

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Campbell for Congress

ADDRESS (number and street) 8105 Irvine Center Dr, Suite 1170
 Check if different than previously reported. (ACC)
Irvine CA 92618

2. **FEC IDENTIFICATION NUMBER** C00412312
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CA 48

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

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

5. Covering Period 01 01 2007 through 03 31 2007

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

Signature of Treasurer Electronically Filed by Kelly Lawler Date 07 09 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Campbell for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	22630.00	31008.47
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22630.00	26458.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	26419.03	48059.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	58.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26419.03	48000.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33140.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	111523.88	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Campbell for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

6150.00

14300.00

(ii) Unitemized.....

0.00

228.47

(iii) TOTAL of contributions

6150.00

14528.47

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

15700.00

15700.00

(d) The Candidate.....

780.00

780.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

22630.00

31008.47

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

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

0.00

58.40

15. OTHER RECEIPTS

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

0.00

0.00

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

22630.00

31066.87

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26419.03	48059.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4550.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26419.03	52609.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36929.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	22630.00
25. SUBTOTAL (add Line 23 and Line 24).....	59559.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26419.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33140.63

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 31
	<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)
Campbell for Congress

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

Mailing Address 1455 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70410.C6867

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)
Allianz Life Insurance Company PAC

Mailing Address 591 Redwood Highway, Bldg. 4000

City State Zip Code
Mill Valley CA 94941-0000

FEC ID number of contributing federal political committee. **C** C00095109

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

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

Transaction ID: 70410.C6855

Amount of Each Receipt this Period
700.00

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

C. Full Name (Last, First, Middle Initial)
Americas Community Bankers Committee

Mailing Address 900 19th Street, NW, #400

City State Zip Code
Washington DC 20006-0000

FEC ID number of contributing federal political committee. **C** C00001875

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70410.C6860

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)	3200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 6 / 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
American Bankers Association
Mailing Address 1120 Connecticut Avenue, NW
City Washington State DC Zip Code 20036-0000
FEC ID number of contributing federal political committee. **C** C00004275
Name of Employer
Qualified Multi-Candidate Com.
Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2007
Transaction ID: 70410.C6859
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)
American College of Radiology PAC
Mailing Address 1891 Preston White Drive
City Reston State VA Zip Code 20191-0000
FEC ID number of contributing federal political committee. **C** C00343459
Name of Employer
Qualified Multi-Candidate Com.
Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 22 / 2007
Transaction ID: 70410.C6850
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CIA PAC
Mailing Address P.O. Box 651374
City Sterling State VA Zip Code 20165-1374
FEC ID number of contributing federal political committee. **C** C00408328
Name of Employer
Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 05 / 2007
Transaction ID: 70410.C6849
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) ► **4000.00**
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: <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	PAGE 7 / 31
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NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial) Deloitte & Touche Federal PAC Mailing Address P.O. Box 365 City State Zip Code Washington DC 20044-0365 FEC ID number of contributing federal political committee. C C00211318 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7 Transaction ID: 70410.C6851 Amount of Each Receipt this Period 1500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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B. Full Name (Last, First, Middle Initial) Deloitte & Touche Federal PAC Mailing Address P.O. Box 365 City State Zip Code Washington DC 20044-0365 FEC ID number of contributing federal political committee. C C00211318 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Transaction ID: 70410.C6856 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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C. Full Name (Last, First, Middle Initial) Humane USA PAC Mailing Address P.O. Box 19224 City State Zip Code Washington DC 20036-0000 FEC ID number of contributing federal political committee. C C00350439 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 7 Transaction ID: 70410.C6861 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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)
Campbell for Congress

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

Mailing Address P.O. Box 18254

City State Zip Code
Washington DC 20036-0000

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2007

Transaction ID: 70410.C6862

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)
Natl Assn of Insurance & Financial Adv.

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042-0000

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2007

Transaction ID: 70410.C6863

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)
Natl Beer Wholesalers Assn PAC

Mailing Address 1100 King Street, #600

City State Zip Code
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer
Qualified Multi-Candidate Com.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 70410.C6864

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 9 / 31
	(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)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
PMA Group PAC

Mailing Address 1755 Jefferson Davis Highway, #110

City State Zip Code
Arlington VA 22202-3509

FEC ID number of contributing federal political committee. **C** C00280321

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 70410.C6865

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)
Rockwell Collins Good Govt Committee

Mailing Address 1300 Wilson Blvd., #200

City State Zip Code
Arlington VA 22209-2307

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 70410.C6866

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)	2000.00
TOTAL This Period (last page this line number only)	15700.00

**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 10 / 31
	<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)
Campbell for Congress

A. Full Name (Last, First, Middle Initial)
James J. Albertine

Mailing Address 6307 Mountain Branch Court

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Albertine Enterprises Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70410.C6858

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)
Jeffrey Armour

Mailing Address 20320 SW Birch Street, #10

City State Zip Code
Newport Beach CA 92660-0000

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

Name of Employer Occupation
Armour Properties Builder

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2007

Transaction ID: 70410.C6857

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 2506 Altamar Drive

City State Zip Code
Laguna Beach CA 92651-0000

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

Name of Employer Occupation
Crevier BMW Auto Dealer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70410.C6852

Amount of Each Receipt this Period
2300.00

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

Event Facility Rental

SUBTOTAL of Receipts This Page (optional) ▶ **4900.00**

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

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

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

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

Mailing Address 21161 Poston Lane

City State Zip Code
Huntington Beach CA 92646-0000

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70410.C6853

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)
Steven Yamshon

Mailing Address 4100 Newport Place, Suite 720

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Stevens First Principles President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

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

Transaction ID: 70119.C6847

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	6150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

Full Name (Last, First, Middle Initial) A. John B.T. Campbell, III	
Mailing Address	Personal Funds 57 Blue Heron
City	State Zip Code Irvine CA 92603
FEC ID number of contributing federal political committee.	C
Name of Employer	Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 780.00

Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Transaction ID: 70709.C6999
Amount of Each Receipt this Period 780.00
In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
NOTE: Wine for Fundraiser

SUBTOTAL of Receipts This Page (optional)	780.00
TOTAL This Period (last page this line number only)	780.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. David L. Andrukitis, Inc.		Transaction ID: 70119.E4109 Date of Disbursement 01 / 17 / 2007
Mailing Address 50 E. Street, SE		Amount of Each Disbursement this Period 379.97
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATIONARY & ENVELOPES	Candidate Name	STATIONARY & ENVELOPES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. David L. Andrukitis, Inc.		Transaction ID: 70410.E4154 Date of Disbursement 03 / 06 / 2007
Mailing Address 50 E. Street, SE		Amount of Each Disbursement this Period 50.23
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATIONARY	Candidate Name	STATIONARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David L. Andrukitis, Inc.		Transaction ID: 70410.E4152 Date of Disbursement 03 / 06 / 2007
Mailing Address 50 E. Street, SE		Amount of Each Disbursement this Period 189.82
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATIONARY & ENVELOPES	Candidate Name	STATIONARY & ENVELOPES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	620.02
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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Aristotle Publishing		Transaction ID: 70410.E4145 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 148.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEES	Candidate Name	CREDIT CARD FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Aristotle Publishing		Transaction ID: 70410.E4168 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 36.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEES	Candidate Name	CREDIT CARD FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Aristotle Publishing		Transaction ID: 70410.E4171 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 148.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEES	Candidate Name	CREDIT CARD FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	332.00
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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. David Bowser		Transaction ID: 70119.E4108 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 1302 Michigan Avenue		Amount of Each Disbursement this Period 3097.14 <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 EXPENSES:SEE BELOW Category/Type	
Purpose of Disbursement REIMBURSE EXPENSES:SEE BELOW Candidate Name		REIMBURSE EXPENSES:SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Balboa Bay Club		Transaction ID: 70410.E4180 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 1221 W. Coast Highway, #145		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newport Beach State CA Zip Code 92663-0000	[MEMO ITEM] MEMO: PARKING	
Purpose of Disbursement PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Misc. Expenses Under Threshold		Transaction ID: 70410.E4182 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 180.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92616-	[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3097.14
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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70410.E4181 Date of Disbursement 01 / 17 / 2007
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 799.60
City Arlington State VA Zip Code 22227-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIR TRAVEL	Candidate Name	[MEMO ITEM] MEMO: AIR TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US House of Representatives		Transaction ID: 70410.E4176 Date of Disbursement 01 / 17 / 2007
Mailing Address 1036 Longworth House Office Bldg.		Amount of Each Disbursement this Period 1900.00
City Washington State DC Zip Code 20515-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHRISTMAS ORNAMENTS	Candidate Name	[MEMO ITEM] MEMO: CHRISTMAS ORNAMENTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPO-Alexandria		Transaction ID: 70410.E4175 Date of Disbursement 01 / 17 / 2007
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 207.20
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 POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 70410.E4156 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 739.16
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER MEETINGS & DUES	Candidate Name	FUNDRAISER MEETINGS & DUES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Donald Crevier		Transaction ID: 70410.C6852IK Date of Disbursement MM / DD / YYYY 02 / 26 / 2007
Mailing Address 2506 Altamar Drive		Amount of Each Disbursement this Period 2300.00
City Laguna Beach State CA Zip Code 92651-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT FACILITY RENTAL	Candidate Name	IN KIND: EVENT FACILITY RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Crevier Classic Cars		Transaction ID: 70410.E4148 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address 1500 Auto Mall Drive		Amount of Each Disbursement this Period 1100.00
City Santa Ana State CA Zip Code 92705-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER FACILITY	Candidate Name	FUNDRAISER FACILITY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4139.16
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)
Campbell for Congress

A. Main Graphics Full Name (Last, First, Middle Initial) Mailing Address 15321 Barranca Parkway City Irvine State CA Zip Code 92618-0000 Purpose of Disbursement FUNDRAISER INVITATIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70410.E4134 Date of Disbursement: MM / DD / YYYY 02 / 06 / 2007 Amount of Each Disbursement this Period 1507.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISER INVITATIONS
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B. Ms. Sara Myers Full Name (Last, First, Middle Initial) Mailing Address 201 Bay Shore Avenue, #307 City Long Beach State CA Zip Code 90803-0000 Purpose of Disbursement CAMPAIGN SUPPORT SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70410.E4133 Date of Disbursement: MM / DD / YYYY 01 / 26 / 2007 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN SUPPORT SERVICES
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C. Premier Business Centers Full Name (Last, First, Middle Initial) Mailing Address 4590 MacArthur Blvd., Suite 500 City Newport Beach State CA Zip Code 92660-0000 Purpose of Disbursement CAMPAIGN SUPPORT SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70410.E4149 Date of Disbursement: MM / DD / YYYY 03 / 06 / 2007 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN SUPPORT SERVICES
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SUBTOTAL of Disbursements This Page (optional) ▶	5657.21
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)
Campbell for Congress

<p>A. Full Name (Last, First, Middle Initial) Luigi Rossetti, Jr.</p>		<p>Transaction ID: 70410.E4136 Date of Disbursement <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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	7													
<p>Mailing Address PO Box 2913</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>824.37</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	824.37																			
824.37																						
<p>City Capistrano Beach State CA Zip Code 92624-0000</p>																						
<p>Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW</p>		<p>REIMBURSE CAMPAIGN EXP: SEE BELOW</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>B. Full Name (Last, First, Middle Initial) Hyatt Regency</p>		<p>Transaction ID: 70410.E4139 Date of Disbursement <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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	7													
<p>Mailing Address 1209 L Street</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>465.38</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	465.38																			
465.38																						
<p>City Sacramento State CA Zip Code 95814-0000</p>																						
<p>Purpose of Disbursement CONVENTION LODGING</p>		<p>[MEMO ITEM] MEMO: CONVENTION LODGING</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) Misc. Expenses Under Threshold</p>		<p>Transaction ID: 70410.E4144 Date of Disbursement <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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	7													
<p>Mailing Address Vendors Total are Under \$200</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>358.99</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	358.99																			
358.99																						
<p>City Irvine State CA Zip Code 92616-</p>																						
<p>Purpose of Disbursement MISC. CAMPAIGN EXPENSES</p>		<p>[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>824.37</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Storage West		Transaction ID: 70119.E4111 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 2892 Kelvin Avenue		Amount of Each Disbursement this Period 124.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92614-5826	Category/Type	
Purpose of Disbursement STORAGE Candidate Name		STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Storage West		Transaction ID: 70410.E4155 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 2892 Kelvin Avenue		Amount of Each Disbursement this Period 124.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92614-5826	Category/Type	
Purpose of Disbursement STORAGE Candidate Name		STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The KAL Group		Transaction ID: 70117.E4106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period 562.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Willows State CA Zip Code 95988-0000	Category/Type	
Purpose of Disbursement BOOKKEEPING SERVICES Candidate Name		BOOKKEEPING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	812.89
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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. The KAL Group		Transaction ID: 70410.E4135 Date of Disbursement
Mailing Address 976 Pacific Avenue		<input type="text" value="02"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Willows	State CA	Zip Code 95988-0000
Purpose of Disbursement BOOKKEEPING SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="632.37"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKKEEPING SERVICES
State: District:		

Full Name (Last, First, Middle Initial) B. The KAL Group		Transaction ID: 70410.E4146 Date of Disbursement
Mailing Address 976 Pacific Avenue		<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Willows	State CA	Zip Code 95988-0000
Purpose of Disbursement REIMBURSE SOFTWARE: SEE BELOW	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3550.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE SOFTWARE: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle Publishing		Transaction ID: 70410.E4147 Date of Disbursement
Mailing Address 205 Pennsylvania Ave. SE		<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20003-0000
Purpose of Disbursement SOFTWARE FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3550.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SOFTWARE FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4182.37"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. The KAL Group		Transaction ID: 70410.E4167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period 179.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Willows State CA Zip Code 95988-0000	Purpose of Disbursement BOOKKEEPING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKKEEPING SERVICES

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70119.E4112 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 5321		Amount of Each Disbursement this Period 85.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313-0000	Purpose of Disbursement CELLULAR PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR PHONE

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70410.E4150 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 5321		Amount of Each Disbursement this Period 80.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313-0000	Purpose of Disbursement CELLULAR PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	345.48
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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Card Services		Transaction ID: 70119.E4110 Date of Disbursement 01 / 17 / 2007
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 1028.06
City Los Angeles State CA Zip Code 90054-0349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT:SEE BELOW		CREDIT CARD PAYMENT:SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70410.E4186 Date of Disbursement 01 / 17 / 2007
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 140.57
City Los Angeles State CA Zip Code 90060-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE		[MEMO ITEM] MEMO: CELLULAR PHONE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Misc. Expenses Under Threshold		Transaction ID: 70410.E4189 Date of Disbursement 01 / 17 / 2007
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 478.28
City Irvine State CA Zip Code 92616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1028.06
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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70410.E4185 Date of Disbursement MM / DD / YYYY 01 / 17 / 2007
Mailing Address P.O. Box 5321		Amount of Each Disbursement this Period 409.21
City Inglewood State CA Zip Code 90313-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELLULAR PHONE	
Purpose of Disbursement CELLULAR PHONE		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Card Services		Transaction ID: 70410.E4151 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 71.04
City Los Angeles State CA Zip Code 90054-0349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PAYMENT: SEE BELOW	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Misc. Expenses Under Threshold		Transaction ID: 70410.E4166 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 71.04
City Irvine State CA Zip Code 92616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	71.04
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)
Campbell for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Card Services		Transaction ID: 70410.E4153 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address P.O. Box 54349		Amount of Each Disbursement this Period 3193.16
City Los Angeles State CA Zip Code 90054-0349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		CREDIT CARD PAYMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70410.E4159 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 123.46
City Los Angeles State CA Zip Code 90060-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE		[MEMO ITEM] MEMO: CELLULAR PHONE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Congressional Institute		Transaction ID: 70410.E4161 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address 401 Wythe Street, #103		Amount of Each Disbursement this Period 1556.00
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 CONFERENCE FEES		[MEMO ITEM] MEMO: CONFERENCE FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3193.16
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)
Campbell for Congress

Full Name (Last, First, Middle Initial)		Transaction ID: 70410.E4163																					
A. Misc. Expenses Under Threshold		Date of Disbursement																					
Mailing Address Vendors Total are Under \$200		<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>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	7															
City Irvine	State CA	Zip Code 92616-	Amount of Each Disbursement this Period																				
Purpose of Disbursement MISC. CAMPAIGN EXPENSES		Category/ Type	142.29																				
Candidate Name			<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES																				
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: 70410.E4157																					
B. The Clubhouse		Date of Disbursement																					
Mailing Address 3333 Bristol 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>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	7															
City Costa Mesa	State CA	Zip Code 92626-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISER CATERING		Category/ Type	1191.29																				
Candidate Name			<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: FUNDRAISER CATERING																				
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: 70410.E4158																					
C. Verizon Wireless		Date of Disbursement																					
Mailing Address P.O. Box 5321		<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>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	7															
City Inglewood	State CA	Zip Code 90313-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement CELLULAR PHONE		Category/ Type	180.12																				
Candidate Name			<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: CELLULAR PHONE																				
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	26368.03

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / 31
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Campbell for Congress

Transaction ID: LS50630.C3737

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan 200000.00	Cumulative Payment To Date 150000.00	Balance Outstanding at Close of This Period 50000.00
--------------------------------------	---	---

TERMS

Date Incurred MM DD YY 06 20 2005	Date Due 20070630	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Campbell For Senate	Name of Employer
Mailing Address 4199 Campus Drive, #550	Occupation
City Irvine State CA ZIP Code 92612-0000	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / 31
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Campbell for Congress

Transaction ID: LS50823.C3898

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY 08 03 2005	Date Due 20061231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / 31
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Campbell for Congress

Transaction ID: LS50916.C4201

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M M 09 D D 06 Y Y Y Y 2005	Date Due 20061231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 / 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campbell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Sara Myers	Nature of Debt (Purpose): Fundraising Expenses
Mailing Address 201 Bay Shore Avenue, #307	
City State ZIP Code Long Beach CA 90803-0000	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: 2LS70412.E4190	
Amount Incurred This Period <input type="text" value="6216.90"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6216.90"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Card Services	Nature of Debt (Purpose): Credit card Charges
Mailing Address P.O. Box 54349	
City State ZIP Code Los Angeles CA 90054-0349	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: LS70412.E4199	
Amount Incurred This Period <input type="text" value="5306.98"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5306.98"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="11523.88"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="11523.88"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>