



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Wally Herger For Congress Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 9 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 7 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 57430.00                | 661791.14                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 1375.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 57430.00                | 660416.14                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 31688.16                | 443820.96                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 200.00                  | 4014.81                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 31488.16                | 439806.15                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 572002.06               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name  
Wally Herger For Congress Committee

Report Covering the Period: From:    To:

**I. RECEIPTS**

| COLUMN A<br>Total this Period  | COLUMN B<br>Election Cycle Total as of  | COLUMN C<br>Total for  |
|--|---|--|
| 11. CONTRIBUTIONS<br>(other than loans) FROM:<br>(a) Individuals/Persons Other than<br>Political Committees<br>(i) Itemized (Use Schedule A)<br><input type="text" value="33650.00"/><br>(ii) Unitemized<br><input type="text" value="6280.00"/><br>(iii) Total of contributions from individuals<br><input type="text" value="39930.00"/> | <input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/><br>(date of general election) | <input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/><br>(date after general election)<br><br>through<br><input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/><br>(last day of reporting period) |
| <input type="text" value="39930.00"/>  | <input type="text" value="247875.79"/>  | <input type="text" value="550.00"/>  |
| (b) Political Party Committees<br><input type="text" value="0.00"/>  | <input type="text" value="286.72"/>   | <input type="text" value="0.00"/>  |
| (c) Other Political Committees<br><input type="text" value="17500.00"/>  | <input type="text" value="413628.63"/>  | <input type="text" value="0.00"/>  |

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

| <b>COLUMN A</b><br>Total this Period  | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general Election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for * (date after general election)<br>Through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|--|--|
| (d) The Candidate   |  |  |
| 0.00  | 0.00   | 0.00   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) |  |  |
| 57430.00  | 661791.14  | 550.00   |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                      |  |  |
| 0.00  | 0.00   | 0.00   |
| 13. LOANS:  |  |  |
| (a) Made or Guaranteed by the Candidate   |  |  |
| 0.00  | 0.00   | 0.00   |
| (b). All Other Loans  |  |  |
| 0.00  | 0.00   | 0.00   |
| (c). TOTAL LOANS (add Lines 13(a) and (b))  |  |  |
| 0.00  | 0.00   | 0.00   |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)                       |  |  |
| 200.00  | 4014.81  | 200.00   |
| 15. OTHER RECEIPTS (Dividends, Interest, etc)                                       |  |  |
| 5402.92   | 25765.60   | 237.90   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                                |  |  |
| 63032.92  | 691571.55  | 987.90   |

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Wally Herger For Congress Committee

Report the covering period

From:

10

19

2006

To:

11

27

2006

**II. DISBURSEMENTS**

| COLUMN A<br>Total this period                           | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for *<br>Through *<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|---|---|--|
| 17. OPERATING EXPENDITURES                              |   |  |
| 31688.16  | 443820.96   | 4267.65  |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES             |   |  |
| 0.00  | 0.00  | 0.00   |
| 19. LOAN PAYMENTS                                       |   |  |
| (a) Of Loans Made or Guaranteed by the Candidate        |   |  |
| 0.00  | 0.00  | 0.00   |
| (b) Of All Other Loans                                  |   |  |
| 0.00  | 0.00  | 0.00   |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )  |   |  |
| 0.00  | 0.00  | 0.00   |
| 20. REFUNDS OF CONTRIBUTIONS TO:                        |   |  |
| (a) Individuals/Persons Other Than Political Committees |   |  |
| 0.00  | 375.00  | 0.00   |
| (b) Political Party Committees                          |   |  |
| 0.00  | 0.00  | 0.00   |

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

| COLUMN A<br>Total this period | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | Total for *<br>Through * | COLUMN C<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

|      |         |      |
|------|---------|------|
| 0.00 | 1000.00 | 0.00 |
|------|---------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

|      |         |      |
|------|---------|------|
| 0.00 | 1375.00 | 0.00 |
|------|---------|------|

21. OTHER DISBURSEMENTS

|         |           |        |
|---------|-----------|--------|
| 9405.00 | 275441.00 | 100.00 |
|---------|-----------|--------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

|          |           |         |
|----------|-----------|---------|
| 41093.16 | 720636.96 | 4367.65 |
|----------|-----------|---------|

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

|          |           |        |
|----------|-----------|--------|
| 57430.00 | 660416.14 | 550.00 |
|----------|-----------|--------|

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

|          |           |         |
|----------|-----------|---------|
| 31488.16 | 439806.15 | 4067.65 |
|----------|-----------|---------|

**V. CASH SUMMARY**

|  |           |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....                             | 550062.30 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....                              | 63032.92  |
| 25. SUBTOTAL(add Line 23 and Line 24) .....  | 613095.22 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....                         | 41093.16  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 572002.06 |

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

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 7 / 53 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |             |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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

NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Bankers Assn PAC</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 01 / 2006  |
| Mailing Address 1120 Connecticut Avenue, NW   |   | Transaction ID: 61102.C50720   |
| City Washington State DC Zip Code 20036-0000  | FEC ID number of contributing federal political committee. <b>C</b> C00004275 | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>Qualified Multicandidate Comm.<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>6000.00                             | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Health Care Association PAC</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 23 / 2006  |
| Mailing Address 1201 L Street, NW   |   | Transaction ID: 61024.C50657   |
| City Washington State DC Zip Code 20005-0000  | FEC ID number of contributing federal political committee. <b>C</b> C00006080 | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>Qualified Multicandidate Comm.<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>3000.00                             | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Anheuser-Busch PAC</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 01 / 2006  |
| Mailing Address 1 Busch Place   |   | Transaction ID: 61102.C50723   |
| City Saint Louis State MO Zip Code 63118-0000   | FEC ID number of contributing federal political committee. <b>C</b> C00034488 | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>2000.00                             | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

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

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

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 / 53 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |             |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Associated Builders &amp; Contractors PAC</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 3 / 2 0 0 6  |  |
| Mailing Address 1127 11th street ste 544   |  | <b>Transaction ID:</b> 61024.C50658  |  |
| City State Zip Code<br>Sacramento CA 95814-0000  |  | Amount of Each Receipt this Period<br>2500.00  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00010421   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Qualified Multicandidate Comm.<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation<br>Election Cycle-to-Date ▼<br>2500.00  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T, Inc. Federal PAC</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 3 0 / 2 0 0 6  |  |
| Mailing Address 175 E. Houston, Room 7-A-50  |  | <b>Transaction ID:</b> 61031.C50718  |  |
| City State Zip Code<br>San Antonio TX 78205-0000   |  | Amount of Each Receipt this Period<br>1000.00  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00109017   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Qualified Multicandidate Comm.<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation<br>Election Cycle-to-Date ▼<br>7000.00  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. California Water Service Group PAC</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 3 0 / 2 0 0 6  |  |
| Mailing Address 1720 N. 1st Street  |  | <b>Transaction ID:</b> 61104.C50734  |  |
| City State Zip Code<br>San Jose CA 95112-0000   |  | Amount of Each Receipt this Period<br>500.00   |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00357608  |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation<br>Election Cycle-to-Date ▼<br>1000.00  |  |

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

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

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 9 / 53 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |             |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Chubb Corporation PAC   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 1 / 0 7 / 2 0 0 6  |
| Mailing Address 15 Mountain View Road  |   | Transaction ID: 61201.C50736   |
| City State Zip Code<br>Plainfield NJ 07061-0000  | Amount of Each Receipt this Period<br>1000.00     |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00229203  |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Qualified Multicandidate Comm.<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>1000.00 |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Council PAC   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 3 0 / 2 0 0 6  |
| Mailing Address 701 Pennsylvania Avenue, NW, #750  |   | Transaction ID: 61031.C50717   |
| City State Zip Code<br>Washington DC 20004-0000  | Amount of Each Receipt this Period<br>1000.00     |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00039578  |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Qualified Multicandidate Comm.<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>2000.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Diamond Foods, Inc. PAC  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 3 / 2 0 0 6  |
| Mailing Address 1050 S. Diamond Street  |   | Transaction ID: 61024.C50661   |
| City State Zip Code<br>Stockton CA 95201-0000   | Amount of Each Receipt this Period<br>1000.00     |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00126466   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>1500.00 |  |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 53                 |
|  | <input type="checkbox"/> 11a            | <input type="checkbox"/> 11b |
|  | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Farmers Rice Coop PAC

Mailing Address P.O. Box 15223

City State Zip Code  
Sacramento CA 95851-0000

FEC ID number of contributing federal political committee. **C** C00146605

Name of Employer  
Qualified Multicandidate Comm.

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2024.03

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61027.C50686

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lehigh Cement Company PAC

Mailing Address 7660 Imperial Way

City State Zip Code  
Allentown PA 18195-0000

FEC ID number of contributing federal political committee. **C** C00224287

Name of Employer

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61031.C50704

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Marriott Drive

City State Zip Code  
Washington DC 20058-0000

FEC ID number of contributing federal political committee. **C** C00109413

Name of Employer  
Qualified Multicandidate Comm.

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C50664

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
MDU Resources Group Good Govt Fund

Mailing Address P.O. Box 5650

City State Zip Code  
Bismarck ND 58506-5650

FEC ID number of contributing federal political committee. **C** C00163253

Name of Employer Qualified Multicandidate Comm.  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 61021.C50648

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
New York Life PAC

Mailing Address 51 Madison Avenue

City State Zip Code  
New York NY 10010-0000

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Qualified Multicandidate Comm.  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

**Transaction ID:** 61031.C50709

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2300 River Plaza Drive, #110

City State Zip Code  
Sacramento CA 95833-3293

FEC ID number of contributing federal political committee. **C** C00019083

Name of Employer Qualified Multicandidate Comm.  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 61020.C50642

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Southwest Airlines Freedom Fund

Mailing Address P.O. Box 36611 HDQ 4GA

City State Zip Code  
Dallas TX 75235

FEC ID number of contributing federal political committee. **C** C00341602

Name of Employer Qualified Multicandidate Comm.  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

**Transaction ID:** 61201.C50739

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1401 Eye Street, NW, #600

City State Zip Code  
Washington DC 20005-0000

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

Name of Employer Qualified Multicandidate Comm.  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** 61024.C50668

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 1750.00 |

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

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address P.O. Box 1076

City State Zip Code  
Wheatland CA 95692-0000

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

**Transaction ID:** 61031.C50687

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 1880 Lorraine Way

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

**Transaction ID:** 61022.C50651

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 3443 S. Walton Avenue

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

**Transaction ID:** 61022.C50649

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Raminder Bains</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 1 / 2 0 0 6  |  |
| Mailing Address 2929 Reed Road  |                                    | <b>Transaction ID:</b> 61201.C50755  |  |
| City State Zip Code<br>Yuba City CA 95993-0000  |                                    | Amount of Each Receipt this Period<br>250.00   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Self-Employed   | Occupation<br>Farmer               |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Santi Bains</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 1 / 2 0 0 6  |  |
| Mailing Address 381 S. George Washington Blvd.  |                                     | <b>Transaction ID:</b> 61022.C50652  |  |
| City State Zip Code<br>Yuba City CA 95993-0000  |                                     | Amount of Each Receipt this Period<br>2100.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer  |                                     | Occupation<br>Homemaker  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2100.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Santi Bains</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 1 / 2 0 0 6  |  |
| Mailing Address 381 S. George Washington Blvd.  |                                     | <b>Transaction ID:</b> 61205.C50792  |  |
| City State Zip Code<br>Yuba City CA 95993-0000  |                                     | Amount of Each Receipt this Period<br>900.00   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer  |                                     | Occupation<br>Homemaker  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00 |  |  |

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

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

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 381 S. George Washington Blvd.

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 70316.C50826

Amount of Each Receipt this Period  
-900.00

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

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

Mailing Address 381 S. George Washington Blvd.

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 70316.C50827

Amount of Each Receipt this Period  
900.00

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

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

Mailing Address 2580 Sierra Sunrise Terrace, #110

City State Zip Code  
Chico CA 95928-0000

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

Name of Employer Occupation  
The Group Real Estate Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61201.C50746

Amount of Each Receipt this Period  
500.00

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 3132 Bogue Road

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61201.C50767

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 770 Inder Lane

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61022.C50653

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 535 Windsor Drive

City State Zip Code  
Yuba City CA 95991-0000

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

Name of Employer Occupation  
Sutter County Administrative Officer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61201.C50757

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 1726 Hastings Way

City State Zip Code  
Yuba City CA 95991-0000

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61201.C50758

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1000 Oswald Road, #K

City State Zip Code  
Yuba City CA 95991-9719

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

Name of Employer Dhillon Transport Occupation  
Partner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61201.C50761

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P.O. Box 413

City State Zip Code  
Dunnigan CA 95937-0000

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

Name of Employer Partnership Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 61201.C50782

Amount of Each Receipt this Period  
500.00

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

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 305 Millbank Road

City State Zip Code  
Bryn Mawr PA 19010-2929

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

Name of Employer Occupation  
JP McGowah & Company Sr. Vice President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 61104.C50733

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 11313 83rd Place, NE

City State Zip Code  
Kirkland WA 98034-0000

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

Name of Employer Occupation  
Aero Union Corp. Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 61104.C50729

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2352 Alamo Avenue

City State Zip Code  
Chico CA 95926-0000

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

Name of Employer Occupation  
Victor Treatment Centers CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

**Transaction ID:** 61201.C50740

Amount of Each Receipt this Period  
1000.00

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

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 1778 Corsica Drive

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Occupation  
Bear River Supply Inc. Supply Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61201.C50763

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1367 Trade Wind Drive

City State Zip Code  
Yuba City CA 95991-0000

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

Name of Employer Occupation  
Gill Brothers Farming Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61201.C50765

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 976 Franklin Road

City State Zip Code  
Yuba City CA 95991-0000

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C50660

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 10948 Larkin Road

City State Zip Code  
Live Oak CA 95953-0000

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

Name of Employer Occupation  
Gosal Farms Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61022.C50656

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 10795 Bill Point View, NE

City State Zip Code  
Bainbridge Island WA 98110-0000

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

Name of Employer Occupation  
Aero Union Corp. Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61104.C50730

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1410 High Street, Apt. 6

City State Zip Code  
Marysville CA 95901-4241

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

Name of Employer Occupation  
Ag Advisors, Inc. Agronomist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61031.C50695

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 5130 Anita Road

City State Zip Code  
Chico CA 95973-0000

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 61104.C50724

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3962 Chico River Road

City State Zip Code  
Chico CA 95928-0000

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

Name of Employer M & T Chico Ranch Occupation  
Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 61201.C50747

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 3065 Best Road

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

**Transaction ID:** 61201.C50768

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address P.O. Box 1352

City State Zip Code  
Marysville CA 95901-0000

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

Name of Employer  
Huntley-Sheehy, Inc. Occupation  
Insurance Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2006

Transaction ID: 61024.C50662

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address P.O. Box 1352

City State Zip Code  
Marysville CA 95901-0000

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

Name of Employer  
Huntley-Sheehy, Inc. Occupation  
Insurance Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2006

Transaction ID: 61031.C50697

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address P.O. Box 233108

City State Zip Code  
Sacramento CA 95823-0000

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

Name of Employer  
Information Requested Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2006

Transaction ID: 61031.C50700

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 3224 Granite Drive

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61027.C50680

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2403 Brubaker Road

City State Zip Code  
Live Oak CA 95953-0000

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

Name of Employer Kalkat Brothers Occupation  
Partnership

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61027.C50679

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 407 Stonebridge Drive

City State Zip Code  
Chico CA 95926-0000

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

Name of Employer Self-Employed Occupation  
Dentist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61031.C50703

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dan Logue</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 2 6 / 2 0 0 6 |  |
| Mailing Address 1835 N Beale Road                               |   | <b>Transaction ID:</b> 61031.C50705                           |  |
| City State Zip Code<br>Marysville CA 95901-6912                 | Amount of Each Receipt this Period<br>150.00  |   |  |
| FEC ID number of contributing federal political committee.<br>C | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |   |  |
| Name of Employer Occupation<br>Logue Realty Real Estate         | Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 775.00 |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Renee McAmis</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 1 / 0 3 / 2 0 0 6 |  |
| Mailing Address 3263 Shadybrook Lane, Bldg. A                     |  | <b>Transaction ID:</b> 61104.C50731                           |  |
| City State Zip Code<br>Chico CA 95928-0000                        | Amount of Each Receipt this Period<br>250.00   |   |  |
| FEC ID number of contributing federal political committee.<br>C   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)   |   |  |
| Name of Employer Occupation<br>Homemaker                          | Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 1250.00 |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Thiruvoipati Nandakumar</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 1 / 0 3 / 2 0 0 6 |  |
| Mailing Address 680 Royal Oak Drive  |   | <b>Transaction ID:</b> 61104.C50732                           |  |
| City State Zip Code<br>Redding CA 96001-0000                                 | Amount of Each Receipt this Period<br>500.00  |   |  |
| FEC ID number of contributing federal political committee.<br>C              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |   |  |
| Name of Employer Occupation<br>Shasta Medical Associates Physician           | Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 500.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 1915 Boulton Way

City State Zip Code  
Marysville CA 95901-0000

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

Name of Employer Occupation  
Nicoletti Restaurant Restaurant Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61031.C50710

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 3245 Stonegate Drive

City State Zip Code  
Yuba City CA 95993-0000

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

Name of Employer Occupation  
Oji Bros Farm, Inc. Farming

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C50667

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 9850 Sheldon Avenue

City State Zip Code  
Live Oak CA 95953-0000

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61022.C50650

Amount of Each Receipt this Period  
2000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 350 Del Norte Avenue

City State Zip Code  
Yuba City CA 95991-0000

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

Name of Employer Occupation  
Advanced Dermatology Dermatologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2006

Transaction ID: 61102.C50721

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P.O. Box 916

City State Zip Code  
Yuba City CA 95992-0000

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

Name of Employer Occupation  
Rai Brothers Investments Partnership

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2006

Transaction ID: 61201.C50772

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address P.O. Box 216

City State Zip Code  
Great Falls VA 22066-0000

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

Name of Employer Occupation  
Aero Union Corp. Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1125.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: 61031.C50719

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Rue</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 6 / 2 0 0 6  |  |
| Mailing Address 2640 Hoffman Road   |  | <b>Transaction ID: 61027.C50685</b>  |  |
| City State Zip Code<br>Marysville CA 95901-0000   |  | Amount of Each Receipt this Period<br>2100.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Self-Employed<br>Occupation<br>Self-Employed Rancher   |  | Election Cycle-to-Date<br>2100.00  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael Rue</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 6 / 2 0 0 6  |  |
| Mailing Address 2640 Hoffman Road   |  | <b>Transaction ID: 61031.C50713</b>  |  |
| City State Zip Code<br>Marysville CA 95901-0000   |  | Amount of Each Receipt this Period<br>900.00   |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Self-Employed<br>Occupation<br>Self-Employed Rancher   |  | Election Cycle-to-Date<br>2100.00  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | NOTE: Resignation Pending  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. James Schlund</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6  |  |
| Mailing Address 3257 Shadybrook Lane  |  | <b>Transaction ID: 61027.C50681</b>  |  |
| City State Zip Code<br>Chico CA 95928-0000  |  | Amount of Each Receipt this Period<br>2100.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer North State Radiology<br>Occupation<br>North State Radiology Physician   |  | Election Cycle-to-Date<br>2100.00  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 5100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 94 Township Road

City State Zip Code  
Gridley CA 95948-0000

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 70119.C50798

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 94 Township Road

City State Zip Code  
Gridley CA 95948-0000

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 70119.C50799

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Sun Valley Orchards

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

Mailing Address 94 Township Road

City State Zip Code  
Gridley CA 95948-0000

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

Name of Employer Occupation  
Sun Valley Orchards Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 70119.C50800

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Sun Valley Orchards

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 53                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 319 Teegarden Avenue

City State Zip Code  
Yuba City CA 95991-0000

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

Name of Employer Self-Employed Occupation  
Real Estate Developer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61022.C50655

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 615 Buchanan Street

City State Zip Code  
Davis CA 95616-0000

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

Name of Employer Self-Employed Occupation  
Realtor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61031.C50716

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 1896 Jacob Dr.

City State Zip Code  
Yuba City CA 95991

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61022.C50654

Amount of Each Receipt this Period  
1500.00

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

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3150.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>33650.00</b> |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |  |              |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 30 / 53 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                                      |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Butte Community Bank   |                                     | Date of Receipt<br>MM / DD / YYYY<br>10 / 31 / 2006  |
| Mailing Address 2041 Forest Avenue  |                                     | Transaction ID: 61205.C50790   |
| City<br>Chico   | State<br>CA                         | Zip Code<br>95928-0000   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>49.89  |
| Name of Employer  | Occupation                          | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2677.64 | NOTE: Interest   |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Feather River State Bank   |                                     | Date of Receipt<br>MM / DD / YYYY<br>10 / 20 / 2006  |
| Mailing Address 700 E Street  |                                     | Transaction ID: 61205.C50791   |
| City<br>Marysville  | State<br>CA                         | Zip Code<br>95901-0000   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>4368.24  |
| Name of Employer  | Occupation                          | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4368.24 | NOTE: Interest   |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Redding Bank of Commerce   |                                     | Date of Receipt<br>MM / DD / YYYY<br>11 / 04 / 2006  |
| Mailing Address 1177 Placer Street  |                                     | Transaction ID: 61201.C50780   |
| City<br>Redding   | State<br>CA                         | Zip Code<br>96001-0000   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>485.98   |
| Name of Employer  | Occupation                          | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>9026.86 | NOTE: Interest   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4904.11 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |  |              |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 31 / 53 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                                      |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Tri Counties Bank  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 9 / 2 0 0 6  |
| Mailing Address 2171 Pillsbury  |  | Transaction ID: 61205.C50786   |
| City State Zip Code<br>Chico CA 95926-0000  |  | Amount of Each Receipt this Period<br>16.42  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation   |  | NOTE: Interest   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Election Cycle-to-Date ▼<br>296.48  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Tri Counties Bank  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 1 / 1 9 / 2 0 0 6  |
| Mailing Address 2171 Pillsbury  |  | Transaction ID: 61205.C50787   |
| City State Zip Code<br>Chico CA 95926-0000  |  | Amount of Each Receipt this Period<br>8.65   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation   |  | NOTE: Interest   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Election Cycle-to-Date ▼<br>305.13  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Washington Mutual  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 9 / 2 0 0 6  |
| Mailing Address 35 Main Street  |  | Transaction ID: 61205.C50789   |
| City State Zip Code<br>Chico CA 95926-0000  |  | Amount of Each Receipt this Period<br>244.49   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation   |  | NOTE: Interest   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Election Cycle-to-Date ▼<br>4047.36   |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 269.56 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |                              |  |
|--|------------------------------|------------------------------|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 32 / 53                 |  |
|  | (check only one)             |                              |                              |  |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

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

Mailing Address 35 Main Street

City State Zip Code  
Chico CA 95926-0000

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4276.61

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 4 | / | 2 | 0 | 0 | 6 |

Transaction ID: 61205.C50785

Amount of Each Receipt this Period  
229.25

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

NOTE: Interest

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 229.25  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 5402.92 |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 53

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T</b>  |   | Transaction ID: 61024.E9798<br>Date of Disbursement<br>10 / 23 / 2006                                     |  |
| Mailing Address      Payment Center  |   | Amount of Each Disbursement this Period<br>72.39  |  |
| City<br>Sacramento   | State<br>CA   | Zip Code<br>95887-0000  |  |
| Purpose of Disbursement<br>TELEPHONE   |   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name   |   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State:      District:  | TELEPHONE   |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T</b>  |   | Transaction ID: 61201.E9833<br>Date of Disbursement<br>11 / 08 / 2006                                     |  |
| Mailing Address      Payment Center  |   | Amount of Each Disbursement this Period<br>92.84  |  |
| City<br>Sacramento   | State<br>CA   | Zip Code<br>95887-0000  |  |
| Purpose of Disbursement<br>TELEPHONE   |   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name   |   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State:      District:  | TELEPHONE   |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AT&amp;T</b>  |   | Transaction ID: 61201.E9832<br>Date of Disbursement<br>11 / 08 / 2006                                     |  |
| Mailing Address      Payment Center  |   | Amount of Each Disbursement this Period<br>33.22  |  |
| City<br>Sacramento   | State<br>CA   | Zip Code<br>95887-0000  |  |
| Purpose of Disbursement<br>TELEPHONE   |   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name   |   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State:      District:  | TELEPHONE   |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 198.45 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Canyon Oaks Country Club</b>  |  | <b>Transaction ID:</b> 61104.E9830<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6   |
| Mailing Address 999 Yosemite Drive   |  | Amount of Each Disbursement this Period<br>5803.41<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chico State CA Zip Code 95928-3948  | Purpose of Disbursement<br>FUNDRAISER FACILITY & CATERING<br>Candidate Name<br>Category/Type                                   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISER FACILITY & CATERING  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Hill Club</b>   |  | <b>Transaction ID:</b> 61021.E9793<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 0 / 2 0 0 6   |
| Mailing Address 300 First Street, SE   |  | Amount of Each Disbursement this Period<br>50.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-0000   | Purpose of Disbursement<br>CHRISTMAS FUND<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CHRISTMAS FUND  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Chico Action Property</b>   |  | <b>Transaction ID:</b> 61104.E9826<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6  |
| Mailing Address 468 Manzanita Avenue, #1   |  | Amount of Each Disbursement this Period<br>300.58<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chico State CA Zip Code 95926-0000  | Purpose of Disbursement<br>OFFICE RENT & UTILITIES<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE RENT & UTILITIES  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6153.99 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Chico Rep Women</b>   |  | <b>Transaction ID:</b> 61205.E9887<br>Date of Disbursement<br><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| Mailing Address P.O. Box 321   |  | Amount of Each Disbursement this Period<br><input type="text" value="240.00"/>  |
| City Chico State CA Zip Code 95927-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>DINNER TICKETS      |   |
| Purpose of Disbursement<br>DINNER TICKETS  |  | <input type="text" value=""/>   |
| Candidate Name   | Category/<br>Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Chico Rotary Club</b>   |  | <b>Transaction ID:</b> 61205.E9892<br>Date of Disbursement<br><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| Mailing Address P.O. Box 11  |  | Amount of Each Disbursement this Period<br><input type="text" value="120.00"/>  |
| City Chico State CA Zip Code 95926-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>EVENT TICKETS       |   |
| Purpose of Disbursement<br>EVENT TICKETS   |  | <input type="text" value=""/>   |
| Candidate Name   | Category/<br>Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Chico Rotary Club</b>   |  | <b>Transaction ID:</b> 61205.E9880<br>Date of Disbursement<br><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| Mailing Address P.O. Box 11  |  | Amount of Each Disbursement this Period<br><input type="text" value="125.00"/>  |
| City Chico State CA Zip Code 95926-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>EVENT TICKETS       |   |
| Purpose of Disbursement<br>EVENT TICKETS   |  | <input type="text" value=""/>   |
| Candidate Name   | Category/<br>Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <input type="text" value="485.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <input type="text" value=""/>       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cingular Wireless</b>   |  | Transaction ID: 61104.E9813<br>Date of Disbursement<br>11 / 02 / 2006 |
| Mailing Address P.O. Box 60017   |  | Amount of Each Disbursement this Period<br>43.26                      |
| City Los Angeles State CA Zip Code 90060-0017  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>TELEPHONE   | Candidate Name   | TELEPHONE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. First National Bank of Omaha</b>  |  | Transaction ID: 61102.E9807<br>Date of Disbursement<br>10 / 31 / 2006 |
| Mailing Address P.O. Box 2818  |  | Amount of Each Disbursement this Period<br>2.79                       |
| City Omaha State NE Zip Code 68103-2814  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT: SEE BELOW  | Candidate Name   | CREDIT CARD PAYMENT: SEE BELOW  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Misc. Expenses Under \$200</b>  |  | Transaction ID: 61102.E9809<br>Date of Disbursement<br>10 / 31 / 2006 |
| Mailing Address  |  | Amount of Each Disbursement this Period<br>2.79                       |
| City Chico State CA Zip Code 95927-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>MISC. CAMPAIGN EXPENSE  | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: MISC. CAMPAIGN EXPENSE                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 46.05 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. First National Bank of Omaha</b>  |  | Transaction ID: 61102.E9810<br>Date of Disbursement<br>10 / 31 / 2006                               |  |
| Mailing Address P.O. Box 2818  |  | Amount of Each Disbursement this Period<br>895.40   |  |
| City Omaha<br>State NE<br>Zip Code 68103-2814  | Purpose of Disbursement<br>CREDIT CARD PAYMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CREDIT CARD PAYMENT: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dollar Tree</b>   |  | Transaction ID: 61201.E9839<br>Date of Disbursement<br>10 / 31 / 2006                               |  |
| Mailing Address 860 East Avenue  |  | Amount of Each Disbursement this Period<br>64.35  |  |
| City Chico<br>State CA<br>Zip Code 95926-0000  | Purpose of Disbursement<br>FUNDRAISER SUPPLIES   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FUNDRAISER SUPPLIES   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Federal Express</b>   |  | Transaction ID: 61201.E9836<br>Date of Disbursement<br>10 / 31 / 2006                               |  |
| Mailing Address P.O. Box 1140, Dept. A   |  | Amount of Each Disbursement this Period<br>70.05  |  |
| City Memphis<br>State TN<br>Zip Code 38194-1140  | Purpose of Disbursement<br>SHIPPING  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: SHIPPING  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 895.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)   |   | <b>Transaction ID:</b> 61201.E9843  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>A. Misc. Expenses Under \$200</b>  |   | Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address   |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 1 |  | 2 | 0 | 0 | 6 |
| M   | M   | /   | D   | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 3   | 1 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  | State   | Zip Code  | Amount of Each Disbursement this Period   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Chico   | CA  | 95927-0000  | 85.10   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>MISC. FUNDRAISER EXPENSES  |   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State:  | District:   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**[MEMO ITEM]**  
MEMO: MISC. FUNDRAISER EXPENSES

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)   |   | <b>Transaction ID:</b> 61201.E9835  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B. Nolinds Pioneer Auto Body</b>   |   | Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 673 Safford Street  |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 1 |  | 2 | 0 | 0 | 6 |
| M   | M   | /   | D   | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 3   | 1 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  | State   | Zip Code  | Amount of Each Disbursement this Period   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Oroville  | CA  | 95965-0000  | 514.99  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>SHIPPING   |   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State:  | District:   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**[MEMO ITEM]**  
MEMO: SHIPPING

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)   |   | <b>Transaction ID:</b> 61201.E9834  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C. Staples</b>   |   | Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2150 Feather River Blvd.  |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 1 |  | 2 | 0 | 0 | 6 |
| M   | M   | /   | D   | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 3   | 1 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  | State   | Zip Code  | Amount of Each Disbursement this Period   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Oroville  | CA  | 95965-0000  | 43.91   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>FUNDRAISER SUPPLIES  |   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State:  | District:   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**[MEMO ITEM]**  
MEMO: FUNDRAISER SUPPLIES

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

0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Post Office</b>   |  | <b>Transaction ID:</b> 61201.E9837<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 1 / 2 0 0 6  |
| Mailing Address 2359 C Myers Street  |  | Amount of Each Disbursement this Period<br>117.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oroville State CA Zip Code 95965-0000   | Purpose of Disbursement<br>POSTAGE<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: POSTAGE  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. First National Bank of Omaha</b>  |  | <b>Transaction ID:</b> 61104.E9815<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6  |
| Mailing Address P.O. Box 2818  |  | Amount of Each Disbursement this Period<br>462.29<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Omaha State NE Zip Code 68103-2814  | Purpose of Disbursement<br>CREDIT CARD PAYMENT: SEE BELOW<br>Candidate Name<br>Category/Type                                   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CREDIT CARD PAYMENT: SEE BELOW   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dollar Tree</b>   |  | <b>Transaction ID:</b> 61104.E9816<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6   |
| Mailing Address 860 East Avenue  |  | Amount of Each Disbursement this Period<br>68.11<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chico State CA Zip Code 95926-0000  | Purpose of Disbursement<br>FUNDRAISER SUPPLIES<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FUNDRAISER SUPPLIES   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 462.29 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |  |   |   |
|---|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Misc. Expenses Under \$200</b>   |  | Transaction ID: 61104.E9820<br>Date of Disbursement<br>11 / 02 / 2006 |   |
| Mailing Address   |  | Amount of Each Disbursement this Period                               |   |
| City<br>Chico   | State<br>CA  | Zip Code<br>95927-0000  | 125.16  |
| Purpose of Disbursement<br>MISC. CAMPAIGN EXPENSES  |  | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Candidate Name  |  |   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| State: District:  | <b>[MEMO ITEM]</b><br>MEMO: MISC. CAMPAIGN EXPENSES  |   |   |

|   |  |   |   |
|---|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US House of Representatives Gift Shop</b>                                |  | Transaction ID: 61104.E9819<br>Date of Disbursement<br>11 / 02 / 2006 |   |
| Mailing Address 1036 Longworth House Office Bldg.   |  | Amount of Each Disbursement this Period                               |   |
| City<br>Washington  | State<br>DC  | Zip Code<br>20515-0000  | 269.02  |
| Purpose of Disbursement<br>ITEMS FOR GIFT BASKETS   |  | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Candidate Name  |  |   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| State: District:  | <b>[MEMO ITEM]</b><br>MEMO: ITEMS FOR GIFT BASKETS   |   |   |

|   |  |   |   |
|---|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. First National Bank of Omaha</b>   |  | Transaction ID: 61201.E9845<br>Date of Disbursement<br>11 / 16 / 2006 |   |
| Mailing Address P.O. Box 2818   |  | Amount of Each Disbursement this Period                               |   |
| City<br>Omaha   | State<br>NE  | Zip Code<br>68103-2814  | 936.68  |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT: SEE BELOW   |  | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Candidate Name  |  |   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| State: District:  | CREDIT CARD PAYMENT: SEE BELOW   |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 936.68 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Country Florist</b>   |  | Transaction ID: 61205.E9865<br>Date of Disbursement<br>11 / 16 / 2006                               |  |
| Mailing Address 1500 N. Beale Road   |  | Amount of Each Disbursement this Period<br>100.80   |  |
| City Marysville<br>State CA<br>Zip Code 95901-0000   | Purpose of Disbursement<br>FUNDRAISER EXPENSE  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FUNDRAISER EXPENSE  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Golden West Nuts</b>  |  | Transaction ID: 61205.E9863<br>Date of Disbursement<br>11 / 16 / 2006                               |  |
| Mailing Address 3764 Hegan Lane  |  | Amount of Each Disbursement this Period<br>79.25  |  |
| City Chico<br>State CA<br>Zip Code 95928-0000  | Purpose of Disbursement<br>FUNDRAISER EXPENSE  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FUNDRAISER EXPENSE  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michaels Store</b>  |  | Transaction ID: 61205.E9864<br>Date of Disbursement<br>11 / 16 / 2006                               |  |
| Mailing Address 801 East Avenue  |  | Amount of Each Disbursement this Period<br>10.70  |  |
| City Chico<br>State CA<br>Zip Code 95973-0000  | Purpose of Disbursement<br>FUNDRAISER EXPENSE  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FUNDRAISER EXPENSE  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)  |           | Transaction ID: 61205.E9866   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| A. Misc. Expenses Under \$200  |           | Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address  |           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 |
| M  | M         | /   | D   | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1         | /   | 1   | 6 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City   | State     | Zip Code  | Amount of Each Disbursement this Period   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Chico  | CA        | 95927-0000  | 285.51  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Disbursement  |           | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MISC. FUNDRAISER EXPENSES  |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Candidate Name   |           | [MEMO ITEM]   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |           | MEMO: MISC. FUNDRAISER EXPENSES   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State:   | District: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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|--|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)  |           | Transaction ID: 61021.E9791   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| B. Gilliard, Blanning, Wysocki & Assc, Inc.  |           | Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address 921 11th Street, Suite 400   |           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 9 | / | 2 | 0 | 0 | 6 |
| M  | M         | /   | D   | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 0         | /   | 1   | 9 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City   | State     | Zip Code  | Amount of Each Disbursement this Period   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sacramento   | CA        | 95814-2845  | 874.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Disbursement  |           | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| AUDIO PRODUCTION:SEE BELOW   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Candidate Name   |           | AUDIO PRODUCTION:SEE BELOW  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State:   | District: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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|--|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)  |           | Transaction ID: 61024.E9797   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| C. Gilliard, Blanning, Wysocki & Assc, Inc.  |           | Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address 921 11th Street, Suite 400   |           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 3 | / | 2 | 0 | 0 | 6 |
| M  | M         | /   | D   | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 0         | /   | 2   | 3 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City   | State     | Zip Code  | Amount of Each Disbursement this Period   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sacramento   | CA        | 95814-2845  | 1575.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Disbursement  |           | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DESIGN/ARTWORK FOR NEWSPAPER ADS   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Candidate Name   |           | DESIGN/ARTWORK FOR NEWSPAPER ADS  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State:   | District: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | 2449.00 |
| TOTAL This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gilliard, Blanning, Wysocki &amp; Assc, Inc.</b>                                    |  | <b>Transaction ID: 61102.E9811</b><br>Date of Disbursement<br>10 / 31 / 2006                        |  |
| Mailing Address 921 11th Street, Suite 400   |  | Amount of Each Disbursement this Period<br>950.00   |  |
| City Sacramento State CA Zip Code 95814-2845   | Purpose of Disbursement<br>MAIL DESIGN: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MAIL DESIGN: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Light Graphics</b>  |  | <b>Transaction ID: 61102.E9812</b><br>Date of Disbursement<br>10 / 31 / 2006                        |  |
| Mailing Address 5250 Date Avenue, #G   |  | Amount of Each Disbursement this Period<br>950.00   |  |
| City Sacramento State CA Zip Code 95841-0000   | Purpose of Disbursement<br>GRAPHIC DESIGN  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: GRAPHIC DESIGN  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gilliard, Blanning, Wysocki &amp; Assc, Inc.</b>                                    |  | <b>Transaction ID: 61104.E9827</b><br>Date of Disbursement<br>11 / 02 / 2006                        |  |
| Mailing Address 921 11th Street, Suite 400   |  | Amount of Each Disbursement this Period<br>219.78   |  |
| City Sacramento State CA Zip Code 95814-2845   | Purpose of Disbursement<br>REIMBURSE CAMPAIGN EXP: SEE BELOW   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSE CAMPAIGN EXP:<br>SEE BELOW  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1169.78 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Federal Express</b>   |  | <b>Transaction ID:</b> 61104.E9828<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6  |
| Mailing Address P.O. Box 1140, Dept. A   |  | Amount of Each Disbursement this Period<br>219.78<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Memphis State TN Zip Code 38194-1140  | <b>[MEMO ITEM]</b><br>MEMO: SHIPPING   |  |
| Purpose of Disbursement SHIPPING<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gilliard, Blanning, Wysocki &amp; Assc, Inc.</b>                                    |  | <b>Transaction ID:</b> 61104.E9829<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6  |
| Mailing Address 921 11th Street, Suite 400   |  | Amount of Each Disbursement this Period<br>500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Sacramento State CA Zip Code 95814-2845   | CAMPAIGN SUPPORT SERVICES  |  |
| Purpose of Disbursement CAMPAIGN SUPPORT SERVICES<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hammond &amp; Associates</b>  |  | <b>Transaction ID:</b> 61104.E9825<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6  |
| Mailing Address 801 N. Pitt Street, #120   |  | Amount of Each Disbursement this Period<br>162.53<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-0000   | REIMBURSE FUNDRAISER EXP: SEE BELOW  |  |
| Purpose of Disbursement REIMBURSE FUNDRAISER EXP: SEE BELOW<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 662.53      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |  |  |
|---|--|--|
| <b>A. Federal Express</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 1140, Dept. A<br>City Memphis State TN Zip Code 38194-1140<br>Purpose of Disbursement SHIPPING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: 61104.E9822<br>Date of Disbursement<br>11 / 02 / 2006<br>Amount of Each Disbursement this Period<br>73.45<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: SHIPPING |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>B. Giant Food, Inc.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address Shirley Park<br>City Arlington State VA Zip Code 22201-0000<br>Purpose of Disbursement FUNDRAISER EXPENSE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: 61104.E9823<br>Date of Disbursement<br>11 / 02 / 2006<br>Amount of Each Disbursement this Period<br>33.58<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: FUNDRAISER EXPENSE |
|--|--|--|

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|--|--|---|
| <b>C. Misc. Expenses Under \$200</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City Chico State CA Zip Code 95927-0000<br>Purpose of Disbursement MISC. FUNDRAISER EXPENSES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: 61104.E9824<br>Date of Disbursement<br>11 / 02 / 2006<br>Amount of Each Disbursement this Period<br>55.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: MISC. FUNDRAISER EXPENSES |
|--|--|---|

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hammond &amp; Associates</b>  |  | Transaction ID: 61104.E9821<br>Date of Disbursement<br>11 / 02 / 2006 |
| Mailing Address 801 N. Pitt Street, #120   |  | Amount of Each Disbursement this Period<br>522.80                     |
| City Alexandria State VA Zip Code 22314-0000   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>FUNDRAISER BLAST FAX  | Candidate Name   | FUNDRAISER BLAST FAX  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Holiday Inn</b>   |  | Transaction ID: 61205.E9877<br>Date of Disbursement<br>11 / 07 / 2006 |
| Mailing Address 685 Manzanita Court  |  | Amount of Each Disbursement this Period<br>1205.51                    |
| City Chico State CA Zip Code 95926-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>ELECTION NIGHT PARTY  | Candidate Name   | ELECTION NIGHT PARTY  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JDP Group</b>   |  | Transaction ID: 61102.E9803<br>Date of Disbursement<br>10 / 31 / 2006 |
| Mailing Address P.O. Box 6324  |  | Amount of Each Disbursement this Period<br>50.00                      |
| City Oroville State CA Zip Code 95966-1324   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>REIMBURSE CAMPAIGN EXP: SEE BELOW   | Candidate Name   | REIMBURSE CAMPAIGN EXP:<br>SEE BELOW                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1778.31 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|------------|---------------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)   |   | <b>Transaction ID:</b> 61102.E9806  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>A. Misc. Expenses Under \$200</b>  |   | Date of Disbursement  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address   |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |            | M             | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 1 |  | 2 | 0 | 0 | 6 |
| M   | M   | /   | D          | D             | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 3          | 1             |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  |   | State   | Zip Code   |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Chico   |   | CA  | 95927-0000 |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement   |   | <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table>  |            | Category/Type |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Category/Type   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| MISC. FUNDRAISER EXPENSE  |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   | <b>[MEMO ITEM]</b>  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | MEMO: MISC. FUNDRAISER EXPENSE  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State:  | District:   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|------------|---------------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)   |   | <b>Transaction ID:</b> 61102.E9805  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B. Staples</b>   |   | Date of Disbursement  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2150 Feather River Blvd.  |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |            | M             | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 1 |  | 2 | 0 | 0 | 6 |
| M   | M   | /   | D          | D             | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 3          | 1             |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  |   | State   | Zip Code   |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Oroville  |   | CA  | 95965-0000 |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement   |   | <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table>  |            | Category/Type |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Category/Type   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FUNDRAISER SUPPLIES   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   | <b>[MEMO ITEM]</b>  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | MEMO: FUNDRAISER SUPPLIES   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State:  | District:   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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|---|---|---|------------|---------------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)   |   | <b>Transaction ID:</b> 61102.E9804  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C. Canyon Drive Self Storage</b>   |   | Date of Disbursement  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 16 Canyon Drive   |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |            | M             | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 1 |  | 2 | 0 | 0 | 6 |
| M   | M   | /   | D          | D             | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 3          | 1             |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  |   | State   | Zip Code   |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Oroville  |   | CA  | 95966-0000 |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement   |   | <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table>  |            | Category/Type |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Category/Type   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| STORAGE   |   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   | <b>[MEMO ITEM]</b>  |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | MEMO: STORAGE   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State:  | District:   |   |            |               |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>0.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |             |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JDP Group</b>   |  | Transaction ID: 61102.E9802<br>Date of Disbursement<br>10 / 31 / 2006                               |  |
| Mailing Address P.O. Box 6324  |  | Amount of Each Disbursement this Period<br>760.05   |  |
| City Oroville<br>State CA<br>Zip Code 95966-1324   | Purpose of Disbursement<br>MILEAGE   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type<br>MILEAGE  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JDP Group</b>   |  | Transaction ID: 61102.E9801<br>Date of Disbursement<br>10 / 31 / 2006                               |  |
| Mailing Address P.O. Box 6324  |  | Amount of Each Disbursement this Period<br>2500.00  |  |
| City Oroville<br>State CA<br>Zip Code 95966-1324   | Purpose of Disbursement<br>CAMPAIGN SUPPORT SERVICES   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type<br>CAMPAIGN SUPPORT SERVICES  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. The KAL Group</b>   |  | Transaction ID: 61201.E9831<br>Date of Disbursement<br>11 / 08 / 2006                               |  |
| Mailing Address P.O. Box 984   |  | Amount of Each Disbursement this Period<br>1497.91  |  |
| City Willows<br>State CA<br>Zip Code 95988-  | Purpose of Disbursement<br>PROFESSIONAL SERVICES & BOOKKEEPING   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type<br>PROFESSIONAL SERVICES & BOOKKEEPING  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4757.96</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Monaco Group</b>  |  | <b>Transaction ID:</b> 61027.E9799<br>Date of Disbursement<br>10 / 26 / 2006 |
| Mailing Address 1000 Ortega Way, Building C  |  | Amount of Each Disbursement this Period<br>4480.00                           |
| City Placentia State CA Zip Code 92870-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>REIMUBRSE POSTAGE: SEE BELOW  |  | REIMUBRSE POSTAGE: SEE BELOW   |
| Candidate Name _____ Category/Type _____   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. USPO</b>  |  | <b>Transaction ID:</b> 61205.E9895<br>Date of Disbursement<br>10 / 26 / 2006 |
| Mailing Address 1400 N. Kraemer Blvd.  |  | Amount of Each Disbursement this Period<br>4480.00                           |
| City Placentia State CA Zip Code 92871-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>POSTAGE   |  | <b>[MEMO ITEM]</b><br>MEMO: POSTAGE  |
| Candidate Name _____ Category/Type _____   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. The Monaco Group</b>  |  | <b>Transaction ID:</b> 61102.E9800<br>Date of Disbursement<br>10 / 31 / 2006 |
| Mailing Address 1000 Ortega Way, Building C  |  | Amount of Each Disbursement this Period<br>5247.51                           |
| City Placentia State CA Zip Code 92870-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PRINTING & MAILING  |  | PRINTING & MAILING   |
| Candidate Name _____ Category/Type _____   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 9727.51 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Tri Counties Bank</b>   |  | <b>Transaction ID:</b> 61205.E9881<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 2171 Pillsbury   |  | Amount of Each Disbursement this Period<br>2.00   |
| City Chico State CA Zip Code 95926-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>SERVICE CHARGE  | Candidate Name   | SERVICE CHARGE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Tri Counties Bank</b>   |  | <b>Transaction ID:</b> 61205.E9882<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 9 / 2 0 0 6 |
| Mailing Address 2171 Pillsbury   |  | Amount of Each Disbursement this Period<br>2.00   |
| City Chico State CA Zip Code 95926-0000  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>SERVICE CHARGE  | Candidate Name   | SERVICE CHARGE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 61104.E9814<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6 |
| Mailing Address P.O. Box 9622  |  | Amount of Each Disbursement this Period<br>64.21  |
| City Mission Hills State CA Zip Code 91346-9622  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>CELLULAR PHONE  | Candidate Name   | CELLULAR PHONE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 68.21 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | ..... |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|  |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. WebAxxess</b>   |   | Transaction ID: 61201.E9844   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address P.O. Box 5128  |   | Date of Disbursement  |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City Oroville State CA Zip Code 95966-0000   |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 |
| M  | M | /   | D | D       | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1 | /   | 1 | 6       | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Disbursement<br>WEB DESIGN  |   | Amount of Each Disbursement this Period   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Candidate Name   |   | <table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>  |   | 1500.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1500.00  |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State: District:   |   | WEB DESIGN<br><br>Category/Type   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |   |   |   |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Yuba Sutter Chamber</b>   |   | Transaction ID: 61205.E9878   |   |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address 10th & E Street  |   | Date of Disbursement  |   |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City Marysville State CA Zip Code 95901-0000   |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 |
| M  | M | /   | D | D     | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1 | /   | 1 | 6     | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Disbursement<br>DINNER TICKETS  |   | Amount of Each Disbursement this Period   |   |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Candidate Name   |   | <table border="1"> <tr> <td colspan="10">80.00</td> </tr> </table>  |   | 80.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 80.00  |   |   |   |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                |   |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State: District:   |   | DINNER TICKETS<br><br>Category/Type   |   |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |   |                 |
|--|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | <b>1580.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>31371.16</b> |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 53

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Fitzpatrick for Congress</b>   |  | Transaction ID: 61205.E9872<br>Date of Disbursement<br>11 / 02 / 2006   |
| Mailing Address 115 North Broad Street, #205  |  | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Doylestown State PA Zip Code 18901-0000  |  |   |
| Purpose of Disbursement<br>FEDERAL CONTRIBUTION   | Category/<br>Type  |   |
| Candidate Name<br>MICHAEL G FITZPATRICK   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 08 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hayworth for Congress</b>  |  | Transaction ID: 61205.E9873<br>Date of Disbursement<br>11 / 02 / 2006   |
| Mailing Address 14300 N. Northsight Blvd., #105<br>P.O. Box 14273   |  | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Scottsdale State AZ Zip Code 85260-0000  |  |   |
| Purpose of Disbursement<br>FEDERAL CONTRIBUTION   | Category/<br>Type  |   |
| Candidate Name<br>J D HAYWORTH  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 05 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Kuhl For Congress</b>  |  | Transaction ID: 61205.E9875<br>Date of Disbursement<br>11 / 02 / 2006   |
| Mailing Address 10 Ganesvoort Street, #101  |  | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bath State NY Zip Code 14810-0000  |  |   |
| Purpose of Disbursement<br>FEDERAL CONTRIBUTION   | Category/<br>Type  |   |
| Candidate Name<br>JOHN R JR KUHL  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 29 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wally Herger For Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ron Lewis for Congress</b>   |  | <b>Transaction ID:</b> 61205.E9869<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 6  |
| Mailing Address P.O. Box 307  |  | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Elizabethtown State KY Zip Code 42702-0000   | Purpose of Disbursement<br>FEDERAL CONTRIBUTION<br>Candidate Name<br>RON LEWIS<br>Category/Type  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: KY District: 02 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jim Ryun For Congress</b>  |  | <b>Transaction ID:</b> 61205.E9874<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6  |
| Mailing Address P.O. Box 826  |  | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Topeka State KS Zip Code 66601-0000  | Purpose of Disbursement<br>FEDERAL CONTRIBUTION<br>Candidate Name<br>JIM R RYUN<br>Category/Type   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: KS District: 02 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

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

4000.00

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

9000.00