

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than 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

Hopefund, Inc.

ADDRESS (number and street) ▼

607 14th Street, NW, Suite 800

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00409052

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)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  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Harvey Wineberg

Signature of Treasurer

Electronically Filed by Harvey Wineberg

Date

05

24

2006

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
 Hopefund, Inc.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		457884.03
(b) Cash on Hand at Beginning of Reporting Period .....	398699.58	
(c) Total Receipts (from Line 19) .....	616117.73	1080838.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1014817.31	1538722.88
7. Total Disbursements (from Line 31) .....	162899.48	686805.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	851917.83	851917.83
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 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 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Hopefund, Inc.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	483744.26	774305.59
(i) Itemized (use Schedule A) .....	124566.29	287713.85
(ii) Unitemized .....	608310.55	1062019.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	75.00	75.00
(b) Political Party Committees .....	4500.00	9000.00
(c) Other Political Committees (such as PACs) .....	612885.55	1071094.44
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	2825.21	8785.15
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	406.97	959.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	616117.73	1080838.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	616117.73	1080838.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		127899.48	610505.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		127899.48	610505.05
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		35000.00	75800.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(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 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		162899.48	686805.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		162899.48	686805.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	612885.55	1071094.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	612885.55	1071094.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	127899.48	610505.05
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2825.21	8785.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	125074.27	601719.90

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

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

FOR LINE NUMBER: PAGE 6 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Mailing Address 65 Allerton St

City State Zip Code  
Boston MA 02119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suffolk Construction Cons-  
ulting

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576203

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
William Shawhan

Mailing Address P.O. Box 871

City State Zip Code  
Hanford CA 93232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C581944

Amount of Each Receipt this Period

100.00

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

Mailing Address 2710 Inverness Court

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Qualcomm, Inc.

Occupation  
Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.42

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 6

Transaction ID: C576292

Amount of Each Receipt this Period

656.42

\* In-Kind: Catering

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

5756.42

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

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

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

FOR LINE NUMBER: PAGE 7 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Scott Matthews

Mailing Address 8 Royalston Lane

City State Zip Code  
 Wellesley MA 02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 3 / 2 0 0 6

Transaction ID: C575995

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Alan Jacobs

Mailing Address 48 Fontainebleau

City State Zip Code  
 Newport Beach CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 1 / 2 0 0 6

Transaction ID: C577783

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Carolyn Revelle

Mailing Address 175 Richdale Avenue  
 No. 105

City State Zip Code  
 Cambridge MA 02140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576072

Amount of Each Receipt this Period

350.00

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

5600.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Barbara L Johnson  
Mailing Address 875 15th Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paul, Hastings, Janofsky &  
Walker.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576182

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Russ Hullet  
Mailing Address 792 14th St.

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: C577750

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Tania W. Stepanian  
Mailing Address 2109 Baker Street

City State Zip Code  
San Francisco CA 94115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SFAM Corp.

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C572658

Amount of Each Receipt this Period

2000.00

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

2750.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Lauri Fitz-pegado

Mailing Address 3401 38th Street NW  
No. 309

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Livingston Group

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: C576019

Amount of Each Receipt this Period

250.00

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

Nicholas B. Binkley

Mailing Address 265 Santa Helena  
Suite 110

City State Zip Code  
Solana Beach CA 92075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Forrest Binkley & Brown

Occupation  
Venture Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576044

Amount of Each Receipt this Period

5000.00

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

Jon Gruber

Mailing Address P.O. Box 214

City State Zip Code  
Ross CA 94957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gruber McBaine Capital Ma-  
nagement

Occupation  
Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576193

Amount of Each Receipt this Period

5000.00

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

10250.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Herbert Long, III  
Mailing Address 906 French Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Legion Design

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576114

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Jeremiah H. Chafkin  
Mailing Address 274 St. James Drive

City State Zip Code  
Piedmont CA 94611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ixis Asset Management

Occupation  
Asset Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C572662

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Dawn Dobras  
Mailing Address 25 Lincoln Avenue

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gap

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: C575992

Amount of Each Receipt this Period

2000.00

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

8000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Luvisia Molenje			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 8 / 2 0 0 6	
Mailing Address 10715 Hampton Mill Terr #100			<b>Transaction ID:</b> C576094	
City State Zip Code North Bethesda MD 20852			Amount of Each Receipt this Period 1001.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Mastermind Media Corp		Occupation Software Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1001.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Douglas P Wilson			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address 1422 San Ignacio			<b>Transaction ID:</b> C576134	
City State Zip Code Solana Beach CA 92075			Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Douglas Wilson Companies		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) William B. Hirsch			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 6341 Wood Drive			<b>Transaction ID:</b> C576233	
City State Zip Code Oakland CA 94611			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Leiff Cabsaser et al		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

7001.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Arthur Wagner

Mailing Address 1145 Crest Road

City State Zip Code  
 Del Mar CA 92014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576133

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Linda Gruber

Mailing Address P.O. Box 214

City State Zip Code  
 Ross CA 94957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576192

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Barbara Noonan

Mailing Address 1255 Trieste Drive

City State Zip Code  
 San Diego CA 92107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Kirby Noonan Lance & Hoge

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576160

Amount of Each Receipt this Period

700.00

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

10700.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Margaret Ives		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 130D Seminary Ave. Apt. 321		<b>Transaction ID:</b> C577778
City Auburndale	State MA	Zip Code 02466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) David Belluck		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 251 Marlborough Street		<b>Transaction ID:</b> C576254
City Boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Private Equity Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Jocelyn Belluck		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 251 Marlborough Street		<b>Transaction ID:</b> C576255
City Boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 5000.00	

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

10250.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Joan K. Jacobs

Mailing Address 2710 Inverness Court

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 6

Transaction ID: C576293

Amount of Each Receipt this Period

5000.00

\* In-Kind: Catering and  
Floral Arrangements

Full Name (Last, First, Middle Initial)

B. Homer G. Williams

Mailing Address 1308 NW Everett

City State Zip Code  
 Portland OR 97209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Williams & Dame

Occupation

Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576186

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Susan K. Koe

Mailing Address 2421 SW Arden Road

City State Zip Code  
 Portland OR 97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576034

Amount of Each Receipt this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Louis Beacham  
Mailing Address 7055 Vista Del Mar

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beacham Construction

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576181

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Albert W. Solheim

Mailing Address 1136 N.W. Hoyt  
No. 200

City State Zip Code  
Portland OR 97209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AWS Real Estate

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576187

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Phillipa E Ashby

Mailing Address 1314 Sussex Road

City State Zip Code  
Wynnewood PA 19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Financial Group

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 0 6

Transaction ID: C576093

Amount of Each Receipt this Period

750.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Grace M. Hoagland  
Mailing Address 115 Fox Hollow Road

City State Zip Code  
Woodside CA 94062-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cal State Hayward

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576088

Amount of Each Receipt this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
Sallianne Zamudio  
Mailing Address 2954 Bayside Walk

City State Zip Code  
San Diego CA 92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576171

Amount of Each Receipt this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
Leigh S. Matthes  
Mailing Address 37 Raycliff Terrace

City State Zip Code  
San Francisco CA 94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576229

Amount of Each Receipt this Period

2000.00

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

5350.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Howard Hctor Mailing Address 506 Price Street City State Zip Code West Chester PA 19382 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C577694</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Lynn L. Mohns Mailing Address 718 Hoska Drive City State Zip Code Del Mar CA 92014 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576066</b> Amount of Each Receipt this Period 350.00
<b>C.</b> Full Name (Last, First, Middle Initial) Craig L Collins Mailing Address 12794 Lavender Keep Cir City State Zip Code Fairfax VA 22033 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation XO Communications Telecom Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576110</b> Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....**1100.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 18 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Steven L. Merrill  
Mailing Address 16795 Round Valley Circle

City State Zip Code  
Grass Valley CA 95949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C572660

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Jonathan Lavine  
Mailing Address 11 Brent Road

City State Zip Code  
Lexington MA 02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bain Capital

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576207

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Gayle J. Tauber  
Mailing Address 7910 Ivanhoe Avenue  
No. 337

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576087

Amount of Each Receipt this Period

500.00

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

6500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.**

Full Name (Last, First, Middle Initial)

John Eaddy

Mailing Address 4247 Valencia Road

City	State	Zip Code
Knoxville	TN	37919

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C577156

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Winkle Paw

Mailing Address 41 Shelbourne Avenue

City	State	Zip Code
Daly City	CA	94015

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Franklin ResourcesOccupation  
Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576218

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

J. Todd Figi

Mailing Address P.O. Box 1668

City	State	Zip Code
La Jolla	CA	92038-1668

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

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	6

Transaction ID: C576140

Amount of Each Receipt this Period

1500.00

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

2250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Anna Timmons

Mailing Address 1150 SW Chapman Way Apt. 305

City	State	Zip Code
Palm City	FL	34990

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C579295

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Brooke Neidich

Mailing Address 120 East End Ave 7A

City	State	Zip Code
New York	NY	10028

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

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	6

Transaction ID: C572651

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Lynn A. Wolfstone

Mailing Address 8830 SW Becker Drive

City	State	Zip Code
Portland	OR	97223

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

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576248

Amount of Each Receipt this Period

1000.00

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

6250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Robert W. Conyers

Mailing Address 1575 Scott Street  
Apt. 6

City	State	Zip Code
San Diego	CA	92106-2336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: C576238

Amount of Each Receipt this Period

350.00

\* In-Kind: Photographer

**B.**

Full Name (Last, First, Middle Initial)

Patricia G. Alksne

Mailing Address 2651 Greentree Lane

City	State	Zip Code
La Jolla	CA	92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Retailing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	6

Transaction ID: C576053

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Lori Peters-bellan

Mailing Address 4450 Cross Country Drive

City	State	Zip Code
Ellicott City	MD	21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	6

Transaction ID: C581970

Amount of Each Receipt this Period

1000.00

\* In-Kind: Catering

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

1700.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Margaret Beals

Mailing Address 228 W Broadway

City State Zip Code  
New York NY 10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C576549

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Betty R Hiller

Mailing Address 3634 7th Avenue  
No. 4A

City State Zip Code  
San Diego CA 92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Art Appraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576151

Amount of Each Receipt this Period

350.00

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

Robert Reaume

Mailing Address 1703 N Blair Avenue

City State Zip Code  
Royal Oak MI 48067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JVC

Occupation

Adminrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: C578702

Amount of Each Receipt this Period

300.00

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

1150.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Leonard B. Simon

Mailing Address 1939 Via Casa Alta

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lerach, Coughlin, et alOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576045

Amount of Each Receipt this Period

5000.00

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

Mailing Address P.O. Box 7023

City State Zip Code  
Rancho Santa Fe CA 92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	6

Transaction ID: C576172

Amount of Each Receipt this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
M. Suzanne Hess

Mailing Address 6309 Cypress Point Road

City State Zip Code  
San Diego CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	6

Transaction ID: C576118

Amount of Each Receipt this Period

5000.00

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

10350.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Susanne J. Stanford

Mailing Address 7733 Whitefield Place

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576078

Amount of Each Receipt this Period

350.00

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

John R. Hill

Mailing Address 1595 Hurlbut Lane

City State Zip Code  
 Sebastopol CA 95472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UBS

Occupation

Stockbroker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576230

Amount of Each Receipt this Period

250.00

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

Trellis Stepter

Mailing Address 98 Pleasant Street

City State Zip Code  
 Cambridge MA 02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth of Massachus-  
etts

Occupation

Legislative Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 4 / 2 0 0 6

Transaction ID: C576007

Amount of Each Receipt this Period

250.00

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

850.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Diane Hewat

Mailing Address PO Box 609

City State Zip Code  
 Salisbury CT 06068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C577667

Amount of Each Receipt this Period

250.00

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

Cecil W. Lytle

Mailing Address 311 4th Avenue  
 Apt. 317

City State Zip Code  
 San Diego CA 92101-6990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California  
SD

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576065

Amount of Each Receipt this Period

350.00

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

Susan L. Solomont

Mailing Address 220 Ridgeway Road

City State Zip Code  
 Weston MA 02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Philanthropic Initiative

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576256

Amount of Each Receipt this Period

5000.00

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

5600.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Corinne Ferguson

Mailing Address 333 Lee Street

City State Zip Code  
 Brookline MA 02445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 4 / 2 0 0 6

Transaction ID: C575927

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Judith L. Schreiber

Mailing Address 2616 Angell Avenue

City State Zip Code  
 San Diego CA 92122-2103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576075

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C.** Francy Starr

Mailing Address 2018 Caminito San Nicholas

City State Zip Code  
 La Jolla CA 32037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576164

Amount of Each Receipt this Period

700.00

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Kenneth A Kaufman

Mailing Address 630 22nd Street

City State Zip Code  
 Santa Monica CA 90402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Patchett-Kaufman Entertain-  
ment

Occupation  
Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576152

Amount of Each Receipt this Period

700.00

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

Alda Brill Scheuer

Mailing Address 320 E. 54th Street  
 11 C-D

City State Zip Code  
 New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576086

Amount of Each Receipt this Period

1000.00

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

Ulrich E Meyer

Mailing Address 4950 S Chicago Beach Dr

City State Zip Code  
 Chicago IL 60615-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 6

Transaction ID: C572655

Amount of Each Receipt this Period

5000.00

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

6700.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Louis A. Holland  
Mailing Address 1 N. Wacker Drive, # 700

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holland Capital Markets

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: C576021

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
David S. Casey, Jr.  
Mailing Address 110 Laurel Street

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casey, Gerry, et al

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576047

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
James L Carruthers  
Mailing Address 4 Pepperwood Court

City State Zip Code  
Menlo Park CA 94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Third Point LLC

Occupation  
Investment Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: C575991

Amount of Each Receipt this Period

1000.00

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

11000.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Jeffrey Krinsk

Mailing Address 567 Gage Lane

City State Zip Code  
 San Diego CA 92106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Finklestein & Krinsk, LLC

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576123

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Irene Thompson

Mailing Address P.O. Box 7262

City State Zip Code  
 Rancho Santa Fe CA 92067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576168

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C.** John D. Messner

Mailing Address 530 B Street  
Suite 300

City State Zip Code  
 San Diego CA 92101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Messner and Smith Investm-  
ent Manag

Occupation  
Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576158

Amount of Each Receipt this Period

700.00

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

6050.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Barry C Curtis

Mailing Address 12000 Broad Meadow Lane

City State Zip Code  
 Clarksville MD 21029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stifel Nicolaus

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576253

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Lawrence E. Hess

Mailing Address 6309 Cypress Point Road

City State Zip Code  
 San Diego CA 92120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576119

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Elizabeth K. Ecke

Mailing Address 8677 Villa La Jolla Drive  
 No. 1113

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576060

Amount of Each Receipt this Period

350.00

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

5850.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

John W. Larson

Mailing Address 318 Selby Lane

City State Zip Code  
 Atherton CA 94027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576224

Amount of Each Receipt this Period

2000.00

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

Dale F. Steele

Mailing Address 8001 El Paseo Grande

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M.W. Steele Group, Inc.

Occupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576165

Amount of Each Receipt this Period

700.00

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

Marcy Krinsk

Mailing Address 567 Gage Lane

City State Zip Code  
 San Diego CA 92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576122

Amount of Each Receipt this Period

5000.00

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

7700.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Paul A Peterson

Mailing Address 7979 Ivanhoe Avenue  
No. 520

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576161

Amount of Each Receipt this Period

350.00

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

Thomas Patchett

Mailing Address 10866 Wilshire Blvd  
10th Floor

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576130

Amount of Each Receipt this Period

5000.00

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

Linda Simon

Mailing Address 2484 Ellentown Road

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576089

Amount of Each Receipt this Period

5000.00

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

10350.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Jerome S. Tamkin

Mailing Address 13524 Romany Drive

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576141

Amount of Each Receipt this Period

5000.00

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

Michele H. Nazari

Mailing Address 825 Coast Blvd South

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Real Estate Se-  
rvices

Occupation

Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576159

Amount of Each Receipt this Period

700.00

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

Noel Hugh Gordon

Mailing Address PO Box 11766

City State Zip Code  
 Philadelphia PA 19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576197

Amount of Each Receipt this Period

500.00

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

6200.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Alice B. Kramer

Mailing Address 688 Westover Road

City State Zip Code  
Stamford CT 06902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: C576155

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B.** Harold McClaskey

Mailing Address 1230 Anacapa Way

City State Zip Code  
Laguna Beach CA 92651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C578250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Barbara K. Cook

Mailing Address 14054 Rue d'Antibes

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: C576146

Amount of Each Receipt this Period

350.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

David R. Staley

Mailing Address 333 Hampton

City State Zip Code  
Piedmont CA 94611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lehman Brothers

Occupation  
Fixed Income Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2006

Transaction ID: C576247

Amount of Each Receipt this Period

1000.00

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

Nathan Wilson

Mailing Address 151 Green Wood Way

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: C576195

Amount of Each Receipt this Period

1000.00

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

jane-Howard Hammerstein

Mailing Address 27 Scofield Hill Rd.

City State Zip Code  
Washington Depot CT 06794

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Writer Manqu?

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2006

Transaction ID: C576101

Amount of Each Receipt this Period

1000.00

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

3000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Lewis M. Horowitz

Mailing Address 13537 Fielding Road

City State Zip Code  
Lake Oswego OR 97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lane Powell PCOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576037

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen D. McIntee

Mailing Address 3707 5th Avenue  
No. 603

City State Zip Code  
San Diego CA 92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576067

Amount of Each Receipt this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
Louisa Spencer

Mailing Address 133 E 64th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C579120

Amount of Each Receipt this Period

250.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Merrill Mailing Address 5 Chestnut Street City State Zip Code Boston MA 02108-3609 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 6 <b>Transaction ID: C576356</b> Amount of Each Receipt this Period 150.00
<b>B.</b> Full Name (Last, First, Middle Initial) Althea M. Brimm Mailing Address 2411 Vallecitos City State Zip Code La Jolla CA 92037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576058</b> Amount of Each Receipt this Period 700.00
<b>C.</b> Full Name (Last, First, Middle Initial) Janet Sherman Mailing Address 1912 NW Aspen Avenue City State Zip Code Portland OR 97210 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576185</b> Amount of Each Receipt this Period 2000.00

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

2850.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** William M Fitzmaurice

Mailing Address 1948 Caminito El Canario

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
William Fitzmaurice Enter-  
prises

Occupation  
Financial Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576149

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B.** Rebecca Wood

Mailing Address 4144 Randolph Street

City State Zip Code  
 San Diego CA 92103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MLL Investment Company

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576170

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C.** Steve Pershing

Mailing Address 807 E St. S.E.

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Center for Constitutional  
Litigati

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576184

Amount of Each Receipt this Period

500.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Z. Michael		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 20 Bush Street Suite 1940		<b>Transaction ID:</b> C576018
City State Zip Code San Francisco CA 94104	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Helen Spaulding		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 19 Smith Point Rd.		<b>Transaction ID:</b> C579115
City State Zip Code Manchester MA 01944-1449	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Frederick K. Taylor		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 5537 Las Alturias Terrace		<b>Transaction ID:</b> C576178
City State Zip Code San Diego CA 92114	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Procopio Cory Hargraves & Savitch	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

1650.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Robert P. Meinzer, Jr.Mailing Address 3707 5th Avenue  
No. 603

City	State	Zip Code
San Diego	CA	92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576068

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Steven B. Belkin

Mailing Address 8 Rocky Ledge

City	State	Zip Code
Weston	MA	02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trans National GroupOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576235

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Lloyd N. Hand

Mailing Address 4619 Charleston Terrace NW

City	State	Zip Code
Washington	DC	20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA Piper RudnickOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576211

Amount of Each Receipt this Period

500.00

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

5850.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Lisa Casey Mailing Address 110 Laurel Street City San Diego State CA Zip Code 92101 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576048</b> Amount of Each Receipt this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rita K Isaacs Mailing Address 345 El Cerrito Avenue City Piedmont State CA Zip Code 94611 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576194</b> Amount of Each Receipt this Period 3000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Rita K Isaacs Mailing Address 345 El Cerrito Avenue City Piedmont State CA Zip Code 94611 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID: C576242</b> Amount of Each Receipt this Period 2000.00

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

10000.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Carol Patchett		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address 10866 Wilshire Blvd 10th Floor		<b>Transaction ID:</b> C576129	
City State Zip Code Los Angeles CA 90024		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Catherine L. Conheim		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address 5411 Bahia Lane		<b>Transaction ID:</b> C576059	
City State Zip Code La Jolla CA 92037		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Writer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Susan S. Ulevitch		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address 1127 Cuchara Drive		<b>Transaction ID:</b> C576080	
City State Zip Code Del Mar CA 92014		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Social Worker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

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

5700.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Byron R. Trauger

Mailing Address 222 Fourth Avenue North

City	State	Zip Code
Nashville	TN	37219

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Trauger & TukeOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	6

Transaction ID: C572650

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** James A. MeyerMailing Address 1211 SW 5th Avenue  
No. 720

City	State	Zip Code
Portland	OR	97204

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: C576222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Linda J. PortMailing Address 6174 El Tordo  
P.O. Box 858

City	State	Zip Code
Rancho Santa Fe	CA	92067-0858

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

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	6

Transaction ID: C576070

Amount of Each Receipt this Period

700.00

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

1450.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Leslie C. Berlowitz

Mailing Address 1010 Memorial Drive  
Apt. 8E

City State Zip Code  
Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Academy of Arts &  
Science

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576206

Amount of Each Receipt this Period

1000.00

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

C. Richard Kramlich

Mailing Address 3699 Washington Street

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Enterprise Associates  
LLC

Occupation  
Venture Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576223

Amount of Each Receipt this Period

1000.00

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

Dennis Mathisen

Mailing Address PO Box 5511

City State Zip Code  
Carefree AZ 85377

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: C578217

Amount of Each Receipt this Period

250.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Jerome Aresty

Mailing Address 17080 Castlebay Court

City State Zip Code  
 Boca Raton FL 33496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C576458

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Mary Kitchen

Mailing Address 9846 Palace Green Way

City State Zip Code  
 Vienna VA 22181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fairfax County

Occupation

Lab Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: C577946

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Wilma K. Holmes

Mailing Address 17104 Blossom View Drive

City State Zip Code  
 Olney MD 20832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Flower View Elementary School

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576251

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Renita Greenberg  
Mailing Address 327 Pacific Avenue

City State Zip Code  
Solana Beach CA 92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576061

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Eggerman  
Mailing Address 77 Westcliff Road

City State Zip Code  
Weston MA 02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Escription

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576205

Amount of Each Receipt this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
Nicholas A. Leibham  
Mailing Address 4042 Morrell Street  
Apt C

City State Zip Code  
San Diego CA 92109-6239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576064

Amount of Each Receipt this Period

700.00

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

5050.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Trina Fairley

Mailing Address 1229 12th Street NW  
No. 105

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
King Pagano Harrison

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: C575994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Helen Martin Spaulding

Mailing Address 3070 Pacific Avenue

City State Zip Code  
San Francisco CA 94115-1014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thomas Weisel Partner

Occupation  
Venture Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C572661

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Kimberly C Stephens

Mailing Address 9037 Holly Leaf Lane

City State Zip Code  
Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jefferson Wells International

Occupation  
Business Development Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576250

Amount of Each Receipt this Period

1000.00

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

3250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine Thorpe Mailing Address 5551 Dunrobin Dr. Unit 4402 City State Zip Code Sarasota FL 34238 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C579284</b> Amount of Each Receipt this Period 250.00
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Ellen C. Revelle Mailing Address 7348 Vista del Mar City State Zip Code La Jolla CA 92037 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576073</b> Amount of Each Receipt this Period 350.00
Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Kirk Dobbins Mailing Address 1801 Shepherd St., NW City State Zip Code Washington DC 20011 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID: C576243</b> Amount of Each Receipt this Period 500.00
Name of Employer Occupation Hyman Phelps & McNamara, PC Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

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

1100.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
 Louise C. Arnold  
 Mailing Address 2425 Ellentown Road

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576054

Amount of Each Receipt this Period

700.00

**B.** Full Name (Last, First, Middle Initial)  
 Ann Marie Marie Wilkins  
 Mailing Address 55 Appleton St

City State Zip Code  
 Cambridge MA 02138-3357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 6

Transaction ID: C576023

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
 Christopher Burrow  
 Mailing Address 1155 Camino Del Mar  
 No. 439

City State Zip Code  
 Del Mar CA 92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576148

Amount of Each Receipt this Period

700.00

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

6400.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
William Todd  
Mailing Address 4555 Voltaire St.

City State Zip Code  
San Diego CA 92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C579300

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mason Phelps  
Mailing Address 1768 La Jolla Rancho Road

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576162

Amount of Each Receipt this Period

700.00

**C.** Full Name (Last, First, Middle Initial)  
Tom Walsh  
Mailing Address 7615 SW Kelly Avenue

City State Zip Code  
Portland OR 97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Otak

Occupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576221

Amount of Each Receipt this Period

2000.00

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

3200.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
George C. Wolfe  
Mailing Address 128 East 19th Street

City State Zip Code  
New York NY 10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colomad Productions

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576043

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Kristin W. Mugford  
Mailing Address 67 Longfellow Road

City State Zip Code  
Wellesley MA 02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bain Capital

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576210

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Hack  
Mailing Address 2727 29th Street, NW, #329

City State Zip Code  
Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sonnenschein Nath & Rosen-  
thal LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576154

Amount of Each Receipt this Period

500.00

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

6500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mitchell S C Ackerman

Mailing Address 6 Tartan Road

City	State	Zip Code
Mill Valley	CA	94941-1228

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UBSOccupation  
Stockbroker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: C576234

Amount of Each Receipt this Period

1000.00

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

Mailing Address 1506 Willard Street

City	State	Zip Code
San Francisco	CA	94117-3709

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	6

Transaction ID: C576015

Amount of Each Receipt this Period

1000.00

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

Mailing Address PO Box 23857

City	State	Zip Code
Nashville	TN	37202

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	6

Transaction ID: C577336

Amount of Each Receipt this Period

250.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Abe M Friedman

Mailing Address 57 Lincoln Avenue

City State Zip Code  
Piedmont CA 94611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Barclay's Global Investing

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** David A. Roush

Mailing Address 26 Prentice Road

City State Zip Code  
Newton MA 02459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Healthcare Provider

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576236

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Karen S. Cohn

Mailing Address 2223 Avenida de la Playa

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576116

Amount of Each Receipt this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Alan Jaffe

Mailing Address 2424 Ellentown Road

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576120

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Richard M. Burnes, Jr.

Mailing Address 16 Acorn Street

City State Zip Code  
 Boston MA 02108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charles River Ventures

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576237

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Jill Tarlau

Mailing Address 120 Wiebra Terrace

City State Zip Code  
 San Francisco CA 94109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Bookbinder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 6

Transaction ID: C576016

Amount of Each Receipt this Period

250.00

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

6250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Beretta Perik

Mailing Address 313 Washington Street

City State Zip Code  
Newton MA 02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576208

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Leslie Wolff

Mailing Address 2204 Plumbrook Drive

City State Zip Code  
Austin TX 78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C579553

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Christina M. Tchen

Mailing Address 5444 N Magnolia Avenue

City State Zip Code  
Chicago IL 60640-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skadden, Arps, Slate, et  
alOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	6

Transaction ID: C572653

Amount of Each Receipt this Period

5000.00

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

10500.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Lynne Mackey  
Mailing Address 265 Union Blvd. Apt. 1220

City State Zip Code  
Saint Louis MO 63108

FEC ID number of contributing federal political committee.

C

Name of Employer  
L Power Development LLCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C578148

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
W. Russell Ramsey  
Mailing Address 10441 New Ascot Drive

City State Zip Code  
Great Falls VA 22066

FEC ID number of contributing federal political committee.

C

Name of Employer  
Ramsey Asset ManagementOccupation  
Asset Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C572652

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Carolyn Karpin  
Mailing Address 278 South Marengo Avenue

City State Zip Code  
Pasadena CA 91101

FEC ID number of contributing federal political committee.

C

Name of Employer  
LA Unified School DistrictOccupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: C575990

Amount of Each Receipt this Period

5000.00

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

6250.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Jane M. Schifffhauer

Mailing Address 01410 S.W. Military Raod

City State Zip Code  
 Portland OR 97219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Freelance Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576031

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Arnold Hagler

Mailing Address P.O. Box 12067

City State Zip Code  
 La Jolla CA 92039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576139

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C.** Elizabeth E. McManus

Mailing Address 701 Kettner Blvd  
 Unit 22

City State Zip Code  
 San Diego CA 92101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Conflict Resolut-  
ion Cente

Occupation  
Mediator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576091

Amount of Each Receipt this Period

350.00

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

2700.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Bruce Lymburn

Mailing Address 50 Wyngaard Avenue

City State Zip Code  
Piedmont CA 94611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wendel Rosen Black & DeanOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576226

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Jason E turner

Mailing Address 5333 16th Street NW

City State Zip Code  
washington DC 20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brickstone Concepts LLCOccupation  
Real Estate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576108

Amount of Each Receipt this Period

500.00

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

Mailing Address 2626 Lakeridge Lane

City State Zip Code  
Bellingham WA 98226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C578608

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Maria Jobin-Leeds

Mailing Address P.O. Box 3911170

City State Zip Code  
 Cambridge MA 02139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 6

Transaction ID: C576022

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Bruce E. Morris

Mailing Address 9400 SW Barnes Road  
 Suite 305

City State Zip Code  
 Portland OR 97225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Black Ink Financial

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576219

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Lewis M. Branscomb

Mailing Address 1600 Ludington Lane

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576057

Amount of Each Receipt this Period

700.00

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

6700.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth H. Oliver Mailing Address 733 Eighth Avenue City San Diego State CA Zip Code 92101 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576128</b> Amount of Each Receipt this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas L Safran Mailing Address 11812 San Vicente Blvd. Suite 600 City Los Angeles State CA Zip Code 90049 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Thomas Safran and Associates Occupation Real Estate Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 6 <b>Transaction ID: C576100</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Joanne H. Egerman Mailing Address 77 Westcliff Road City Weston State MA Zip Code 02493 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID: C576204</b> Amount of Each Receipt this Period 5000.00

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

10250.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Dori L. Kaufman  
Mailing Address 4508 Granger Street

City State Zip Code  
San Diego CA 92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bread & Cie

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576062

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Sylvia Rodman  
Mailing Address 19 E 72nd Street # 11B

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 6

Transaction ID: C578775

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Laura Lauder  
Mailing Address 88 Mercedes Lane

City State Zip Code  
Atherton CA 94027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lauder & Associates

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576039

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Linda V. Swanson- Davies

Mailing Address 4763 SW Maplewood Road

City State Zip Code  
Portland OR 97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GlimmerTrain Press, Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576029

Amount of Each Receipt this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Burmeister- Brown

Mailing Address 5837 NW Skyline Blvd

City State Zip Code  
Portland OR 97229-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GlimmerTrain Press, Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576030

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Sanford Gallanter

Mailing Address 525 El Camino del Mar

City State Zip Code  
San Francisco CA 94121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Aspen Group

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576228

Amount of Each Receipt this Period

5000.00

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

9000.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Karen S. Caufield  
Mailing Address 2574 Green Street

City State Zip Code  
San Francisco CA 94123-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C572659

Amount of Each Receipt this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Michael D Granoff  
Mailing Address 7 Sky Meadow Farm

City State Zip Code  
Purchase NY 10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pomona Capital

Occupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576190

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Marci Young  
Mailing Address 813 Woodside Parkway

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Federation of Teachers

Occupation  
Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576113

Amount of Each Receipt this Period

500.00

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

3500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Mailing Address 1450 Hermosita Dr.

City State Zip Code  
San Marcos CA 92078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C577401

Amount of Each Receipt this Period

400.00

**B.** Full Name (Last, First, Middle Initial)  
Roy Furman

Mailing Address 770 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffries & Co Inc

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576042

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Molli Wagner

Mailing Address 1145 Crest Road

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	6

Transaction ID: C576132

Amount of Each Receipt this Period

5000.00

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

5900.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Paul R. Romain Mailing Address 805 SW Broadway No. 1900 City Portland State OR Zip Code 97205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576035</b> Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Sandra Dijkstra Mailing Address 650 Rimini Road City Del Mar State CA Zip Code 92014 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Literary Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576147</b> Amount of Each Receipt this Period 350.00
<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Wilson Mailing Address 1422 San Ignacio City Solana Beach State CA Zip Code 92075 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576135</b> Amount of Each Receipt this Period 5000.00

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

**6350.00**

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

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

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

FOR LINE NUMBER: PAGE 66 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Ann Bardacke

Mailing Address 3104 NW 95th Place

City State Zip Code  
Vancouver WA 98665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ML Financial Inc

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 31 2006

Transaction ID: C576220

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Clifford Schireson

Mailing Address P.O. Box 265  
16354 Via Del Alba

City State Zip Code  
Rancho Santa Fe CA 92067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brandes Investments

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
03 27 2006

Transaction ID: C576076

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C.** Nora T. Jaffe

Mailing Address 2424 Ellentown Road

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 28 2006

Transaction ID: C576121

Amount of Each Receipt this Period

5000.00

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

6200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Christopher F. Edley, Jr.

Mailing Address 1511 Arch Street

City State Zip Code  
Berkeley CA 94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California  
BerkeleyOccupation  
Law School Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576244

Amount of Each Receipt this Period

1000.00

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

Angela Moore

Mailing Address 2721 Plyers Mill Road

City State Zip Code  
Silver Spring MD 20902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Geographic Socie-  
tyOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: C576259

Amount of Each Receipt this Period

500.00

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

Samuel A Bozzette

Mailing Address 700 West Harbor Drive  
Unit 1201

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAND CorporationOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	6

Transaction ID: C576115

Amount of Each Receipt this Period

5000.00

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

6500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Benjamin M. Soto

Mailing Address 6326 16th Street NW

City State Zip Code  
Washington DC 20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paramount TitleOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: C576249

Amount of Each Receipt this Period

1000.00

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

Mailing Address 150 12th Street

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California  
SDOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	6

Transaction ID: C576081

Amount of Each Receipt this Period

350.00

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

Mailing Address 6 Dogwood Hill

City State Zip Code  
Glen Head NY 11545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Bay ImportOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C579239

Amount of Each Receipt this Period

250.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Francine P. Busby  
Mailing Address 2235 Ruddy Duck Court

City State Zip Code  
Cardiff-By-The-Sea CA 92007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Congressional Candidate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576144

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
David Coleman  
Mailing Address 8 Roble Road

City State Zip Code  
Berkeley CA 94705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576227

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Paul E. Viera  
Mailing Address 75 14th St NE

City State Zip Code  
Atlanta GA 30309-3679

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Earnest Partners

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: C576024

Amount of Each Receipt this Period

5000.00

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

5850.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Dene Oliver  
Mailing Address 733 Eighth Avenue

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oliver McMillan

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576127

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
James Bartell  
Mailing Address 10133 Halberns Blvd.

City State Zip Code  
Santee CA 92071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bartell & Associates

Occupation  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576056

Amount of Each Receipt this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
Lewis Fisher  
Mailing Address 306 Blue Heron Court

City State Zip Code  
New Hope PA 18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C577275

Amount of Each Receipt this Period

300.00

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

5650.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Duane Young Mailing Address 813 Woodside Parkway City State Zip Code Silver Spring MD 20910 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576112</b> Amount of Each Receipt this Period 500.00
Name of Employer Precision Settlement & Es-crow Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Josh Alwitt Mailing Address 1563 Beacon St City State Zip Code Waban MA 02468 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6 <b>Transaction ID: C575985</b> Amount of Each Receipt this Period 250.00
Name of Employer Sapient Corp Occupation IT Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Will Betchart Mailing Address 17050 Montebello Road City State Zip Code Cupertino CA 95014 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 <b>Transaction ID: C576604</b> Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Tour Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

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

1000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Rafael Calabria

Mailing Address PO Box 550459

City	State	Zip Code
Gastonia	NC	28055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	6

Transaction ID: C579621

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Todd F. StevensMailing Address 550 West C Street  
No. 1550

City	State	Zip Code
San Diego	CA	92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Keeney Waite & StevensOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	6

Transaction ID: C576166

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C.** Jennifer P. Claypoole

Mailing Address 274 St. James Drive

City	State	Zip Code
Piedmont	CA	94611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	6

Transaction ID: C572663

Amount of Each Receipt this Period

5000.00

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

5950.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Ian M. Isaacs Mailing Address 345 El Cerrito Avenue City State Zip Code Piedmont CA 94611 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation UBS Stockbroker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>3000.00</div>			Date of Receipt <div>03 / 31 / 2006</div> <b>Transaction ID: C576246</b> Amount of Each Receipt this Period <div>3000.00</div>	
<b>B.</b> Full Name (Last, First, Middle Initial) Walter Munk Mailing Address 6530 La Jolla Shores City State Zip Code La Jolla CA 62037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation University of California SD Oceanographer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>5000.00</div>			Date of Receipt <div>03 / 28 / 2006</div> <b>Transaction ID: C576125</b> Amount of Each Receipt this Period <div>5000.00</div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Eileen M. Michael Mailing Address 40 Presidio Terrace City State Zip Code San Francisco CA 94118 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>			Date of Receipt <div>03 / 17 / 2006</div> <b>Transaction ID: C576017</b> Amount of Each Receipt this Period <div>1000.00</div>	

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

**9000.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Leanne MacDougall

Mailing Address 8317 La Jolla Shores Drive

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Art Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576156

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B.** Barry White

Mailing Address 106 Sumner Street

City State Zip Code  
 Newton Center MA 02459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Foley Hoag

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 4 / 2 0 0 6

Transaction ID: C575964

Amount of Each Receipt this Period

1350.00

Full Name (Last, First, Middle Initial)

**C.** Stacie Turner

Mailing Address 5333 16th Street NW

City State Zip Code  
 Washington DC 20011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Long & Foster Realtors

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576107

Amount of Each Receipt this Period

500.00

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

2550.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Hillary Ballon		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 600 Madison Avenue		<b>Transaction ID:</b> C576239
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4028.84
Name of Employer Columbia University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4028.84	* In-Kind: Catering

<b>B.</b> Full Name (Last, First, Middle Initial) Muriel Berkeley		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 301 Northfield Place		<b>Transaction ID:</b> C576587
City Baltimore	State MD	Zip Code 21210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer City of Baltimore	Occupation Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) H. Lee Sarokin		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 675932		<b>Transaction ID:</b> C576074
City Rancho Santa Fe	State CA	Zip Code 92067-5932
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

4978.84

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Martha Obermeier Mailing Address P.O. Box 12067 City State Zip Code La Jolla CA 92039 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576138</b> Amount of Each Receipt this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Joan J Bernstein Mailing Address 2520 Via Viesta City State Zip Code La Jolla CA 92037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576143</b> Amount of Each Receipt this Period 350.00
<b>C.</b> Full Name (Last, First, Middle Initial) Patricia Bevier Mailing Address 27643 W 9 Mile Rd. City State Zip Code Farmington HI MI 48336 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576610</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....**5600.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 77 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Eve Runyon  
Mailing Address 1711 Lamont Street NW

City State Zip Code  
Washington DC 20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corporate Probono

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: C575997

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Lee  
Mailing Address 1855 Spindrif Drive

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576136

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Anna Quint  
Mailing Address 2826 Palomino Circle

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quint Contemporary Art

Occupation  
Art Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576071

Amount of Each Receipt this Period

700.00

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

6200.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Scott C. Verges

Mailing Address 35 Parkside Drive

City State Zip Code  
 Berkeley CA 94705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MBV Law

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Purnell Chapple

Mailing Address 4 Brooks Court

City State Zip Code  
 Windsor MD 21244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dejuan Enterprises

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576252

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Sami Ladeki

Mailing Address 565 Pearl Street  
 No. 225

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ladeki Restaurant Group

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576063

Amount of Each Receipt this Period

700.00

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

2200.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Rachel Cano		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 1565 Kettner Blvd		
City	State	Zip Code
San Diego	CA	92101
FEC ID number of contributing federal political committee.		Transaction ID: C576183
Name of Employer District Attorney's Office		Amount of Each Receipt this Period 700.00
Occupation Deputy District Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Harriet Horwitz- Meyer		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 4950 S Chicago Beach Dr		
City	State	Zip Code
Chicago	IL	60615-3281
FEC ID number of contributing federal political committee.		Transaction ID: C572656
Name of Employer Ounce of Prevention		Amount of Each Receipt this Period 5000.00
Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Ragland		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 818 Woodward Drive		
City	State	Zip Code
Madison	WI	53704
FEC ID number of contributing federal political committee.		Transaction ID: C578681
Name of Employer Retired		Amount of Each Receipt this Period 250.00
Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

5950.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Helen Tomb Mailing Address 19 W Chase Point City State Zip Code Mirror Lake NH 03853 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 <b>Transaction ID: C579304</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Paul S. Teirstein Mailing Address 1515 Coast Wall City State Zip Code La Jolla CA 92037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Scripps Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576142</b> Amount of Each Receipt this Period 5000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Kristina Emanuels Phipps Mailing Address 179 Romero Road City State Zip Code Woodside CA 94062 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 <b>Transaction ID: C572664</b> Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) .....**7250.00****TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 81 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Jordan D. Schnitzer

Mailing Address 1121 SW Salmon Street

City State Zip Code  
 Portland OR 97205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jordan Schnitzer Properti-  
es

Occupation  
Real Estate Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576036

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jain Malkin

Mailing Address 7772 Lookout Drive

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jain Malkin, Inc.

Occupation  
Interior Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576157

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Jamison Bryant Taylor

Mailing Address 1218 11th St. NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RISM LLC

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576257

Amount of Each Receipt this Period

500.00

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

1850.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Allison Hamlin Collins

Mailing Address 12794 Lavender Keep Cir

City State Zip Code  
 Fairfax VA 22033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hill IP Consulting, Inc

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576109

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Carol Randolph

Mailing Address 6130 Vista de la Mesa

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576163

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C.** Neal L Johnson

Mailing Address 1000 fountain terrace #410

City State Zip Code  
 Lewistown MT 59457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mawarid Holding Company

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C576261

Amount of Each Receipt this Period

250.00

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

1100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Mailing Address 221 Concord Rd.

City State Zip Code  
Lincoln MA 01173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	6

Transaction ID: C579531

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Kristen Hayler Hertel

Mailing Address 419 Sheridan Road

City State Zip Code  
Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	6

Transaction ID: C572654

Amount of Each Receipt this Period

5000.00

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

Mailing Address 467 Madison Street

City State Zip Code  
Denver CO 80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576052

Amount of Each Receipt this Period

5000.00

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

10250.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Lee H. Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 467 Madison Street		<b>Transaction ID:</b> C576051
City State Zip Code Denver CO 80206	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Capital Management Co.	Occupation Geologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Andrea C. Holmes Thompkins		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 867 Green Wood Road		<b>Transaction ID:</b> C576215
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Ace Media Ventures	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) J. Poncher		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 37656 Peacock Circle		<b>Transaction ID:</b> C578623
City State Zip Code Rancho Mirage CA 92270	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Housewife	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

5800.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Thomas J Garnier

Mailing Address 9760 SW Freeman Drive

City	State	Zip Code
Wilsonville	OR	97070

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SSI Shredding Systems, In-  
c.Occupation  
Corporate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	0	6

Transaction ID: C576099

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Gordon Sondland

Mailing Address 3425 SW Brentwood Drive

City	State	Zip Code
Portland	OR	97201

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dunson EquitiesOccupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576027

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Andrew B. Fremder

Mailing Address 63 Lincoln Avenue

City	State	Zip Code
Piedmont	CA	94611

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Farallon CapitalOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Transaction ID: C576038

Amount of Each Receipt this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Conrad Duncan

Mailing Address 707 S President St  
# 1608

City State Zip Code  
Baltimore MD 21202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medstar

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576111

Amount of Each Receipt this Period

1000.00

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

Joyce Cutler- Shaw

Mailing Address 7245 Rue de Roark

City State Zip Code  
La Jolla CA 92037-3908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Environmental Sculptor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576077

Amount of Each Receipt this Period

350.00

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

Judith Munk

Mailing Address 9530 La Jolla Shores

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576126

Amount of Each Receipt this Period

5000.00

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

6350.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Marvin Rosen Mailing Address 420 Lexington Avenue Suite 518 City State Zip Code New York NY 10170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Fusion Communications Chairman Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Transaction ID: C576020</b> Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) James S. Frank Mailing Address 5100 Chenango Avenue City State Zip Code Littleton CO 80121 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Capital Plus Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Transaction ID: C576117</b> Amount of Each Receipt this Period 5000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Joyce R. Strauss Mailing Address 566 Canyon Drive City State Zip Code Solana Beach CA 92075 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID: C576079</b> Amount of Each Receipt this Period 700.00

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

6700.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Daniel Yankelovich  
Mailing Address 1855 Spindrift Drive

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DYG Group

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576137

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Kessler  
Mailing Address 2530 Hidden Valley Place

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576153

Amount of Each Receipt this Period

700.00

**C.** Full Name (Last, First, Middle Initial)  
Julie H. Sullivan  
Mailing Address 423 Westbourne Street

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of San Diego

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576167

Amount of Each Receipt this Period

700.00

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

6400.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Isabelle Wasserman  
Mailing Address 2655 Calle Del Oro

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Retailer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576169

Amount of Each Receipt this Period

700.00

**B.** Full Name (Last, First, Middle Initial)  
Sheryl L. White  
Mailing Address 473 Oceanview Avenue

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576050

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Nile Garritson  
Mailing Address 210 Kenyon Avenue

City State Zip Code  
Kensington CA 94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBS

Occupation  
Investment Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576225

Amount of Each Receipt this Period

500.00

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

6200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 148

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

John W. Keith

Mailing Address 88 Warf Street  
No. 602City State Zip Code  
Milton MA 02186FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Keith Properties, Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: C576209

Amount of Each Receipt this Period

5000.00

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

Jeffrey Wright

Mailing Address 200 Park Avenue South  
8th FloorCity State Zip Code  
New York NY 10003FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marabou, Inc.Occupation  
Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	6

Transaction ID: C576189

Amount of Each Receipt this Period

2500.00

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

Candace M. Carroll

Mailing Address 1939 Via Casa Alta

City State Zip Code  
La Jolla CA 92037FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan, Hill, et alOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	6

Transaction ID: C576046

Amount of Each Receipt this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** James C. Clark

Mailing Address 402 W. Broadway  
No. 1000

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
San Diego Regional Chamber  
of Comm

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576145

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B.** Steve H Rosenberg

Mailing Address 3232 SW Upper Cascade

City State Zip Code  
Portland OR 97215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Venture Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576188

Amount of Each Receipt this Period

1008.00

Full Name (Last, First, Middle Initial)

**C.** Warren J. Rosenfeld

Mailing Address P.O. Box 10067

City State Zip Code  
Portland OR 97210-0067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Calbag Metals

Occupation  
Recycling

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576028

Amount of Each Receipt this Period

3000.00

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

4358.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Melvin I. Simon  
Mailing Address 2484 Ellentown Road

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Institute of  
Technology

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576090

Amount of Each Receipt this Period

700.00

**B.** Full Name (Last, First, Middle Initial)  
Deborah Reynolds  
Mailing Address 9978 E. Maplewood Avenue

City State Zip Code  
Englewood CO 80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576049

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Scherr  
Mailing Address 3244 Meadowlark Lane

City State Zip Code  
Carlsbad CA 92008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of San Diego

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576131

Amount of Each Receipt this Period

5000.00

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

10700.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Harle G. Montgomery

Mailing Address 2150 N. Lincoln Park West  
No. 406

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: C576124

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Louis Beacham

Mailing Address 405 Via Del Norte

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beacham Construction

Occupation

Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C576055

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Perik

Mailing Address 313 Washington Street  
Suite 225

City State Zip Code  
Newton MA 02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Achievement Technologies

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576240

Amount of Each Receipt this Period

5000.00

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

10350.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Rodney M. Holder

Mailing Address 131 Northside

City State Zip Code  
 Sag Harbor NY 11963

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Plaza Sweets Bakery

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576217

Amount of Each Receipt this Period

500.00

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

Murray L Galinson

Mailing Address 7919 Prospect Place

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 6

Transaction ID: C576150

Amount of Each Receipt this Period

700.00

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

Paul A. Peterson

Mailing Address 7020 Neptune Place

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 6

Transaction ID: C576069

Amount of Each Receipt this Period

350.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Margo Lion		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 0 / 2 0 0 6	
Mailing Address 110 Riverside Drive Apt. A6A		<b>Transaction ID:</b> C572657	
City State Zip Code New York NY 10024		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed		Occupation Theatrical producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Josselson, Potter & Roberts		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address 425 N.W. 10th Avenue Suite 306		<b>Transaction ID:</b> C576033	
City State Zip Code Portland OR 97209-3128		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Partnership		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Irving Potter		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address 425 N.W. 10th Avenue Suite 306		<b>Transaction ID:</b> C576032	
City State Zip Code Portland OR 97209-3128		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Josselson, Potter, & Roberts		Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

PARTNERSHIP--partners below if itemized

[MEMO ITEM]

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

4500.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Wilson, Elser, Moskowitz, Edelman, & Dicker

Mailing Address 1341 G Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partnership

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576214

Amount of Each Receipt this Period

1000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**B.** Angela Russell

Mailing Address 1341 G Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilson, Elser Moskowitz,  
Edelman &

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576213

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

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

1000.00

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

483744.26



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

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

FOR LINE NUMBER: PAGE 97 / 148

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
DLA PIPER RUDNICK GRAY CARY US LLP POLITICAL ACTION COMMITTEE (DLA PIPER PAC)

Mailing Address 1200 19th Street

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: C576212

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
BELLSOUTH CORPORATION EMPLOYEES' FEDERAL PAC

Mailing Address 1155 Peachtree Street, NE  
14D03

City State Zip Code  
 Atlanta GA 30309

FEC ID number of contributing  
federal political committee. **C** C00174060

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 6

Transaction ID: C576025

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
AUCTION MARKETS POLITICAL ACTION COMMITTEE OF THE CHICAGO BOARD OF TRADE A/K/A AUCTION

Mailing Address 141 W Jackson Blvd.

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee. **C** C00059832

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 0 / 2 0 0 6

Transaction ID: C572649

Amount of Each Receipt this Period

2000.00

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

4500.00

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

4500.00

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

Use separate schedule(s)  
or each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Harold Ford for Tennessee

Mailing Address 5120 Barry Road  
SUITE 1300

City State Zip Code  
Memphis TN 38117

FEC ID number of contributing  
federal political committee.

**C** C00316141

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.56

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576201

Amount of Each Receipt this Period

1042.56

Reimbursement - Travel

**B.** Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C** C00042366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.09

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: C576026

Amount of Each Receipt this Period

704.09

Reimbursement - Travel

**C.** Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address National Capitol Station  
2 Massachusetts Avenue NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.96

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C572634

Amount of Each Receipt this Period

311.02

Refund

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

2057.67

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 99 / 148

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) US Postmaster			Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address National Capitol Station 2 Massachusetts Avenue NE			<b>Transaction ID:</b> C576200	
City Washington State DC Zip Code 20002		Amount of Each Receipt this Period 283.94		
FEC ID number of contributing federal political committee. C		Refund		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 594.96		
<b>B.</b> Full Name (Last, First, Middle Initial) CANTWELL 2006			Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address PO BOX 61528			<b>Transaction ID:</b> C576202	
City VANCOUVER State WA Zip Code 98666		Amount of Each Receipt this Period 471.60		
FEC ID number of contributing federal political committee. C C00349506		Reimbursement - Travel		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 471.60		

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

755.54

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

2813.21

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Citibank FSB

Mailing Address P.O. Box 18967

City

Washington

State

DC

Zip Code

20036-0967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

959.26

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: C576262

Amount of Each Receipt this Period

406.97

Interest

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

406.97

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

406.97

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** SunTrust

Mailing Address P.O. Box 6600

City  
Hagerstown

State  
MD

Zip Code  
21741

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10501**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

694.59

Full Name (Last, First, Middle Initial)

**B.** Palo Alto Limo

Mailing Address 667 Madrone Ave

City  
Sunnyvale

State  
CA

Zip Code  
94085

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10389**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

840.00

Full Name (Last, First, Middle Initial)

**C.** Alyssa Mastromonaco

Mailing Address 19 5th Street SE  
Floor 2

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10255**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

390.54

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

1925.13

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Alyssa Mastromonaco

Mailing Address 19 5th Street SE  
Floor 2

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10374**

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

390.54

Full Name (Last, First, Middle Initial)

**B.** Alyssa Mastromonaco

Mailing Address 19 5th Street SE  
Floor 2

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10414**

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

390.54

Full Name (Last, First, Middle Initial)

**C.** Comcast

Mailing Address P.O. Box 827554

City Philadelphia State PA Zip Code 19182-7554

Purpose of Disbursement  
Cable TV

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10391**

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

53.35

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

834.43

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

## **A. Roll Call**

Mailing Address 50 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1530

Purpose of Disbursement

Subscription

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10353

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

438.86

Full Name (Last, First, Middle Initial)

## **B. CareFirst Blue Cross Blue Shield**

Mailing Address 840 First Street, NE

City  
Washington

State  
DC

Zip Code  
20065

Purpose of Disbursement

Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10385

Date of Disbursement

03 / 17 / 2006

Amount of Each Disbursement this Period

1781.00

Full Name (Last, First, Middle Initial)

## **C. Paychex, Inc.**

Mailing Address 3060 Williams Drive  
Suite 200

City  
Fairfax

State  
VA

Zip Code  
22031

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10260

Date of Disbursement

03 / 01 / 2006

Amount of Each Disbursement this Period

5439.07

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

7658.93

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Paychex, Inc.

Mailing Address 3060 Williams Drive  
Suite 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D10273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

176.63

Full Name (Last, First, Middle Initial)

**B.** Paychex, Inc.

Mailing Address 3060 Williams Drive  
Suite 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D10379

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5399.02

Full Name (Last, First, Middle Initial)

**C.** Paychex, Inc.

Mailing Address 3060 Williams Drive  
Suite 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D10419

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5392.27

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

10967.92

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

## **A. Cingular Wireless**

Mailing Address PO Box 8229

City Aurora State IL Zip Code 60572

Purpose of Disbursement

Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10364

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

208.94

Full Name (Last, First, Middle Initial)

## **B. Mandarin Oriental**

Mailing Address 1330 Maryland Avenue SW

City Washington State DC Zip Code 20024

Purpose of Disbursement

Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10401

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C. 235 Massachusetts Avenue LLC**

Mailing Address 235 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10350

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

3000.67

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

6209.61

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** 235 Massachusetts Avenue LLC

Mailing Address 235 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10397**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2934.34

Full Name (Last, First, Middle Initial)

**B.** Associated Bank

Mailing Address PO Box 19006

City Green Bay State WI Zip Code 54307-9006

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10519**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

103.56

Full Name (Last, First, Middle Initial)

**C.** A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement  
Direct Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10349**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11789.70

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

14827.60

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement

Direct Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10363**

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

156.51

Full Name (Last, First, Middle Initial)

**B.** Deer Park

Mailing Address PO Box 52271

City Phoenix State AZ Zip Code 85072-2271

Purpose of Disbursement

Water

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10384**

Date of Disbursement

03 / 17 / 2006

Amount of Each Disbursement this Period

36.11

Full Name (Last, First, Middle Initial)

**C.** Perkins Coie, LLP

Mailing Address 1201 3rd Avenue, 40th Floor

City Seattle State WA Zip Code 98101

Purpose of Disbursement

Legal Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10368**

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

2006.98

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

2199.60

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10254

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1275.18

Full Name (Last, First, Middle Initial)

**B.** Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10373

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1275.18

Full Name (Last, First, Middle Initial)

**C.** Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Reimbursement - Telephone/Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10392

Date of Disbursement

/   /

Amount of Each Disbursement this Period

391.34

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

2941.70

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Reimbursement - Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10396

Date of Disbursement

/   /

Amount of Each Disbursement this Period

188.13

Full Name (Last, First, Middle Initial)

**B.** Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10413

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1275.18

Full Name (Last, First, Middle Initial)

**C.** Fidelity Investments

Mailing Address P.O. Box 145421

City Cincinnati State OH Zip Code 45250-5421

Purpose of Disbursement  
Employee Retirement Plan

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10261

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2420.00

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

3883.31

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Lori Peters-bellan

Mailing Address 4450 Cross Country Drive

City State Zip Code  
Ellicott City MD 21042

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D10675

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

\* in-kind received

Full Name (Last, First, Middle Initial)

**B.** Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City State Zip Code  
Fort Washington MD 20744

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D10256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1083.16

Full Name (Last, First, Middle Initial)

**C.** Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City State Zip Code  
Fort Washington MD 20744

Purpose of Disbursement  
Reimbursement - Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D10362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

73.98

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

2157.14

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10375**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1083.16

Full Name (Last, First, Middle Initial)

**B.** Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement

Reimbursement - Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10395**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

87.62

Full Name (Last, First, Middle Initial)

**C.** Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10415**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1083.16

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

2253.94

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** DC Treasurer

Mailing Address PO Box 92300

City  
Washington

State  
DC

Zip Code  
20090

Purpose of Disbursement  
Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10356**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

495.00

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10500**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.42

Full Name (Last, First, Middle Initial)

**C.** Tarak N. Shah

Mailing Address 131 E Lincoln Avenue

City  
Glendale Heights

State  
IL

Zip Code  
60139-2033

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10257**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1081.33

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

2015.75

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Tarak N. Shah

Mailing Address 131 E Lincoln Avenue

City  
Glendale Heights

State  
IL

Zip Code  
60139-2033

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10376**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1081.33

Full Name (Last, First, Middle Initial)

**B.** Tarak N. Shah

Mailing Address 131 E Lincoln Avenue

City  
Glendale Heights

State  
IL

Zip Code  
60139-2033

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10416**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1081.33

Full Name (Last, First, Middle Initial)

**C.** Joan K. Jacobs

Mailing Address 2710 Inverness Court

City  
La Jolla

State  
CA

Zip Code  
92037

Purpose of Disbursement  
Catering and Floral Arrangements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10506**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

\* in-kind received

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

7162.66

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Irwin Mark Jacobs

Mailing Address 2710 Inverness Court

City La Jolla State CA Zip Code 92037

Purpose of Disbursement

Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10505

Date of Disbursement

/   /

Amount of Each Disbursement this Period

\* in-kind received

Full Name (Last, First, Middle Initial)

**B.** ADT Security Systems

Mailing Address P.O. Box 371956

City Pittsburgh State PA Zip Code 15250-7956

Purpose of Disbursement

Security System

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.** MetroPartners Transportation

Mailing Address 10 Fulton Place

City Fair Lawn State NJ Zip Code 07410

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10367

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**2716.20**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Verizon

Mailing Address P.O. Box 17577

City  
Baltimore

State  
MD

Zip Code  
21297-0513

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10381**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

331.70

Full Name (Last, First, Middle Initial)

**B.** James D. Brayton

Mailing Address 2175 Jennings Road

City  
Kensington

State  
MD

Zip Code  
20895

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10252**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

814.39

Full Name (Last, First, Middle Initial)

**C.** James D. Brayton

Mailing Address 2175 Jennings Road

City  
Kensington

State  
MD

Zip Code  
20895

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10371**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

814.39

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

1960.48

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** James D. Brayton

Mailing Address 2175 Jennings Road

City  
Kensington

State  
MD

Zip Code  
20895

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10411**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

814.39

Full Name (Last, First, Middle Initial)

**B.** WMATA

Mailing Address 600 Fifth Street NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10503**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

213.00

Full Name (Last, First, Middle Initial)

**C.** Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10259**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1944.93

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

2972.32

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10378**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1944.93

Full Name (Last, First, Middle Initial)

**B.** Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Reimbursement - Telephone/Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10388**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

501.90

Full Name (Last, First, Middle Initial)

**C.** Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10418**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1944.93

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

4391.76

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Robert W. Conyers

Mailing Address 1575 Scott Street  
Apt. 6

City San Diego State CA Zip Code 92106-2336

Purpose of Disbursement  
Photographer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10405

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

350.00

\* in-kind received

Full Name (Last, First, Middle Initial)

**B.** A Catered Affair, Inc.

Mailing Address P.O. Box 432

City Hingham State MA Zip Code 02043

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10387

Date of Disbursement

03 / 17 / 2006

Amount of Each Disbursement this Period

6603.14

Full Name (Last, First, Middle Initial)

**C.** NGP Software, Inc.

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10382

Date of Disbursement

03 / 17 / 2006

Amount of Each Disbursement this Period

2250.00

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

9203.14

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** NGP Software, Inc.

Mailing Address 1101 Vermont Avenue NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10402

Date of Disbursement

/   /

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

**B.** Lorrie Nash

Mailing Address 8227 S. Octavia

City  
Bridgeview

State  
IL

Zip Code  
60455

Purpose of Disbursement  
Reimbursement - Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10400

Date of Disbursement

/   /

Amount of Each Disbursement this Period

754.19

Full Name (Last, First, Middle Initial)

**C.** Lexis Nexis

Mailing Address P.O. Box 7247-7090

City  
Philadelphia

State  
PA

Zip Code  
19170-7090

Purpose of Disbursement  
Research

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10369

Date of Disbursement

/   /

Amount of Each Disbursement this Period

158.63

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

1362.82

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Hillary Ballon

Mailing Address 600 Madison Avenue

City New York State NY Zip Code 10022

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10406

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

4028.84

\* in-kind received

Full Name (Last, First, Middle Initial)

**B.** US Postmaster

Mailing Address National Capitol Station  
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Permit Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10355

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

660.00

Full Name (Last, First, Middle Initial)

**C.** US Postmaster

Mailing Address National Capitol Station  
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10394

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

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

6688.84

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Julie Drassinower Catering

Mailing Address 3357 Jordan Road

City Oakland State CA Zip Code 94602

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10365

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Julie Drassinower Catering

Mailing Address 3357 Jordan Road

City Oakland State CA Zip Code 94602

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10390

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

3229.58

Full Name (Last, First, Middle Initial)

**C.** Merry Maids

Mailing Address 4900 Leesburg Pike  
Suite 409

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Cleaning Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10352

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

75.00

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

5304.58

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Merry Maids

Mailing Address 4900 Leesburg Pike  
Suite 409

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Cleaning Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10366**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

**B.** Merry Maids

Mailing Address 4900 Leesburg Pike  
Suite 409

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Cleaning Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10383**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

**C.** Merry Maids

Mailing Address 4900 Leesburg Pike  
Suite 409

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Cleaning Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10393**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

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

225.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Merry Maids

Mailing Address 4900 Leesburg Pike  
Suite 409

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Cleaning Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10403

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

**B.** Robert Gibbs

Mailing Address 3737 Keller Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10253

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1711.46

Full Name (Last, First, Middle Initial)

**C.** Robert Gibbs

Mailing Address 3737 Keller Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10372

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1711.46

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

3497.92

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Robert Gibbs

Mailing Address 3737 Keller Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10412

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2006

Amount of Each Disbursement this Period

1711.46

Full Name (Last, First, Middle Initial)

**B.** Nathanael Tamarin

Mailing Address 3133 Connecticut Avenue, NW  
Apartment 917

City Washington State DC Zip Code 20008

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10258

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2006

Amount of Each Disbursement this Period

2176.01

Full Name (Last, First, Middle Initial)

**C.** Nathanael Tamarin

Mailing Address 3133 Connecticut Avenue, NW  
Apartment 917

City Washington State DC Zip Code 20008

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10377

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2006

Amount of Each Disbursement this Period

2156.51

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

6043.98

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Nathanael Tamarin

Mailing Address 3133 Connecticut Avenue, NW  
Apartment 917

City Washington State DC Zip Code 20008

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10417

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

2156.51

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address PO Box 260002

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Payment - See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10420

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

16088.51

Full Name (Last, First, Middle Initial)

**C.** Amtrak

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10432

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

168.00

[MEMO ITEM]

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

18245.02

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Hilton San Francisco Financial District

Mailing Address 750 Kearny Street

City San Francisco State CA Zip Code 94108

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10457

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

329.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Hilton San Francisco Financial District

Mailing Address 750 Kearny Street

City San Francisco State CA Zip Code 94108

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10458

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

329.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10490

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

319.30

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10491

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

319.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10488

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

319.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10492

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** US Airways

Mailing Address 2345 Crystal Drive

City  
Arlington

State  
VA

Zip Code  
22227

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10493

Date of Disbursement

/   /

Amount of Each Disbursement this Period

319.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** US Airways

Mailing Address 2345 Crystal Drive

City  
Arlington

State  
VA

Zip Code  
22227

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10489

Date of Disbursement

/   /

Amount of Each Disbursement this Period

417.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Staples

Mailing Address 1065 Avenue of the Americas

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10477

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.88

[MEMO ITEM]

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Staples

Mailing Address 1065 Avenue of the Americas

City New York State NY Zip Code 10018

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10476

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2006

Amount of Each Disbursement this Period

121.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Staples

Mailing Address 1065 Avenue of the Americas

City New York State NY Zip Code 10018

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10475

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2006

Amount of Each Disbursement this Period

156.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City Glen Ellyn State IL Zip Code 60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10441

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2006

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10449

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10451

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City State Zip Code  
Glen Ellyn IL 60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10450

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City State Zip Code  
Glen Ellyn IL 60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10448

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City State Zip Code  
Glen Ellyn IL 60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10447

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10446

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10445

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10444

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City State Zip Code  
Glen Ellyn IL 60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10442

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City State Zip Code  
Glen Ellyn IL 60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10440

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City State Zip Code  
Glen Ellyn IL 60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10439

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10438

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Creative Travel, Inc.

Mailing Address 530 Duane Street

City  
Glen Ellyn

State  
IL

Zip Code  
60137

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10443

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Regency Hotel

Mailing Address 540 Park Avenue

City  
New York

State  
NY

Zip Code  
10021

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

782.90

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Regency Hotel

Mailing Address 540 Park Avenue

City New York State NY Zip Code 10021

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10469

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

753.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Regency Hotel

Mailing Address 540 Park Avenue

City New York State NY Zip Code 10021

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10468

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

478.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** America West Airlines

Mailing Address 111 West Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10424

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

359.60

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** JetBlue Airways

Mailing Address P.O. Box 17435

City  
Salt Lake City

State  
UT

Zip Code  
84117

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10460

Date of Disbursement

/   /

Amount of Each Disbursement this Period

112.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** JetBlue Airways

Mailing Address P.O. Box 17435

City  
Salt Lake City

State  
UT

Zip Code  
84117

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10461

Date of Disbursement

/   /

Amount of Each Disbursement this Period

127.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10472

Date of Disbursement

/   /

Amount of Each Disbursement this Period

92.80

[MEMO ITEM]

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

92.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10473

Date of Disbursement

/   /

Amount of Each Disbursement this Period

92.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Delta Air Lines

Mailing Address Post Office Box 20537

City  
Atlanta

State  
GA

Zip Code  
30320

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10453

Date of Disbursement

/   /

Amount of Each Disbursement this Period

171.30

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** Delta Air Lines

Mailing Address Post Office Box 20537

City Atlanta State GA Zip Code 30320

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10454

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

378.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Nine Zero Hotel

Mailing Address 90 Tremont Street

City Boston State MA Zip Code 02108

Purpose of Disbursement

Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10463

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

268.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Nine Zero Hotel

Mailing Address 90 Tremont Street

City Boston State MA Zip Code 02108

Purpose of Disbursement

Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10462

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

268.75

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

## **A. Nine Zero Hotel**

Mailing Address 90 Tremont Street

City Boston State MA Zip Code 02108

Purpose of Disbursement

Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10464

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

1884.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Alaska Airlines**

Mailing Address P.O. Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10422

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

326.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. United Airlines**

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10483

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

99.30

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10481

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

212.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10486

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

779.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10482

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

212.81

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City  
Chicago

State  
IL

Zip Code  
60631-3200

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

366.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City  
Chicago

State  
IL

Zip Code  
60631-3200

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10480

Date of Disbursement

/   /

Amount of Each Disbursement this Period

212.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City  
Chicago

State  
IL

Zip Code  
60631-3200

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

519.59

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

## **A. Northwest Airlines**

Mailing Address 7500 Airline Drive

City St. Paul State MN Zip Code 55450

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10465

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

69.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. US Postmaster**

Mailing Address National Capitol Station  
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10494

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

78.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. US Postmaster**

Mailing Address National Capitol Station  
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10495

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

77.50

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

## **A. US Postmaster**

Mailing Address National Capitol Station  
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10496

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

446.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. US Postmaster**

Mailing Address National Capitol Station  
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10497

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

528.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. American Airlines**

Mailing Address PO Box 619612

City Dallas State TX Zip Code 75261-9612

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10428

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

584.71

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** American Airlines

Mailing Address PO Box 619612

City  
Dallas

State  
TX

Zip Code  
75261-9612

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

270.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** American Airlines

Mailing Address PO Box 619612

City  
Dallas

State  
TX

Zip Code  
75261-9612

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

276.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** American Airlines

Mailing Address PO Box 619612

City  
Dallas

State  
TX

Zip Code  
75261-9612

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10429

Date of Disbursement

/   /

Amount of Each Disbursement this Period

615.10

[MEMO ITEM]

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A.** American Airlines

Mailing Address PO Box 619612

City  
Dallas

State  
TX

Zip Code  
75261-9612

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10425

Date of Disbursement

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

Amount of Each Disbursement this Period

276.30

**[MEMO ITEM]**

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

0.00

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

127649.78

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 146 / 148

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

**A. STEVE FILSON FOR CONGRESS**

Mailing Address POST OFFICE BOX 2499

City DANVILLE State CA Zip Code 94526

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Filson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D10407

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DAN SEALS FOR CONGRESS**

Mailing Address P.O. Box 784

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement  
Contribution

Candidate Name  
Dan Seals

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: D10404

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Boswell for Congress**

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Contribution

Candidate Name  
Leonard Boswell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 03

Transaction ID: D10409

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 148

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

## **A. COMMITTEE TO BRING BACK BARON**

Mailing Address PO BOX 1071

City  
SEYMOUR

State  
IN

Zip Code  
47274

Purpose of Disbursement  
Contribution

Candidate Name  
Baron Hill

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: D10408

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. CT Democratic State Central Committee**

Mailing Address 179 Allyn Street

City  
Hartford

State  
CT

Zip Code  
06103

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10398

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. KANSAS DEMOCRATIC PARTY**

Mailing Address PO Box 1914

City  
Topeka

State  
KS

Zip Code  
66601

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10351

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 148

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

## **A. Washington State Democratic Central Committee**

Mailing Address 616 First Avenue  
Suite 300

City State Zip Code  
Seattle WA 98194

Purpose of Disbursement  
2006 Contribution

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10380**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. HARRY MITCHELL FOR CONGRESS**

Mailing Address PO BOX 23748

City State Zip Code  
TEMPE AZ 85285

Purpose of Disbursement  
Contribution

Candidate Name  
Harry Mitchell

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 05

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10410**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

35000.00