

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Hopefund, Inc.

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		457884.03
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	1022162.42									
(c) Total Receipts (from Line 19)	71236.50	2347225.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1093398.92	2805109.69								
7. Total Disbursements (from Line 31)	53128.11	1764838.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1040270.81	1040270.81								
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)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Hopefund, Inc.

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14655.00	1377707.46
(i) Itemized (use Schedule A)		
(ii) Unitemized	51581.50	902936.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	66236.50	2280643.70
(b) Political Party Committees	0.00	5075.00
(c) Other Political Committees (such as PACs)	5000.00	42000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	71236.50	2327718.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	11424.25
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	8082.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	71236.50	2347225.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	71236.50	2347225.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	53128.11	1561538.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	53128.11	1561538.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	193800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00
29. Other Disbursements.....	0.00	4500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53128.11	1764838.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	53128.11	1764838.88

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	71236.50	2327718.70
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71236.50	2322718.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	53128.11	1561538.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	11424.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53128.11	1550114.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Beth Wehrle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 3 Pursuit Apt 226		Transaction ID: C598416
City State Zip Code Aliso Viejo CA 92656	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Priscilla Gass		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 403 E Vaughn Street		Transaction ID: C598185
City State Zip Code Ironwood MI 49938	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Richard Dearborn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 370 Main Street		Transaction ID: C598621
City State Zip Code Worcester MA 01608	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mountain Dearborn & Whittling Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. W. Ed Whitelaw		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2655 Baker Blvd.		Transaction ID: C597577	
City Eugene	State OR	Amount of Each Receipt this Period 250.00	
Zip Code 97403			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Oregon	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Sylvia Rodman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 19 E 72nd Street Apartment 11B		Transaction ID: C598874	
City New York	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10021			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Jane Aiken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 905 Preston Avenue		Transaction ID: C598570	
City Blacksburg	State VA	Amount of Each Receipt this Period 50.00	
Zip Code 24060			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Priscilla Kschinka		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2150 Indian Creek Blvd. East Apartment B220		Transaction ID: C598356	
City State Zip Code Vero Beach FL 32966	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Oren W. McDonald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2748 Ptarmigan Dr. Apt. #4		Transaction ID: C598363	
City State Zip Code Walnut Creek CA 94595	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Robert B. Kaplan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address Red Reflet Guest Ranch 357 Road 58		Transaction ID: C597420	
City State Zip Code Ten Sleep WY 82442	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Rancher/Guest Ranch Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Iris Bates Ioder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 830 N Grant St.		Transaction ID: C598340
City State Zip Code El Paso IL 61738	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Eric J Suba		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 2295 Vallejo Street #508		Transaction ID: C597421
City State Zip Code San Francisco CA 94123	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TPMG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. William Hauser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 425 Westminster Rd.		Transaction ID: C598350
City State Zip Code Rochester NY 14607	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Rochester Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Professor Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 3480 Mountain View Avenue

City State Zip Code
 Carmel CA 93923

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

Name of Employer Occupation
 Self Employed MFCC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: C598344

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1101 Butterfield Road

City State Zip Code
 San Anselmo CA 94960

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

Name of Employer Occupation
 Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 6

Transaction ID: C598644

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
 J. Howard McCarthy, Jr.

Mailing Address 575 East Riverview Circle

City State Zip Code
 Reno NV 89509

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

Name of Employer Occupation
 Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: C598405

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

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

Mailing Address 4000 Cathedral Ave. NW

City Washington State DC Zip Code 20016

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C598216

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
A. Alfred Taubman

Mailing Address 200 East Long Lake Road Suite 300

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C597576

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 1551

City Wrightwood State CA Zip Code 92397

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C598390

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. David Arnold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 63 Dorchester Road		Transaction ID: C597458
City State Zip Code Darien CT 06820	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Robert Beckwith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2794 Camden Road		Transaction ID: C597569
City State Zip Code Clearwater FL 33759	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Beckwith Electrical Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Burton Marans		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 103 Princedale Dr.		Transaction ID: C598360
City State Zip Code Pittsburg TX 75686	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Ella Deleon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 3251 Longhorn Ridge Road		Transaction ID: C597771	
City State Zip Code Cameron Park CA 95682	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Donald A. Stearns		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 16625 Powells Cove Boulevard		Transaction ID: C598201	
City State Zip Code Whitestone NY 11357-1545	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 265.00		

Full Name (Last, First, Middle Initial) C. Allen Shelton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 1210 Avondale Road		Transaction ID: C598373	
City State Zip Code Hillsborough CA 94010	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	235.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 David W. Kistler

Mailing Address 52 Maffett Street

City State Zip Code
 Wilkes Barre PA 18702

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

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

Transaction ID: C598400

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Ruth C. Magar

Mailing Address 4226 Mathews Way

City State Zip Code
 Salt Lake City UT 84124-4024

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

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

Transaction ID: C598404

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3216 Garden Dr.
 Apt 6

City State Zip Code
 Knoxville TN 37918

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

Name of Employer Information Requested Occupation
 Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

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

Transaction ID: C597571

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Audrey Donkin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 21 Baldwin Lane		Transaction ID: C598346	
City Amherst	State MA	Zip Code 01002	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Dianne R. Jones		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7321 South Shore Drive Apartment 311B		Transaction ID: C597437	
City Chicago	State IL	Zip Code 60649	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. John Cogan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 975 Memorial Drive Apartment 802		Transaction ID: C598684	
City Cambridge	State MA	Zip Code 02138	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Pioneer Group	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Melvin Simon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 115 W Washington St.		Transaction ID: C597574
City Indianapolis	State IN	Zip Code 46204
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Sue Cascio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2481 Webster Rd.		Transaction ID: C598345
City Danville	State KY	Zip Code 40422
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Phyllis Boutilier		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 51378 Blue Top Cabin Road		Transaction ID: C598254
City Houghton	State MI	Zip Code 49931
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 1473 E 22nd Ave.

City Eugene State OR Zip Code 97403-1704

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C597703

Amount of Each Receipt this Period
 150.00

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

Mailing Address 1 Scenic Ct.

City Orinda State CA Zip Code 94563-3409

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 0 6

Transaction ID: C598561

Amount of Each Receipt this Period
 25.00

C. Full Name (Last, First, Middle Initial)
 Lieselotte N. Betterman

Mailing Address 1506 W Willow Lane

City Mount Prospect State IL Zip Code 60056

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

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

Transaction ID: C597686

Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)	▶	295.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Mr. James Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 211 Cliff Ave.		Transaction ID: C597440	
City State Zip Code Winthrop MA 02152		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer East Boston Neighborhood Health Ca		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Harvey Heller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 1458 Grandview Avenue		Transaction ID: C598351	
City State Zip Code Glendale CA 91201		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. David Bolz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2619 Coolidge Street		Transaction ID: C598342	
City State Zip Code Hollywood FL 33020		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ec3Inc		Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Linda Young		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 2176		Transaction ID: C598334
City State Zip Code Denver CO 80201	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Adele Lebowitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1491 Chain Bridge Road		Transaction ID: C598442
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. George Costello		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 7182 Snow Hill Road		Transaction ID: C598619
City State Zip Code Salisbury MD 21804	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 28 Crest Drive

City State Zip Code
 Chesterton IN 46304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C598419

Amount of Each Receipt this Period
 150.00

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

Mailing Address 1348 Fruitdale Ave.
Ste G3

City State Zip Code
 San Jose CA 95126

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: C597748

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Robert Jennings, Jr.

Mailing Address 3078 Henrich Farm Lane

City State Zip Code
 Allison Park PA 15101

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

Name of Employer Self Employed Occupation
 Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C597573

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Milt Genser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 19 London Drive		Transaction ID: C598393
City State Zip Code Monroe Townsh NJ 08831	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. R.Alice Lantz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 67 Santa Rita Place		Transaction ID: C598401
City State Zip Code Banning CA 92220	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gladys Irvin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 9900 S Ocean Drive Apt 501		Transaction ID: C598226
City State Zip Code Jensen Beach FL 34957	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 55		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 340 S Route 94

City State Zip Code
 Warwick NY 10990

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

Name of Employer Occupation
 Borderland Farm, Inc. Riding Instructor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 6

Transaction ID: C598634

Amount of Each Receipt this Period
 100.00

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

Mailing Address 84 Judson Street

City State Zip Code
 Canton NY 13617

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

Name of Employer Occupation
 St. Lawrence University Professor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 6

Transaction ID: C598628

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2632 Peoria Avenue

City State Zip Code
 Henderson NV 89052

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

Name of Employer Occupation
 Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

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

Transaction ID: C598443

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Jack Kreiner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 5618 Hasslick Road		Transaction ID: C598441
City State Zip Code North Branch MI 48461	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. John A. Bross, Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1827 N Orleans St		Transaction ID: C597432
City State Zip Code Chicago IL 60614-5303	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mary Kitchen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 9846 Palace Green Way		Transaction ID: C598440
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lab Director	
Aggregate Year-to-Date ▼ 750.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Paul Swensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 725 Spencer Ave.		Transaction ID: C597575
City State Zip Code Santa Rosa CA 95404	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Filmmaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Fred Dobb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 4404 Yuma St., NW		Transaction ID: C597419
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Adat Shalom	Occupation Rabbi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. John Jacobson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1510 Harlan Lane		Transaction ID: C598399
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Customer Satisfaction Measurerm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	710.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Jo Anne Mahoney

Mailing Address P.O. Box 43121

City State Zip Code
 Louisville KY 40253

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: C598444

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Robert C Howard

Mailing Address 122 South Michigan Avenue Suite 1850

City State Zip Code
 Chicago IL 60603

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

Name of Employer Futterman & Howard Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C597525

Amount of Each Receipt this Period
 3000.00

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

Mailing Address 2770 Hillcrest Drive

City State Zip Code
 La Verne CA 91750

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 6

Transaction ID: C598623

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	3350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Alan Booth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 555 Ridge Ave.		Transaction ID: C598343	
City State Zip Code State College PA 16803		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Helen Spaulding		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 63 Maplecroft Rd.		Transaction ID: C598685	
City State Zip Code Ipswich MA 01938		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Chris Wink		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 434 Lafayette Street Apartment PF		Transaction ID: C597578	
City State Zip Code New York NY 10003		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Man Production Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Artist Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 55
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

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

Mailing Address 1103 N Gregson Street

City State Zip Code
Durham NC 27701

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

Name of Employer Occupation
Duke University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C598369

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 196

City State Zip Code
Argyle WI 53504

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 6

Transaction ID: C598620

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Jeanne W. Eisenstadt

Mailing Address 2003 Leila Dr.

City State Zip Code
Loveland CO 80538

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 6

Transaction ID: C598624

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 55	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 600 West 67th Terrace

City State Zip Code
 Kansas City MO 64113

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

Name of Employer Occupation
 RE/MAX First Realtors Realtor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

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

Transaction ID: C597572

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	14655.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 55
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Credit Suisse First Boston Corporation Gov't Action Fund

Mailing Address 1155 21st Street NW
 Suite 300

City State Zip Code
 Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

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

Transaction ID: C596891

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11325 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 241.90
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card Processing Fee 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. ADT Security Systems		Transaction ID: D11238 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 371956		Amount of Each Disbursement this Period 110.78
City Pittsburgh State PA Zip Code 15250-7956	Purpose of Disbursement Security System 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Petty Cash		Transaction ID: D11254 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 140.89
City Washington State DC Zip Code 20005	Purpose of Disbursement Petty Cash 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	493.57
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Robert Gibbs		Transaction ID: D11256 Date of Disbursement 10 / 13 / 2006
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 2245.71
City Alexandria	State VA	
Zip Code 22302		
Purpose of Disbursement Salary Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Lexis Nexis		Transaction ID: D11247 Date of Disbursement 10 / 09 / 2006
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 182.95
City Philadelphia	State PA	
Zip Code 19170-7090		
Purpose of Disbursement Research Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Catherine Mbacho		Transaction ID: D11241 Date of Disbursement 10 / 13 / 2006
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 779.63
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement Salary Candidate Name		
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	3208.29
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. SunTrust		Transaction ID: D11326 Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 86.88
City Hagerstown	State MD Zip Code 21741	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Jordan Kaplan		Transaction ID: D11246 Date of Disbursement 10 / 13 / 2006
Mailing Address 2301 Champlain Street NW		Amount of Each Disbursement this Period 1070.56
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Citibank FSB		Transaction ID: D11257 Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 18967		Amount of Each Disbursement this Period 10.00
City Washington	State DC Zip Code 20036-0967	
Purpose of Disbursement Bank Fee		Category/ Type
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1167.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D11260 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 341.50
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. James D. Brayton		Transaction ID: D11244 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2175 Jennings Road		Amount of Each Disbursement this Period 782.22
City Kensington State MD Zip Code 20895	Purpose of Disbursement Salary 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Reginald Love		Transaction ID: D11255 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 604.23
City Washington State DC Zip Code 20002	Purpose of Disbursement Salary 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1727.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Alyssa Mastromonaco		Transaction ID: D11239 Date of Disbursement 10 / 13 / 2006
Mailing Address 19 5th Street SE Floor 2		Amount of Each Disbursement this Period 1807.64
City Washington State DC Zip Code 20003	Purpose of Disbursement Salary 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) B. Squier Knapp Dunn Communications		Transaction ID: D11258 Date of Disbursement 10 / 05 / 2006
Mailing Address 1818 North Street, NW Suite 450		Amount of Each Disbursement this Period 5040.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Political Consulting Services 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. Jennifer F. Yeager		Transaction ID: D11245 Date of Disbursement 10 / 13 / 2006
Mailing Address 1501 Caroline Street NW		Amount of Each Disbursement this Period 1206.14
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary 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) ▶	8053.78
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Dewey Square Group		Transaction ID: D11243 Date of Disbursement 10 / 05 / 2006
Mailing Address 1001 G Street NW Suite 400 East		Amount of Each Disbursement this Period 2001.89
City Washington State DC Zip Code 20001	Purpose of Disbursement Political Consulting Services 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) B. A.B. Data		Transaction ID: D11235 Date of Disbursement 10 / 05 / 2006
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 1282.82
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail 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. A.B. Data		Transaction ID: D11236 Date of Disbursement 10 / 05 / 2006
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 3000.00
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail Consulting Services 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) ▶	6284.71
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 36 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

<p>A. A.B. Data</p> <p>Full Name (Last, First, Middle Initial) A.B. Data</p> <p>Mailing Address 8050 N. Port Washington Road</p> <p>City Milwaukee State WI Zip Code 53217-2600</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11237</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="672.21"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. CareFirst Blue Cross Blue Shield</p> <p>Full Name (Last, First, Middle Initial) CareFirst Blue Cross Blue Shield</p> <p>Mailing Address 840 First Street, NE</p> <p>City Washington State DC Zip Code 20065</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11240</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1419.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. NGP Software, Inc.</p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1101 Vermont Avenue NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11251</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1850.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3941.21"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D11253 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 4300 Weaver Pkwy		Amount of Each Disbursement this Period 162.26
City Warrenville State IL Zip Code 60555-3925	Category/ Type	
Purpose of Disbursement Payroll 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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D11252 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 4300 Weaver Pkwy		Amount of Each Disbursement this Period 5018.82
City Warrenville State IL Zip Code 60555-3925	Category/ Type	
Purpose of Disbursement Payroll Taxes 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. Deer Park		Transaction ID: D11242 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 856192		Amount of Each Disbursement this Period 36.63
City Louisville State KY Zip Code 40285	Category/ Type	
Purpose of Disbursement Water 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) ▶	5217.71
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Tori L. Scarborough		Transaction ID: D11259 Date of Disbursement 10 / 13 / 2006
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 1083.16
City Fort Washington	State MD	
Zip Code 20744	Category/Type	
Purpose of Disbursement Salary Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Merry Maids		Transaction ID: D11248 Date of Disbursement 10 / 09 / 2006
Mailing Address 4900 Leesburg Pike Suite 409		Amount of Each Disbursement this Period 900.00
City Alexandria	State VA	
Zip Code 22302	Category/Type	
Purpose of Disbursement Cleaning Service Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. MetroPartners Transportation		Transaction ID: D11249 Date of Disbursement 10 / 16 / 2006
Mailing Address 10 Fulton Place		Amount of Each Disbursement this Period 164.00
City Fair Lawn	State NJ	
Zip Code 07410	Category/Type	
Purpose of Disbursement Travel Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional)	2147.16
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. MetroPartners Transportation		Transaction ID: D11250 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 10 Fulton Place		Amount of Each Disbursement this Period 862.00
City Fair Lawn State NJ Zip Code 07410	Category/ Type	
Purpose of Disbursement Travel		
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. 235 Massachusetts Avenue LLC		Transaction ID: D11233 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 2155.90
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Rent		
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. 235 Massachusetts Avenue LLC		Transaction ID: D11234 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 2740.16
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Utilities		
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) ▶	5758.06
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11262 Date of Disbursement 10 / 12 / 2006
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 2216.20
City Fort Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement Credit Card Payment, See Below		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Budget Conferencing		Transaction ID: D11267 Date of Disbursement 10 / 12 / 2006
Mailing Address 60 State Street Center		Amount of Each Disbursement this Period 49.71
City Boston	State MA Zip Code 02109	
Purpose of Disbursement Telephone Service		Category/ Type
Candidate Name		
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:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Doubletree Hotel		Transaction ID: D11263 Date of Disbursement 10 / 12 / 2006
Mailing Address 569 Lexington Avenue		Amount of Each Disbursement this Period 319.82
City New York	State NY Zip Code 10022	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
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:		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2216.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D11278 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 368.78
City Dallas State TX Zip Code 75392	[MEMO ITEM]	
Purpose of Disbursement Telephone Service 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) B. United Airlines		Transaction ID: D11270 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 34.00
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel 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. United Airlines		Transaction ID: D11271 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 45.00
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel 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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: D11277 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 720.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Postage 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) B. T-Mobile		Transaction ID: D11269 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 233 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 84.96
City Washington State DC Zip Code 20003	[MEMO ITEM]	
Purpose of Disbursement Telephone Service 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. Amtrak		Transaction ID: D11273 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 152.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Travel 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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies 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: D11274 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 8.41 [MEMO ITEM]
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B. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies 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: D11275 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 44.92 [MEMO ITEM]
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C. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies 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: D11276 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 14.90 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Pair Networks Full Name (Last, First, Middle Initial) Mailing Address 2403 Sidney Street Suite 510 City Pittsburgh State PA Zip Code 15203 Purpose of Disbursement Web Hosting 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: D11261 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 29.95 [MEMO ITEM]
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B. The Library @ The Regency Full Name (Last, First, Middle Initial) Mailing Address 540 Park Avenue The Regency Hotel City New York State NY Zip Code 10021 Purpose of Disbursement Conference Room Space 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: D11265 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 252.09 [MEMO ITEM]
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C. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 260002 City Fort Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement Credit Card Statement, 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) ▼		Transaction ID: D11279 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 7863.31
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SUBTOTAL of Disbursements This Page (optional) ▶	7863.31
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Getty Images Full Name (Last, First, Middle Initial) Mailing Address 601 North 34th Street City Seattle State WA Zip Code 98103 Purpose of Disbursement Printing 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: D11296 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 590.00 [MEMO ITEM]
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B. United Airlines Full Name (Last, First, Middle Initial) Mailing Address 8550 W Bryn Mawr Ave City Chicago State IL Zip Code 60631-3200 Purpose of Disbursement Travel 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: D11284 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 882.49 [MEMO ITEM]
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C. Delta Air Lines Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 20537 City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel 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: D11290 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 207.91 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: D11286 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 7500 Airline Drive		Amount of Each Disbursement this Period 898.82
City St. Paul State MN Zip Code 55450	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. T-Mobile		Transaction ID: D11283 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 233 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 41.70
City Washington State DC Zip Code 20003	[MEMO ITEM]	
Purpose of Disbursement Telephone Service Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: D11282 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 236.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Embassy Suites Charl		Transaction ID: D11291 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 300 Court Street		Amount of Each Disbursement this Period 323.17 [MEMO ITEM]	
City Charleston	State WV		Zip Code 25301
Purpose of Disbursement Travel			Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: D11285 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 763.19 [MEMO ITEM]	
City Dallas	State TX		Zip Code 75261-9612
Purpose of Disbursement Travel			Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D11293 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 86.05 [MEMO ITEM]	
City Framingham	State MA		Zip Code 01702
Purpose of Disbursement Office Supplies			Category/ Type
Candidate Name			
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:			

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

Full Name (Last, First, Middle Initial) A. Hotels.com		Transaction ID: D11292 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 8140 Walnut Hill Ln		Amount of Each Disbursement this Period 468.24	
City Dallas State TX Zip Code 75231-4350	Purpose of Disbursement Travel		
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) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Creative Travel, Inc.		Transaction ID: D11288 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 150.00	
City Glen Ellyn State IL Zip Code 60137	Purpose of Disbursement Travel Agent Fee		
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) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: D11289 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 1937.10	
City Arlington State VA Zip Code 22227	Purpose of Disbursement Travel		
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) ▼		

[MEMO ITEM]

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Continental Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 4607 City Houston State TX Zip Code 77210 Purpose of Disbursement Travel 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: D11287 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 1147.90 [MEMO ITEM]
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B. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 260002 City Fort Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement 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) ▼		Transaction ID: D11297 Date of Disbursement 10 / 17 / 2006 Amount of Each Disbursement this Period 5048.72
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C. Delta Air Lines Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 20537 City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel 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: D11315 Date of Disbursement 10 / 17 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	5048.72
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: D11309 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 7500 Airline Drive		Amount of Each Disbursement this Period 238.60
City St. Paul State MN Zip Code 55450	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Hyatt Regency Coral Gables		Transaction ID: D11311 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 50 Alhambra Plaza		Amount of Each Disbursement this Period 268.94
City Coral Gables State FL Zip Code 33134	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: D11298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 957.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Intercontinental Hotel Full Name (Last, First, Middle Initial) Mailing Address 8800 Elucid Avenue City Cleveland State OH Zip Code 44106 Purpose of Disbursement Travel 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: D11303 Date of Disbursement 10 / 17 / 2006 Amount of Each Disbursement this Period 448.52 [MEMO ITEM]
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B. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Massachusetts Avenue NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel 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: D11314 Date of Disbursement 10 / 17 / 2006 Amount of Each Disbursement this Period 123.00 [MEMO ITEM]
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C. The Westin Columbus Full Name (Last, First, Middle Initial) Mailing Address 310 South High Street City Columbus State OH Zip Code 43215 Purpose of Disbursement Travel 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: D11302 Date of Disbursement 10 / 17 / 2006 Amount of Each Disbursement this Period 216.40 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

<p>A. The Westin Columbus</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 310 South High Street</p>		<p>Transaction ID: D11317 Date of Disbursement 10 / 17 / 2006</p>
<p>City Columbus State OH Zip Code 43215</p>	<p>Purpose of Disbursement Travel</p>	<p>Amount of Each Disbursement this Period 405.31</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

[MEMO ITEM]

<p>B. Kansas City Marriott Hotels</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 200 West 12th Street</p>		<p>Transaction ID: D11313 Date of Disbursement 10 / 17 / 2006</p>
<p>City Kansas City State MO Zip Code 64105</p>	<p>Purpose of Disbursement Travel</p>	<p>Amount of Each Disbursement this Period 363.70</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

[MEMO ITEM]

<p>C. Staples</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 500 Staples Drive</p>		<p>Transaction ID: D11319 Date of Disbursement 10 / 17 / 2006</p>
<p>City Framingham State MA Zip Code 01702</p>	<p>Purpose of Disbursement Travel</p>	<p>Amount of Each Disbursement this Period 61.68</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Creative Travel, Inc.		Transaction ID: D11307 Date of Disbursement 10 / 17 / 2006
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 75.00
City State Zip Code Glen Ellyn IL 60137	Purpose of Disbursement Travel Agent Fee	
Candidate Name		[MEMO ITEM]
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 Airways		Transaction ID: D11310 Date of Disbursement 10 / 17 / 2006
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 268.60
City State Zip Code Arlington VA 22227	Purpose of Disbursement Travel	
Candidate Name		[MEMO ITEM]
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. Continental Airlines		Transaction ID: D11306 Date of Disbursement 10 / 17 / 2006
Mailing Address PO Box 4607		Amount of Each Disbursement this Period 314.30
City State Zip Code Houston TX 77210	Purpose of Disbursement Travel	
Candidate Name		[MEMO ITEM]
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 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Aventura Limousine, Inc.

Mailing Address 20251 NE 15th Court

City Miami State FL Zip Code 33179

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D11308

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

830.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

53128.11

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Midlantic Jet Aviation, Inc.		Transaction ID: D11329 Date of Disbursement 10 / 11 / 2006
Mailing Address Atlantic City International Airpor Suite 112		Amount of Each Disbursement this Period 1221.60 [MEMO ITEM]
City Egg Harbor Twp State NJ Zip Code 08234		
Purpose of Disbursement In-Kind Travel Candidate Name Chaka Fattah Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 02		

Full Name (Last, First, Middle Initial) B. Midlantic Jet Aviation, Inc.		Transaction ID: D11327 Date of Disbursement 10 / 11 / 2006
Mailing Address Atlantic City International Airpor Suite 112		Amount of Each Disbursement this Period 1221.60 [MEMO ITEM]
City Egg Harbor Twp State NJ Zip Code 08234		
Purpose of Disbursement In-Kind Travel Candidate Name Patrick Murphy Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08		

Full Name (Last, First, Middle Initial) C. Midlantic Jet Aviation, Inc.		Transaction ID: D11328 Date of Disbursement 10 / 11 / 2006
Mailing Address Atlantic City International Airpor Suite 112		Amount of Each Disbursement this Period 1221.60 [MEMO ITEM]
City Egg Harbor Twp State NJ Zip Code 08234		
Purpose of Disbursement In-Kind Travel Candidate Name Lois Muprhy Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06		

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