **20005-3105**

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

Name of Employer **Copeland Lowery Jacquez Denton & Shock** Occupation **Partner**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **10 / 11 / 2007**

**Transaction ID: A-C11417**

Amount of Each Receipt this Period **1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Charmayne Macon

Mailing Address **5459 Mittendorff Lane**

City **Alexandria** State **VA** Zip Code **22315-3906**

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

Name of Employer **The Ferguson Group** Occupation **Executive**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **10 / 11 / 2007**

**Transaction ID: A-C11423**

Amount of Each Receipt this Period **500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Brett McMahon

Mailing Address **4824 Rugby Avenue**

City **Bethesda** State **MD** Zip Code **20814-3019**

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

Name of Employer **Miller & Long** Occupation **Vice President**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **11 / 27 / 2007**

**Transaction ID: A-C11813**

Amount of Each Receipt this Period **1000.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 12 / 58</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Elon R Musk	Date of Receipt MM / DD / YYYY 10 / 11 / 2007
	Mailing Address 1310 E Grand Avenue Space X	<b>Transaction ID:</b> A-C11416
	City State Zip Code El Segundo CA 90245-4322	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Space X CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Del E Smith	Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 4712 32nd Street N	<b>Transaction ID:</b> A-C11469
	City State Zip Code Arlington VA 22207-4202	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation E. Del Smith Company Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Peggy Stroud	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 204 Calle Potro	<b>Transaction ID:</b> A-C11765
	City State Zip Code San Clemente CA 92672-4551	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation n/a Retired	
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) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 58
	<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)  
**KEN CALVERT FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Gloria M Thomas		Date of Receipt
	Mailing Address 2051 Benbow Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Riverside	CA	92506-1613
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A-C11650
Name of Employer none		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			250.00
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. D'Anna S Tindal		Date of Receipt
	Mailing Address 2346 Greenwich Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Falls Church	VA	22046-2315
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A-C11465
Name of Employer Stanfield Tindal Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			1000.00
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Gwinn W. Roger		Date of Receipt
	Mailing Address 1130 Connecticut Avenue NW Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Washington	DC	20036-3981
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A-C11421
Name of Employer The Ferguson Group		Occupation Exeutive	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			500.00
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory J Wang		Date of Receipt		
	Mailing Address 5134 Worthington Drive		M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7		
	City	State	Zip Code	<b>Transaction ID:</b> A-C11422	
	Bethesda	MD	20816-2730	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	500.00	
	Name of Employer The Ferguson Group		Occupation Executive	<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 ▼ 800.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	18650.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AFIT PAC- Automotive Free International Trade PAC

Mailing Address 1625 Prince Street  
Suite 225

City Alexandria State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
10 / 11 / 2007

**Transaction ID:** A-C11412

Amount of Each Receipt this Period 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Allergan Inc. Political Action Comm. For Employees (APACE)

Mailing Address 2148 E Orangeview Lane

City Orange State CA Zip Code 92867-1820

FEC ID number of contributing federal political committee. **C** C00292102

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt MM / DD / YYYY  
10 / 11 / 2007

**Transaction ID:** A-C11409

Amount of Each Receipt this Period 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alliant Techsystems Employee Citizenship Fund

Mailing Address 1755 Jefferson Davis Hwy.  
#1207, Crystal Sq. 5

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** A-C11824

Amount of Each Receipt this Period 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
American Council of Engineering Companies PAC

Mailing Address 1015 15th Street NW  
Suite 802

City State Zip Code  
Washington DC 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

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
1	1	/	1	6	/	2	0	0	7

**Transaction ID:** A-C11732

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1201 New York Avenue NW  
Suite 600

City State Zip Code  
Washington DC 20005-3917

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 ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

**Transaction ID:** A-C11737

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMO- AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 W Dixie Highway

City State Zip Code  
Dania FL 33004-4312

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	7

**Transaction ID:** A-C11472

Amount of Each Receipt this Period  
1000.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
APMA Podiatry Political Action Committee

Mailing Address 9312 Old Georgetown Road

City State Zip Code  
**Bethesda MD 20814-1621**

FEC ID number of contributing federal political committee. **C C00008839**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **10 / 25 / 2007**

**Transaction ID: A-C11464**

Amount of Each Receipt this Period **1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
ARDA ROC-PAC

Mailing Address 1201 15th Street NW Suite 400

City State Zip Code  
**Washington DC 20005-2842**

FEC ID number of contributing federal political committee. **C C00358663**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt **12 / 31 / 2007**

**Transaction ID: A-C11878**

Amount of Each Receipt this Period **2000.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Boeing Company Political Action Committee (BPAC)

Mailing Address 1200 Wilson Boulevard

City State Zip Code  
**Arlington VA 22209-2305**

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **6500.00**

Date of Receipt **11 / 05 / 2007**

**Transaction ID: A-C11602**

Amount of Each Receipt this Period **1000.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Build PAC of National Asso. of Home Builders

Mailing Address 1201 15th Street NW

City State Zip Code  
**Washington DC 20005-2842**

FEC ID number of contributing federal political committee. **C C00000901**

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 Y  
**1 2 / 2 8 / 2 0 0 7**

**Transaction ID: A-C11876**

Amount of Each Receipt this Period  
**2000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
California Credit Union League PAC

Mailing Address 2350 S Garey Avenue

City State Zip Code  
**Pomona CA 91766-5805**

FEC ID number of contributing federal political committee. **C C00235929**

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  
**1 0 / 2 9 / 2 0 0 7**

**Transaction ID: A-C11581**

Amount of Each Receipt this Period  
**1000.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Chicago Mercantile Exchange PAC

Mailing Address 30 S Wacker Drive

City State Zip Code  
**Chicago IL 60606-7413**

FEC ID number of contributing federal political committee. **C C00076299**

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  
**1 1 / 0 5 / 2 0 0 7**

**Transaction ID: A-C11608**

Amount of Each Receipt this Period  
**1000.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR ADVANCEMENT OF COTTON  
Mailing Address PO Box 820292

City State Zip Code  
Memphis TN 38182-0292

FEC ID number of contributing federal political committee. **C** C00023028

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  
 1 0 / 2 9 / 2 0 0 7

**Transaction ID:** A-C11510

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dealers Election Action Committee of The National Automobile Dealers Assoc. (NADA)  
Mailing Address 8400 Westpark Drive

City State Zip Code  
Mc Lean VA 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

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  
 1 0 / 1 1 / 2 0 0 7

**Transaction ID:** A-C11420

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
DESERT GRAPE GROWERS LEAGUE OF CALIFORNIA POLITICAL ACTION COMMITTEE  
Mailing Address 74090 El Paseo Suite 10

City State Zip Code  
Palm Desert CA 92260-4135

FEC ID number of contributing federal political committee. **C** C00154641

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  
 1 0 / 2 9 / 2 0 0 7

**Transaction ID:** A-C11507

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 58

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
DHL

Mailing Address 1667 K Street NW  
Suite 410

City State Zip Code  
Washington DC 20006-1653

FEC ID number of contributing federal political committee. **C** C00417915

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  
10 / 25 / 2007

Transaction ID: A-C11467

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Edison International PAC

Mailing Address 2244 Walnut Grove Avenue

City State Zip Code  
Rosemead CA 91770-3714

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8300.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 11 / 2007

Transaction ID: A-C11419

Amount of Each Receipt this Period

3000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman Corporation PAC ENGPAC

Mailing Address 520 S Grand Avenue  
Suite 700

City State Zip Code  
Los Angeles CA 90071-2665

FEC ID number of contributing federal political committee. **C** C00088591

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  
10 / 11 / 2007

Transaction ID: A-C11411

Amount of Each Receipt this Period

2000.00

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

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

6000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.**

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

Mailing Address PO Box 13222

City State Zip Code  
Sacramento CA 95813-3222

FEC ID number of contributing federal political committee. **C** C00199257

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  
 1 1 / 1 6 / 2 0 0 7

Transaction ID: A-C11734

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Mailing Address PO Box 85608

City State Zip Code  
San Diego CA 92186-5608

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 7

Transaction ID: A-C11463

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary Political Contribution Plan

Mailing Address 3190 Fairview Park Drive

City State Zip Code  
Falls Church VA 22042-4530

FEC ID number of contributing federal political committee. **C** C00078451

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  
 1 1 / 1 6 / 2 0 0 7

Transaction ID: A-C11733

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 58

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Avenue NW  
Suite 1100

City State Zip Code  
Washington DC 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

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  
1 0 / 2 5 / 2 0 0 7

Transaction ID: A-C11471

Amount of Each Receipt this Period

1000.00

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

**B.**

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

Mailing Address Four Coliseum Centre  
2730 W. Tyvola Road

City State Zip Code  
Charlotte NC 28217-0009

FEC ID number of contributing federal political committee. **C** C00101725

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  
1 0 / 2 5 / 2 0 0 7

Transaction ID: A-C11466

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
International Council of Shopping Centers PAC

Mailing Address 1399 New York Avenue NW  
Suite 720

City State Zip Code  
Washington DC 20005-4778

FEC ID number of contributing federal political committee. **C** C00024869

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  
1 1 / 1 6 / 2 0 0 7

Transaction ID: A-C11731

Amount of Each Receipt this Period

2000.00

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

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
KEN CALVERT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Land O'Lakes PAC

Mailing Address PO Box 64101

City State Zip Code  
Saint Paul MN 55164-0101

FEC ID number of contributing federal political committee. **C** C00009423

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  
 1 0 / 1 1 / 2 0 0 7

**Transaction ID:** A-C11410

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address 380 Interlocken Crescent Suite 200

City State Zip Code  
Broomfield CO 80021-8026

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

**Transaction ID:** A-C11853

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NAA PAC National Apartment Association Political Action Commte.

Mailing Address 201 N Union Street Suite 200

City State Zip Code  
Alexandria VA 22314-2651

FEC ID number of contributing federal political committee. **C** C00113241

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  
 1 0 / 2 6 / 2 0 0 7

**Transaction ID:** A-C11505

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
National Multi Housing Council PAC

Mailing Address 1850 M Street NW  
Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 29 / 2007  
**Transaction ID:** A-C11509  
 Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NSSGA ROCKPAC

Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 26 / 2007  
**Transaction ID:** A-C11506  
 Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ORBPAC (Orbital Sciences Corporation Political Action Committee)

Mailing Address 21700 Atlantic Boulevard

City Sterling State VA Zip Code 20166-6801

FEC ID number of contributing federal political committee. **C** C00195263

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 11 / 2007  
**Transaction ID:** A-C11415  
 Amount of Each Receipt this Period: 1000.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 58

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
ORBPAC (Orbital Sciences Corporation Political Action Committee)

Mailing Address 21700 Atlantic Boulevard

City State Zip Code  
Sterling VA 20166-6801

FEC ID number of contributing federal political committee. **C** C00195263

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  
10 / 29 / 2007

Transaction ID: A-C11512

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Pacific Consolidated Industries Employee Good Government Committee

Mailing Address 601 S Glenoaks Boulevard  
Suite 211

City State Zip Code  
Burbank CA 91502-2775

FEC ID number of contributing federal political committee. **C** C00409375

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 29 / 2007

Transaction ID: A-C11511

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Pacific Life Insurance Company PAC

Mailing Address 700 Newport Center Drive

City State Zip Code  
Newport Beach CA 92660-6307

FEC ID number of contributing federal political committee. **C** C00068528

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  
10 / 11 / 2007

Transaction ID: A-C11414

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**KEN CALVERT FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) PG&E CORPORATION ENERGY PAC		Date of Receipt
	Mailing Address 77 Beale Street # B29H		<input type="checkbox"/> 12 / <input type="checkbox"/> 03 / <input type="checkbox"/> 2007
	City	State	Zip Code
	San Francisco	CA	94105-1814
	FEC ID number of contributing federal political committee.		Transaction ID: A-C11825
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) SAIC Voluntary PAC		Date of Receipt
	Mailing Address 10260 Campus Point Drive # F2		<input type="checkbox"/> 10 / <input type="checkbox"/> 11 / <input type="checkbox"/> 2007
	City	State	Zip Code
	San Diego	CA	92121-1522
	FEC ID number of contributing federal political committee.		Transaction ID: A-C11413
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) SAIC Voluntary PAC		Date of Receipt
	Mailing Address 10260 Campus Point Drive # F2		<input type="checkbox"/> 11 / <input type="checkbox"/> 27 / <input type="checkbox"/> 2007
	City	State	Zip Code
	San Diego	CA	92121-1522
	FEC ID number of contributing federal political committee.		Transaction ID: A-C11814
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

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

Mailing Address 430 1st Street SE

City Washington State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** A-C11738  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
UNION PACIFIC FUND FOR EFFECTIVE GOVT.

Mailing Address 600 13th Street NW Suite 340

City Washington State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** A-C11738  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1401 I Street NW Suite 600

City Washington State DC Zip Code 20005-2225

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 25 / 2007  
**Transaction ID:** A-C11461  
 Amount of Each Receipt this Period 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Watson Pharmaceuticals Employees PAC  
 Mailing Address 311 Bonnie Circle  
 City State Zip Code  
 Corona CA 92880  
 FEC ID number of contributing federal political committee. **C** C00391086  
 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  
 1 1 / 1 6 / 2 0 0 7  
**Transaction ID:** A-C11735  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WINE INSTITUTE POLITICAL ACTION COMMITTEE  
 Mailing Address 607 14th Street NW  
 Suite 800  
 City State Zip Code  
 Washington DC 20005-2005  
 FEC ID number of contributing federal political committee. **C** C00065219  
 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  
 1 0 / 1 1 / 2 0 0 7  
**Transaction ID:** A-C11418  
 Amount of Each Receipt this Period  
 2500.00  
 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>60500.00</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)  
KEN CALVERT FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ADT Security Services <hr/> Mailing Address PO Box 650485 <hr/> City Dallas State TX Zip Code 75265-0485 <hr/> Purpose of Disbursement Alarm System Candidate Name <hr/> Office Sought: <input 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) ▼	Transaction ID: B-E-11436 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 28.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) ADT Security Services <hr/> Mailing Address PO Box 650485 <hr/> City Dallas State TX Zip Code 75265-0485 <hr/> Purpose of Disbursement Alarm service Candidate Name <hr/> Office Sought: <input 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) ▼	Transaction ID: B-E-11586 Date of Disbursement 11 / 06 / 2007 <hr/> Amount of Each Disbursement this Period 28.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) ADT Security Services <hr/> Mailing Address PO Box 650485 <hr/> City Dallas State TX Zip Code 75265-0485 <hr/> Purpose of Disbursement Alarm system Candidate Name <hr/> Office Sought: <input 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) ▼	Transaction ID: B-E-11829 Date of Disbursement 12 / 18 / 2007 <hr/> Amount of Each Disbursement this Period 28.29 <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) ..... ▶	84.87
<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

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)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 78522</p> <p>City Phoenix State AZ Zip Code 85062-8522</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11449</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 79.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 78522</p> <p>City Phoenix State AZ Zip Code 85062-8522</p> <p>Purpose of Disbursement Telephone/blackberry sevice</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11450</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 157.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 78522</p> <p>City Phoenix State AZ Zip Code 85062-8522</p> <p>Purpose of Disbursement Blackberry/phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11585</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 138.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

376.37

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: B-E-11589 Date of Disbursement 11 / 06 / 2007
	Mailing Address PO Box 78522	Amount of Each Disbursement this Period 24.41
	City Phoenix State AZ Zip Code 85062-8522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: B-E-11740 Date of Disbursement 11 / 20 / 2007
	Mailing Address PO Box 78522	Amount of Each Disbursement this Period 151.86
	City Phoenix State AZ Zip Code 85062-8522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: B-E-11745 Date of Disbursement 11 / 20 / 2007
	Mailing Address PO Box 78522	Amount of Each Disbursement this Period 84.34
	City Phoenix State AZ Zip Code 85062-8522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Long distance phone service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	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) .....	▶	260.61
<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)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 78522</p> <p>City Phoenix State AZ Zip Code 85062-8522</p> <p>Purpose of Disbursement Long Distance phone charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11832</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 24.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bieber Communications, Inc.</p> <p>Mailing Address 3609 W Macarthur Boulevard Suite 812</p> <p>City Santa Ana State CA Zip Code 92704-6850</p> <p>Purpose of Disbursement Fundraising: Fundsr mailer print/postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11440</p> <p>Date of Disbursement 10 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 34530.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bieber Communications, Inc.</p> <p>Mailing Address 3609 W Macarthur Boulevard Suite 812</p> <p>City Santa Ana State CA Zip Code 92704-6850</p> <p>Purpose of Disbursement Campaign Mailer-remit envelope</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11457</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 430.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>34984.41</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)  
KEN CALVERT FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Capital Campaigns, Inc.  Mailing Address 6016 Corbin Avenue  City Tarzana State CA Zip Code 91356-1009  Purpose of Disbursement Fundraising: Fundraising Management Candidate Name  Office Sought: <input 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:	Transaction ID: B-E-11405 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 2500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Capital Campaigns, Inc.  Mailing Address 6016 Corbin Avenue  City Tarzana State CA Zip Code 91356-1009  Purpose of Disbursement Fundraising: Fundraising Management Candidate Name  Office Sought: <input 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:	Transaction ID: B-E-11427 Date of Disbursement 10 / 09 / 2007  Amount of Each Disbursement this Period 276.70  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB  Mailing Address 300 1st Street SE  City Washington State DC Zip Code 20003-1801  Purpose of Disbursement Campaign Event: Campaign Meetings/meals Candidate Name  Office Sought: <input 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:	Transaction ID: B-E-11435 Date of Disbursement 10 / 09 / 2007  Amount of Each Disbursement this Period 326.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**3103.20**

**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)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
CAPITOL HILL CLUB

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Fundraising: Food/bev.-events & meetings

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11743  
Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

2743.27

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

B.

Full Name (Last, First, Middle Initial)  
City National Bank T.T. & L.

Mailing Address PO Box 3052

City Milwaukee State WI Zip Code 53201-3052

Purpose of Disbursement  
Payroll Tax

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11445  
Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

433.80

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

C.

Full Name (Last, First, Middle Initial)  
City National Bank T.T. & L.

Mailing Address PO Box 3052

City Milwaukee State WI Zip Code 53201-3052

Purpose of Disbursement  
Payroll Tax

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11827  
Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

321.30

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

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

3498.37

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) City National Bank Visa</p> <p>Mailing Address PO Box 3052</p> <p>City Milwaukee State WI Zip Code 53201-3052</p> <p>Purpose of Disbursement See Memo Items</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11448</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 1865.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) City National Bank Visa</p> <p>Mailing Address PO Box 3052</p> <p>City Milwaukee State WI Zip Code 53201-3052</p> <p>Purpose of Disbursement See Memo Items</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11741</p> <p>Date of Disbursement 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1553.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) City National Bank Visa</p> <p>Mailing Address PO Box 3052</p> <p>City Milwaukee State WI Zip Code 53201-3052</p> <p>Purpose of Disbursement See memo items</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11837</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 826.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

4245.79

**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)  
KEN CALVERT FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com, Inc.  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Fundraising: Credit Card Cont. Fee Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11425 Date of Disbursement 10 / 02 / 2007  Amount of Each Disbursement this Period 50.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com, Inc.  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Online Reporting services Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11433 Date of Disbursement 10 / 09 / 2007  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com, Inc.  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Fundraising: Credit Card Cont. Fee Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11462 Date of Disbursement 10 / 19 / 2007  Amount of Each Disbursement this Period 230.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

780.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com, Inc.	Transaction ID: B-E-11863 Date of Disbursement 11 / 05 / 2007
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 7.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising: Credit card cont. fee Candidate Name	
	Office Sought: <input 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.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com, Inc.	Transaction ID: B-E-11864 Date of Disbursement 11 / 07 / 2007
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 5.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising: credit card cont. fee Candidate Name	
	Office Sought: <input 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) ▼

C.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com, Inc.	Transaction ID: B-E-11768 Date of Disbursement 11 / 16 / 2007
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 10.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising: credit card cont. fee Candidate Name	
	Office Sought: <input 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) .....	22.00
<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)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
CompleteCampaigns.com, Inc.

Transaction ID: B-E-11744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Mailing Address 610 Gateway Center Way  
Suite K

Amount of Each Disbursement this Period

500.00
--------

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Online reporting svcs.

001
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Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
CompleteCampaigns.com, Inc.

Transaction ID: B-E-11822

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	7

Mailing Address 610 Gateway Center Way  
Suite K

Amount of Each Disbursement this Period

2.50
------

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Fundraising: Credit Card Contrib fee

003
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Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
EMPLOYMENT DEVELOPMENT DEPARTMENT

Transaction ID: B-E-11446

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	7

Mailing Address PO Box 85461

Amount of Each Disbursement this Period

33.40
-------

City San Diego State CA Zip Code 92186-5461

Purpose of Disbursement  
Payroll Tax

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

535.90
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**TOTAL** This Period (last page this line number only) ..... ►

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# 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)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>EMPLOYMENT DEVELOPMENT DEPARTMENT</b></p> <p>Mailing Address PO Box 85461</p> <p>City San Diego State CA Zip Code 92186-5461</p> <p>Purpose of Disbursement State Payroll Tax Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11444 <b>Date of Disbursement</b> 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 4.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>EMPLOYMENT DEVELOPMENT DEPARTMENT</b></p> <p>Mailing Address PO Box 85461</p> <p>City San Diego State CA Zip Code 92186-5461</p> <p>Purpose of Disbursement payroll tax Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11826 <b>Date of Disbursement</b> 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 12.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Epiphany Productions, Inc.</b></p> <p>Mailing Address 104 East Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Fundraising: Fundraising event/travel Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11430 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 7606.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**7623.68**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 58

<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)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Epiphany Productions, Inc.</p> <p>Mailing Address 104 East Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Fndrsng mngmt, fundrsr catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11583 <b>Date of Disbursement</b> 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 1447.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Epiphany Productions, Inc.</p> <p>Mailing Address 104 East Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Fundraising: Fundraising managment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11828 <b>Date of Disbursement</b> 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 3734.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Executive Support Services, LLC</p> <p>Mailing Address 11150 Santa Monica Boulevard Suite 455</p> <p>City Los Angeles State CA Zip Code 90025-3380</p> <p>Purpose of Disbursement Fundraising: Blast Fax- Invite</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11428 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 274.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5457.01
<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)  
KEN CALVERT FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hart & Associates LLC	Transaction ID: B-E-11441 Date of Disbursement 10 / 19 / 2007
	Mailing Address 1300 Bristol Street N Suite 100	Amount of Each Disbursement this Period 1000.00
	City Newport Beach State CA Zip Code 92660-2989	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Mailer Consulting/coo Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 003
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Law Offices of Nicholas C. Vasels	Transaction ID: B-E-11437 Date of Disbursement 10 / 09 / 2007
	Mailing Address 2030 Main Street Suite 1300	Amount of Each Disbursement this Period 916.50
	City Irvine State CA Zip Code 92614-6223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Law Offices of Nicholas C. Vasels	Transaction ID: B-E-11590 Date of Disbursement 11 / 06 / 2007
	Mailing Address 2030 Main Street Suite 1300	Amount of Each Disbursement this Period 3061.50
	City Irvine State CA Zip Code 92614-6223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	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) .....	4978.00
<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)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Law Offices of Nicholas C. Vasels

Mailing Address 2030 Main Street  
Suite 1300

City Irvine State CA Zip Code 92614-6223

Purpose of Disbursement  
Legal Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11831  
Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

351.00

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

B.

Full Name (Last, First, Middle Initial)  
Lucky Rental Properties

Mailing Address PO Box 70391

City Riverside State CA Zip Code 92513-0391

Purpose of Disbursement  
Monthly office rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11455  
Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

798.00

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

C.

Full Name (Last, First, Middle Initial)  
Lucky Rental Properties

Mailing Address PO Box 70391

City Riverside State CA Zip Code 92513-0391

Purpose of Disbursement  
Monthly office rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11747  
Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

798.00

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

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

1947.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Lucky Rental Properties

Mailing Address PO Box 70391

City Riverside State CA Zip Code 92513-0391

Purpose of Disbursement  
Monthly office rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11836  
Date of Disbursement

1 2 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period

798.00

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

B.

Full Name (Last, First, Middle Initial)  
Morongo Resort & Hotel

Mailing Address 49500 Seminole Drive

City Cabazon State CA Zip Code 92230-2202

Purpose of Disbursement  
Hotel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-203  
Date of Disbursement

1 1 / 2 0 / 2 0 0 7

Amount of Each Disbursement this Period

478.00

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

**[MEMO ITEM]**  
Subitemization of City National Bank Visa(11/20/07)

C.

Full Name (Last, First, Middle Initial)  
Political Data, Inc.

Mailing Address PO Box 1706

City Burbank State CA Zip Code 91507-1706

Purpose of Disbursement  
Paraphernalia: Political List

Candidate Name

006  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11426  
Date of Disbursement

1 0 / 0 9 / 2 0 0 7

Amount of Each Disbursement this Period

800.00

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

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

1598.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Republican Party of Riverside County</p> <p>Mailing Address PO Box 20091</p> <p>City Riverside State CA Zip Code 92516-0091</p> <p>Purpose of Disbursement Travel: Reimbursement for lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11749</p> <p>Date of Disbursement 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 239.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Riverside Public Utilities</p> <p>Mailing Address 3900 Main Street</p> <p>City Riverside State CA Zip Code 92522-0001</p> <p>Purpose of Disbursement Utility Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11451</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 102.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Riverside Public Utilities</p> <p>Mailing Address 3900 Main Street</p> <p>City Riverside State CA Zip Code 92522-0001</p> <p>Purpose of Disbursement Utility Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11739</p> <p>Date of Disbursement 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 80.23</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

422.94

**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)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Sandy Butler & Associates

Transaction ID: B-E-11591

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Mailing Address PO Box 2947

Amount of Each Disbursement this Period

1280.41
---------

City Riverside State CA Zip Code 92516-2947

Purpose of Disbursement  
Reporting/accounting services

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Sandy Butler & Associates

Transaction ID: B-E-11751

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Mailing Address PO Box 2947

Amount of Each Disbursement this Period

1015.00
---------

City Riverside State CA Zip Code 92516-2947

Purpose of Disbursement  
Accounting/Reporting services

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Sandy Butler & Associates

Transaction ID: B-E-11860

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Mailing Address PO Box 2947

Amount of Each Disbursement this Period

997.50
--------

City Riverside State CA Zip Code 92516-2947

Purpose of Disbursement  
Reporting/account services

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

3292.91
---------

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

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# 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)  
KEN CALVERT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
State Compensation Insurance Fund

Mailing Address PO Box 7854

City San Francisco State CA Zip Code 94120-7854

Purpose of Disbursement  
workers comp insurance

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-11452

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

308.61

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

**B.** Full Name (Last, First, Middle Initial)  
Teaman, Ramirez & Smith, Inc.

Mailing Address 4201 Brockton Avenue Suite 100

City Riverside State CA Zip Code 92501-3431

Purpose of Disbursement  
Accounting Services

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-11439

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

390.85

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

**C.** Full Name (Last, First, Middle Initial)  
Teaman, Ramirez & Smith, Inc.

Mailing Address 4201 Brockton Avenue Suite 100

City Riverside State CA Zip Code 92501-3431

Purpose of Disbursement  
Accounting services

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-11588

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

471.54

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

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

1171.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Teaman, Ramirez & Smith, Inc.  Mailing Address 4201 Brockton Avenue Suite 100  City Riverside State CA Zip Code 92501-3431  Purpose of Disbursement Accounting services Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11830 Date of Disbursement 12 / 18 / 2007  Amount of Each Disbursement this Period 231.42  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Travelers Indemnity And Affiliates  Mailing Address CL REMITTANCE CENTER  City HARTFORD State CT Zip Code 61831  Purpose of Disbursement commercial liability ins. Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11429 Date of Disbursement 10 / 09 / 2007  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. POSTMASTER  Mailing Address Magnolia Finance Station 3681 Sunnyside Avenue  City Riverside State CA Zip Code 92506-9998  Purpose of Disbursement Fundraising: Postage- Fundraising Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11447 Date of Disbursement 10 / 23 / 2007  Amount of Each Disbursement this Period 200.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	931.42
<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 48 / 58

<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)  
KEN CALVERT FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) U.S. POSTMASTER	Transaction ID: B-E-11592 Date of Disbursement 11 / 06 / 2007
	Mailing Address Magnolia Finance Station 3681 Sunnyside Avenue	Amount of Each Disbursement this Period 400.00
	City: Riverside State: CA Zip Code: 92506-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Business Reply Mail acct repl Candidate Name: _____ Category/Type: 003	
	Office Sought: <input 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.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: B-S-190 Date of Disbursement 10 / 23 / 2007
	Mailing Address UAL Corporation P.O. Box 66100	Amount of Each Disbursement this Period 1000.00
	City: Chicago State: IL Zip Code: 60666	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Airfare Candidate Name: _____ Category/Type: 002	
	Office Sought: <input 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> Subitemization of City National Bank Visa(10/23/07)
	State: _____ District: _____	
C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: B-S-202 Date of Disbursement 11 / 20 / 2007
	Mailing Address UAL Corporation P.O. Box 66100	Amount of Each Disbursement this Period 1000.00
	City: Chicago State: IL Zip Code: 60666	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Airfare Candidate Name: _____ Category/Type: 002	
	Office Sought: <input 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> Subitemization of City National Bank Visa(11/20/07)
	State: _____ District: _____	

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

400.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address UAL Corporation  
P.O. Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement  
Travel-airfare

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-184

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

600.00

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

**[MEMO ITEM]**

Subitemization of City Na-  
tional Bank Visa(12/18/07)

B.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address Magnolia Finance  
3681 Sunnyside Ave

City Riverside State CA Zip Code 92506

Purpose of Disbursement  
Business Reply Mail Account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11434

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

725.00

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

C.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement  
Fax Service Line

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-11438

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

34.01

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

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

759.01

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17577</p> <p>City Baltimore State MD Zip Code 21297-0513</p> <p>Purpose of Disbursement Fax service line</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11587</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 30.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17577</p> <p>City Baltimore State MD Zip Code 21297-0513</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Fax line</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11833</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 30.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Sandra S Butler</p> <p>Mailing Address 1140 W Blaine Street Apt. 101</p> <p>City Riverside State CA Zip Code 92507-7673</p> <p>Purpose of Disbursement Reimbursement- Ink Cartridge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11584</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 29.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

90.49

**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)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sandra S Butler</p> <p>Mailing Address 1140 W Blaine Street Apt. 101</p> <p>City Riverside State CA Zip Code 92507-7673</p> <p>Purpose of Disbursement Reimbursement- Paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11742 <b>Date of Disbursement</b> 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 9.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Billy Essayli</p> <p>Mailing Address 4167 Windspring Street</p> <p>City Corona State CA Zip Code 92883-5928</p> <p>Purpose of Disbursement Travel: REIMBURSEMENT-hotel/driving</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11431 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1098.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Billy Essayli</p> <p>Mailing Address 4167 Windspring Street</p> <p>City Corona State CA Zip Code 92883-5928</p> <p>Purpose of Disbursement Campaign Coordination</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11432 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 880.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1987.62

**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)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Billy Essayli</p> <p>Mailing Address 4167 Windspring Street</p> <p>City Corona State CA Zip Code 92883-5928</p> <p>Purpose of Disbursement Reimbursement-Christmas Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11456</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 1998.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Billy Essayli</p> <p>Mailing Address 4167 Windspring Street</p> <p>City Corona State CA Zip Code 92883-5928</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11593</p> <p>Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 367.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Billy Essayli</p> <p>Mailing Address 4167 Windspring Street</p> <p>City Corona State CA Zip Code 92883-5928</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11594</p> <p>Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 367.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2732.33

**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)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Billy Essayli

Transaction ID: B-E-11595  
Date of Disbursement

Mailing Address 4167 Windspring Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

City State Zip Code  
Corona CA 92883-5928

Amount of Each Disbursement this Period

89.73
-------

Purpose of Disbursement  
Reimb-Camp stratgy meetng-meal  
Candidate Name

007
-----

Category/  
Type

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

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Billy Essayli

Transaction ID: B-E-11746  
Date of Disbursement

Mailing Address 4167 Windspring Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

City State Zip Code  
Corona CA 92883-5928

Amount of Each Disbursement this Period

44.85
-------

Purpose of Disbursement  
food reimb.-campaign meeting  
Candidate Name

001
-----

Category/  
Type

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

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Billy Essayli

Transaction ID: B-E-11750  
Date of Disbursement

Mailing Address 4167 Windspring Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

City State Zip Code  
Corona CA 92883-5928

Amount of Each Disbursement this Period

734.00
--------

Purpose of Disbursement  
Administrative/Salary/Overhead: Payroll  
Candidate Name

001
-----

Category/  
Type

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

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

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

868.58
--------

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

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# 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)  
KEN CALVERT FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Billy Essayli

Transaction ID: B-E-11834  
Date of Disbursement

Mailing Address 4167 Windspring Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	7

City State Zip Code  
Corona CA 92883-5928

Amount of Each Disbursement this Period

100.41
--------

Purpose of Disbursement  
Reimbursement-camp meeting/mea  
Candidate Name

001
-----

Category/  
Type

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

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Billy Essayli

Transaction ID: B-E-11862  
Date of Disbursement

Mailing Address 4167 Windspring Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	7

City State Zip Code  
Corona CA 92883-5928

Amount of Each Disbursement this Period

734.00
--------

Purpose of Disbursement  
Administrative/Salary/Overhead: Payroll  
Candidate Name

001
-----

Category/  
Type

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

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

C.

Full Name (Last, First, Middle Initial)  
Joe Harding

Transaction ID: B-E-11406  
Date of Disbursement

Mailing Address 8996 Alabama St.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	0	7

City State Zip Code  
Riverside CA 92503

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Travel: Event Transportation Services  
Candidate Name

002
-----

Category/  
Type

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

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

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

1334.41
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TOTAL This Period (last page this line number only) .....

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# 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)  
KEN CALVERT FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joe Harding</p> <p>Mailing Address 8996 Alabama St.</p> <p>City Riverside State CA Zip Code 92503</p> <p>Purpose of Disbursement Driving/transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11453</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joe Harding</p> <p>Mailing Address 8996 Alabama St.</p> <p>City Riverside State CA Zip Code 92503</p> <p>Purpose of Disbursement Payroll- travel services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11752</p> <p>Date of Disbursement 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 458.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joe Harding</p> <p>Mailing Address 8996 Alabama St.</p> <p>City Riverside State CA Zip Code 92503</p> <p>Purpose of Disbursement Payroll-travel services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11861</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 458.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**1317.50**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mrs. Sue A Rawlings	Transaction ID: B-E-11454 Date of Disbursement 10 / 23 / 2007
	Mailing Address PO Box 2558	Amount of Each Disbursement this Period 600.00
	City Riverside State CA Zip Code 92516-2558	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Mrs. Sue A Rawlings	Transaction ID: B-E-11748 Date of Disbursement 11 / 20 / 2007
	Mailing Address PO Box 2558	Amount of Each Disbursement this Period 600.00
	City Riverside State CA Zip Code 92516-2558	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Mrs. Sue A Rawlings	Transaction ID: B-E-11835 Date of Disbursement 12 / 18 / 2007
	Mailing Address PO Box 2558	Amount of Each Disbursement this Period 600.00
	City Riverside State CA Zip Code 92516-2558	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	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) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	86603.42



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) California Republican Party  Mailing Address 1903 W Magnolia Boulevard  City Burbank State CA Zip Code 91506-1727  Purpose of Disbursement State prty cmte-excxs camp fnd Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11596 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7  Amount of Each Disbursement this Period 5000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) NRCC Incumbent Support Fund  Mailing Address National Republican Congressional 320 First Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Fed candidte supprt-excxs fund Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11484 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7  Amount of Each Disbursement this Period 25000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) OH-5 Congressional Victory Committee  Mailing Address PO Box 40366  City Washington State DC Zip Code 20016-0366  Purpose of Disbursement Fed candidate contrb-excxs fun Candidate Name  Office Sought: <input 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) ▼	Transaction ID: B-E-11483 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	31000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	31000.00

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 58 / 58	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Callaway Vineyard & Winery			Nature of Debt (Purpose): Fundraiser-Dinner
Mailing Address 32720 Rancho California Road			
City Temecula	State CA	ZIP Code 92591-4925	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10-DEBT7438</b>	
2370.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2370.50	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2370.50
2) <b>TOTALS</b> This Period (last page this line number only).....	2370.50
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	2370.50