

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER <b>C</b> C00075820
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
MERIDIAN PACIFIC INC.

Mailing Address  
925 UNIVERSITY AVE.

City SACRAMENTO	State CA	Zip Code 95825-6709
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Purpose of Expenditure Phone Banks	Category/ Type 007
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Name of Federal Candidate supported or Opposed by expenditure:  
JOHN CAMPBELL

Calendar Year-To-Date Per Election for Office Sought	228770.91
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Date  

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

Amount  

3411.18
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Transaction ID: E113005A1-1015

Office Sought:  House State: CA  
 Senate District: 48  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : SPECIAL RUNOFF

Full Name (Last, First, Middle, Initial) of Payee  
MERIDIAN PACIFIC INC.

Mailing Address  
925 UNIVERSITY AVE.

City SACRAMENTO	State CA	Zip Code 95825-6709
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Purpose of Expenditure Mailing Service	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
JOHN CAMPBELL

Calendar Year-To-Date Per Election for Office Sought	228770.91
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Date  

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

Amount  

15623.87
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Transaction ID: E113005A1-1016

Office Sought:  House State: CA  
 Senate District: 48  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : SPECIAL RUNOFF

(a) SUBTOTAL of Itemized Independent Expenditures .....	19035.05
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRISTOPHER J. WARD  
Signature

Date  

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