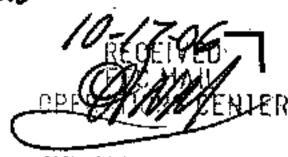
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REPORT OF RECEIPTS



(Revised 02/2003)

FEC AND DISBURSEMENTS FORM 3 For An Authorized Committee 12FE4M5 Example: If typing, type TYPE OR PRINT ▼ NAME OF COMMITTEE (in full) over the lines. FIRST CONGRESSIONAL DISTRICT REPUBLICAN STATE OF MARY LAND 7299 ANDREW RG. DENTON Md. 21629 ADDRESS (number and street) Check If different than previously. DENTON 21629reported. (ACC) STATE A ZIP CODE CITY FEC IDENTIFICATION NUMBER ▼ STATE ▼ DISTRICT AMENDED NEW 3. IS THIS OR REPORT (A)TYPE OF REPORT (Choose One) 12-Day PRE-Election Report for the: Quarterly Reports: Primary (12P) General (12G) Runoff (12R) April 15 Quarterly Report (Q1) Special (128) Convention (12C) July 15 Quarterly Report (Q2) in the October 15 Quarterly Report (Q3) State of Election on January 31 Year-End Report (YE) 30-Day POST-Election Report for the: Runoff (30R) Special (30S) General (30G) Termination Report (TER) in the Election on State of Covering Perlod through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. RRY NICE MUIR Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or/incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office FEC FORM 3

FEBANO23

Use

Only

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SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Schedule C and/or Schedule D)

of Receipts and Disbursements

Page 2

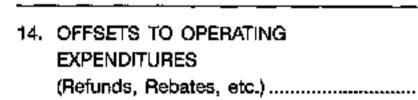
4	40	Covering the Period: From:	District Committee	
		·	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	PONE	
	(b)	Total Contribution Refunds (from Line 20(d))	NONE	
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	NONE	
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	PONE	
	(b)	Total Offsets to Operating Expenditures (from Line 14)	NONE	
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	PONE	
8.		sh on Hand at Close of corting Period (from Line 27)	147011	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	NONE.	
10.		ots and Obligations Owed BY Committee (Itemize all on		

For further information contact:

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

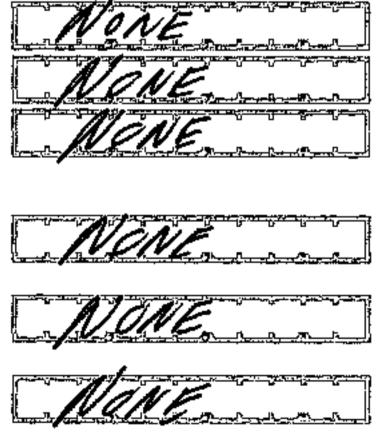
> Toll Free 800-424-9530 Local 202-694-1100

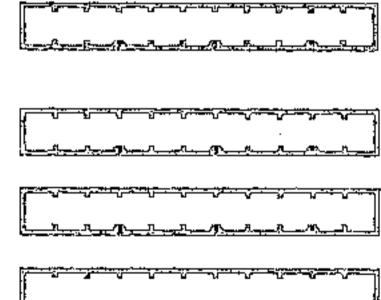
FEC Form 3 (Revised 12/2003) Write or Type Committee Name First Congression Firs				
Report Covering the Period: From: I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11. CONTRIBUTIONS (other than loans)	FROM MIS COMMITTEE MA	15 DEEN INACTIVE		
(a) Individuals/Persons Other Than				
Political Committees (i) Itemized (use Schedule A)	NONE			
(ii) Uniternized (iii) TOTAL of contributions from individuals				
(b) Political Party Committees				
(d) The Candidate(e) TOTAL CONTRIBUTIONS (other than loans)				
(add Lines 11(a)(iii), (b), (c), and 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES				
13. LOANS:		المنتقي و المنتان و ا		
(a) Made or Guaranteed by the Candidate	NONE			
(b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b))	NONE			



15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

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





DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
_	OPERATING EXPENDITURES	Nove		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	NONE		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	NONE		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	JONE NONE		
	OTHER DISBURSEMENTS TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	NOVE		
	IJI. CASH S	UMMARY		
23. 24	CASH ON HAND AT BEGINNING OF REPO	NONE.		
25.	SUBTOTAL (add Line 23 and Line 24)	•••••••••••••••••••••••••••••••••••••••	147011	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fr	om Line 22)	Nant	
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	9470.11		

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SCHEDULE A	(FEC	Form	3)
ITEMIZED REC	EIPTS	ì	

FOR LINE NUMBER: PAGE OF

Use separate schedule(s) (check only one)

for each category of the Detailed Summary Page 11a 11b 11c 11d 11d 12 13a 13b 14 15

not be sold or used by any person for the purpose of soliciting contributions

	Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Full Name (Last, Fight, Middle Initial)	District Committee	Mayland
A. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Election Cycle-to-Date	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) B. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) C. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political communes. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number of	only)	

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 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) FIRST ONO ESSICABL DETAILS REQUIDICAN CAMBER MANUARY							
Full Name (Last, First, Middle Initial)		Date of Disbursement					
Mailing Address							
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period					
Candidate Name	Category, Type	Refund or Disposal of Excess					
Office Sought: House Disbursement For: Senate Primary President Other (st		Contributions Required Under 11 C.F.R. 400.53					
Full Name (Last, First, Middle Initial) 3.		Date of Disbursement					
Mailing Address		M M / D D / Y Y Y					
Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period					
Candidate Name	Category, Type						
Office Sought: House Disbursement For Senate Primary President Other (s	General pecify)	Contributions Required Under 11 C.F.R. 400.53					
Fuli Name (Last, First, Middle Initial)							
Mailing Address		Date of Disbursement					
City State Zi	p Code	Amount of Each Disbursement this Period					
Purpose of Disbursement Candidate Name	Category						
Office Sought: House Disbursement For Senate Primary Other (s. State: District:	General	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)							

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AME OF/COMMITTEE (in Fuil) AME OF/COMMITTEE (in Fuil) LOAN SOURCE Full Name (Last, First, Middle Initial)	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) 13a 13b 13b
1151 Canonessional District Real	Election:
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LOAN SOURCE Full Name (Last, First, Middle Initial)	
A/	Frimary
Mailing Address	General Other (specify) ▼
ONE	
City Ziate Zii	P Code
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Peri
TERMS Date Incurred Date	Due Interest Rate Secured:
M M , D D , T Y Y Y M M , D D ,	% (apr) Ses N
List All Endorsers or Guarantors (if any) to Loan Source	100 1
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
100111	Amount <u>paragraphy and a second and a second</u>
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount protogram and the second seco
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last First, Middle Initial)	Name of Employer
Mailing Address	Occupation
·	Amount # ====================================
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 715 Code	Amount
City State ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this lie	ne. If no Schedule D, carry forward to appropriate line of Summary

26039243578

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)	Mexical cap.	FEC	IDENTIFICATION NUMBER
FIRST CENORES SCRAL ASTRICT	(Sunttee	C	00005975
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	Harrist and manufactured in the second secon		12,500 m 20 m 10 m 10 m 10 m 10 m 10 m 10 m
M/ dela	The state of the s		<u></u> %
Mailing Address	Date Incurred or Established		
City State Zip Code	Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurred		
B. If line of credit,	Outstanding		
Amount of this Draw:	Balance:	والمساوات ويسهر المساور ساوات	<u> </u>
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the	loan: real estate, personal W	/hat is the	value of this collateral?
property, goods, negotlable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	of deposit, chattel papers,		**************************************
No Yes If yes, specify:		oge the le	nder have a perfected security
	<u></u>	iterest in it	
E. Are any future contributions or future receipts of inte- collateral for the loan?	specify:		estimated value?
	Location of account:		
A depository account must be established pursuant	Location of docodin.		
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:		
Date account established:	City, State, Zip:		
F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which	was pledged for this loan, or if the this loan was made and the basi	amount p s on which	oledged does not equal or it assures repayment.
G. COMMITTEE TREASURER	· ·	DATE	
Typed Name) / (<u>Lamana</u>) / (<u>Lamana</u>) / (<u>Lamana</u>)
Signature		<u> </u>	
H. Attach a signed copy of the loan agreement.			
 I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions (in terms). 			
similar extensions of credit to other borrowers III. This institution is aware of the requirement that complied with the requirements set forth at 11	of comparable credit worthiness. t a loan must be made on a basis	which ass	sures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name		Linu. r	7 / [4044] / [4444]
Signature	Title Title		I Lad Kasaal

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CHEDULE D (FEC Form 3)	(Use separate PAGE OF
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER: for each (check only one) 9
xcluding Loans	numbered line) 10
NAME OF COMMITTEE (In Full)	Questie Meriland
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Perpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	•
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period ومعاددة المستخدمات ال
	<u></u>
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Malling Address	
City State Zip Code	
Outstanding Balance Beginning This Perlod	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
	<u></u>
1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	only) •

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) Report Covering Period:									
	From: To:								
MNE COCHE									
		Committee N	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees					
A			•						
В	Column Total Last Page O	nly							
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans			
4	1								
E	3								
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees			
4	Ф.								
اِ	B								
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees			
Į	A								
	В								
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Diabursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee			
Į	A								
	В								
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures						
	<u> </u>								
	В					<u></u>			

FEC FORM 3Z-1

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19) (Millionaires' Amendment)

Name of Candidate	Candidate ID Number	
Name of Principal Campaign Con	/nmittee	Committee ID Number
Committee Address	ANF	
City / State	ZIP	
Report Covering Period (check one)		
	preceding the year of the gen	eral election
	Primary	General
Gross receipts of authorized committees.		
-	Primary	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate h						
Hand Delivered	Date of Receipt					
USPS First Class Mail	Postmarked					
USPS Registered/Certified	Postmarked (R/C)					
USPS Priority Mail	Postmarked					
Delivery Confirmation™ or Signature Confirmation™ Label						
USPS Express Mail	Postmarked					
Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
Next Business	Day Delivery					
Received from House Records & Registration Office	Date of Receipt					
Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
Other (Specify):	ceipt or Postmarked					
St/ PREPARER	10/24/06 DATE PREPARED					
(3/2005)	DATE I NEI ANED					