FEC FORM 3X	AN	ID DIS	BURSE	CEIPTS MENTS rized Commit	tee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILIN		Example:If typing over the lines	g, type			
Hopefund, Inc.								
ADDRESS (number and	street) 6	07 14th Street	, NW, Suite 80	0				
Check if differ	ent L							
than previousl reported. (AC		ashington					20005	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY	A	S	STATE	ZIPCOD	e 🔺
C00409052	• • • •		3. IS TI REP		NEW (N) OR	AM (A)	ENDED	
 4. TYPE OF REPO (Choose One) (a) Quarterly Rep 		(b) Monthly Report Due On:	X Feb 20 Mar 20 Apr 20	(M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October Quarterly January 3	Report(Q3) 31		ay Election ort for the:	Primary (12) Convention	>)	General (1 Special (1	2G)	Runoff (12R)
July 31 M Report(N Year Only	on-election		Election c ay -Election ort for the: Election c	General (30	G)	Runoff (30	OR) In the State of	Special (30S)
5. Covering Period	01	01	2006	through	01	31	2006	
I certify that I have exam Type or Print Name of T		t and to the be Harvey Wineb	-	edge and belief it is	s true, correct a	and complete.		
Signature of Treasurer	Electronically	-	arvey Wineberg			ate 0 2		2006
NOTE : Submission of f	alse, erroneous	s, or incomplet	e information m	ay subject the pers	son signing this	Report to the	penalties of 2 U.S.	.C 437g.
Office Use Only							FEC FORM (Rev. 02/2003	

		FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
۷		or Type Committee Name pefund, Inc.		
F	{epor		M M D D V Y W Y 0 1 0 1 2 0 0 6 To:	M M D D Y Y Y Y 0 1 3 1 2 0 0 6
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 ^Y 2006 ^Y ^Y		457884.03
	(b)	Cash on Hand at Begining of Reporting Period	457884.03	
	(c)	Total Receipts (from Line 19)	72235.07	72235.07
	(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	530119.10	530119.10
7.	Tota	al Disbursements (from Line 31)	311162.12	311162.12
8.	Rep	h on Hand at Close of porting Period ptract Line 7 from Line 6(d))	218956.98	218956.98
9.	the	ots and Obligations owed TO committee (Itemize all on ledule C and/or Schedule D)	0.00	
10.	the	ots and Obligations owed BY committee (Itemize all on redule C and/or Schedule D)	0.00	

SUMMARY PAGE

Image# 26980141570

X 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

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS	Page 3
Write or Type Committee Name Hopefund, Inc.		
Report Covering the Period: From:	M M D D Y Y W Y </th <th>: 01 D D 2006</th>	: 01 D D 2006
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	16501.00	16501.00
(ii) Unitemized		55307.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	71909.06	71808.06
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	▶ 71808.06	71808.06
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made 	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	427.01	427.01
 Transfers from Non-Federal and Levin Fun (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
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	72235.07	72235.07
0. Total Federal Receipts	72235.07	72235.07

Image# 26980141572

DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	, , , , , , , , , , , , , , , , , , ,	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	Expenditures	304862.12	304862.12
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) >	304862.12	304862.12
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees	5800.00	5800.00
	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
6	Loan Repayments Made	0.00	0.00
20.			
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00
9.	Other Disbursements	500.00	500.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	Γ	0.00	0.00
	(ii) "Levin" Share (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
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	311162.12	311162.12
	_		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	311162.12	311162.12

Image# 26980141573

DETAILED SUMMARY PAGE

III. Net Contributions/Operating Expenditures		COLUMN A	COLUMN B	
	Experiance	Total This Period	Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	71808.06	71808.06	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
85.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	71808.06	71808.06	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	304862.12	304862.12	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	304862.12	304862.12	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 47 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	\overline{X} 11a \Box 11b \Box 11c \Box 12
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any pers	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Hopefund, Inc.			
<u>А</u> .	Full Name (Last, First, Middle Initial) Sterling Ashby			Date of Receipt
	Mailing Address 1711 Lamont Street NV	V		M M / D D / Y Y Y Y 01 27 2006
	City	State	Zip Code	Transaction ID: C570904
	Washington	DC	20010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Blackwell Law	Occupation Attorney	n	
	Receipt For:		e Year-to-Date 🔻	
	Other (specify)	0 0	1000.00]
В.	Full Name (Last, First, Middle Initial) Gordon Asselstine			Date of Receipt
	Mailing Address 4408 Country Club Roa	ad		M M / D D / Y Y Y Y 01 26 2006
	City	State	Zip Code	Transaction ID: C571444
	Minneapolis	MN	55424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Retired	n	-
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
 c.	Full Name (Last, First, Middle Initial) James Clary			Date of Receipt
	Mailing Address 520 Lake Cook Rd.			0 1 2 6 2 0 0 6
	City	State	Zip Code	Transaction ID: C571025
	Deerfield	IL	60015-5611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mullin Consulting, Inc.	Occupation CEO		
	Receipt For:		e Year-to-Date ▼	_
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)		······ J	1500.00
т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 47
	EMIZED RECEIPTS			(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Hopefund, Inc.			
Α.	Full Name (Last, First, Middle Initial) Phillip Feaster			Date of Receipt
	Mailing Address 11902 Bion Dr.			M M / D D / Y Y Y Y 01 26 2006
	City	State	Zip Code	Transaction ID: C571664
	Fort Washington	MD	20744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Retired	1	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0 0		1
в.	Full Name (Last, First, Middle Initial) Sarah Glickenhaus			Date of Receipt
	Mailing Address 100 Dorchester Road			M M M D D Y
	City	State	Zip Code	Transaction ID: C571717
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Retired	1	_
	Receipt For:		Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Larry Grote			Date of Receipt
	Mailing Address 2501 Central St			01 26 YYYYY 026 2006
	City	State	Zip Code	Transaction ID: C571116
	Evanston		60201-6400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer New Trier High School	Occupation	1	
	Receipt For:	Teacher	Year-to-Date V	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	250.00	1
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number or	nly)	· · · · · ·	-

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 47 (check only one)		
IT	EMIZED RECEIPTS		or each category of the	\overline{X} 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
Ν	NAME OF COMMITTEE (In Full)					
\geq	Hopefund, Inc.					
Α.	Full Name (Last, First, Middle Initial) Rahman J. Harrison			Date of Receipt		
	Mailing Address 2308 Cobble Hill Terrace	9		0 1 D D / Y Y Y Y 0 1 2 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: C570902		
	Wheaton I FEC ID number of contributing federal political committee. I		20902	Amount of Each Receipt this Period		
				500.00		
	Name of Employer Securities & Exchange Com-	Occupation	ı			
	mission Receipt For:	Attorney	e Year-to-Date ▼	_		
	Primary General	Ayyreyale		1		
	Other (specify)	0 0	500.00			
в.	Full Name (Last, First, Middle Initial) Patrick Higonnet			Date of Receipt		
	Mailing Address 32 Avon St. #B			M M / D D / Y Y Y Y 01 26 2006		
	City	State	Zip Code	Transaction ID: C571136		
	Cambridge	MA	02138-1525	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		201.00		
	Name of Employer Harvard	Occupation Professo				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	201.00]		
С.	Full Name (Last, First, Middle Initial) Nathalie Hope			Date of Receipt		
	Mailing Address 20 Bartlett Dr.			M M / D D / Y Y Y Y 01 24 2006		
	City	State	Zip Code	Transaction ID: C571141		
	Rockland	ME	04841	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer	Occupation Retired	1			
	Receipt For:		Year-to-Date 🔻			
	Primary General Other (specify) ▼		300.00]		
s	UBTOTAL of Receipts This Page (optional)		······	1001.00		
⊢	OTAL This Period (last page this line number on			-		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/47	
	EMIZED RECEIPTS	'FD RECEIPTS or each category of the		(check only one)	
11			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$	
Δr	y information copied from such Reports and Sta	tements may	not be sold or used by any perce		
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.	
\mathbb{N}	NAME OF COMMITTEE (In Full)				
\mathbb{Z}	Hopefund, Inc.				
Α.	Full Name (Last, First, Middle Initial) Winifred M. Hoppert			Date of Receipt	
	Mailing Address 815 12th Street			M M / D D / Y Y Y Y Y 01 26 2006	
	City	State	Zip Code	Transaction ID: C571804	
	Windom	MN	56101	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation Retired	1		
	Receipt For:		Year-to-Date V	-	
	Primary General		250.00	1	
	Other (specify)				
в.	Full Name (Last, First, Middle Initial) Matt Johnson			Date of Receipt	
	Mailing Address 123 N Happy Hollow Bo	ulevard		M M / D D / Y Y Y Y Y 01 26 2006	
	City	State	Zip Code	Transaction ID: C571840	
	Omaha	NE	68132	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Oncho Public Schools	Occupatior Teacher	1		
	Receipt For:		Year-to-Date V		
	Primary General	7.99.094.0		1	
	Other (specify)	0 0	1000.00		
с.	Full Name (Last, First, Middle Initial) Rajesh Mehra			Date of Receipt	
	Mailing Address 7736 Lewinsville Road			M M / D D / Y Y Y Y 01 27 2006	
	City	State	Zip Code	Transaction ID: C570901	
	McLean	VA	22102	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self-Employed	Occupation Consulta		7	
	Receipt For:		Year-to-Date V		
	Primary General			1	
	Other (specify)		1000.00		
s	UBTOTAL of Receipts This Page (optional)			2250.00	
т	OTAL This Period (last page this line number or	חly)		-	

S	CHEDULE A (FEC Form 3X)	JLE A (FEC Form 3X) Use separate schedule(s)		FOR LINE NUMBER: PAGE 10 / 47 (check only one)
IT	EMIZED RECEIPTS	CED RECEIPTS or each category of the Detailed Summary Page		X 11a 11b 11c 12
			Detailed Summary Page	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Hopefund, Inc.			
Α.	Full Name (Last, First, Middle Initial) John Meyer			Date of Receipt
	Mailing Address 9450 Bonhomme			M M / D D / Y
	City	State	Zip Code	Transaction ID: C571225
	Saint Louis	MO	63132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bryan Cove Lip	Occupation Lawyer	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	i i	250.00	
	Other (specify) v	0 0		
В.	Full Name (Last, First, Middle Initial) Dan Petrocchi			Date of Receipt
	Mailing Address 1755 Creekside Oaks E	Dr.		M M / D D / Y
	City	State	Zip Code	Transaction ID: C571274
	Sacramento	CA	95833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer The Evergreen Group	Occupation Partner	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
 c.	Full Name (Last, First, Middle Initial) Gene Reynolds			Date of Receipt
	Mailing Address 2034 Castilian Dr.			0 1 2 4 2 0 0 6
	City	State	Zip Code	Transaction ID: C571289
	Los Angeles	CA	90068-2609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Retired	n	
	Receipt For:		e Year-to-Date 🔻	-
	Primary General Other (specify) ▼		250.00	1
s	UBTOTAL of Receipts This Page (optional)		······	750.00
т	OTAL This Period (last page this line number of	only)	I	•

	CHEDULE A (FEC Form 3X)	=D RECEIPTS or each category of the	FOR LINE NUMBER: PAGE 11 / 47 (check only one)			
11	EMIZED RECEIPTS	EIPTS Detailed Summary Page		X 11a 11b 11c 12		
Ar	y information copied from such Reports and Sta	atements may	unot be sold or used by any perso	13 14 15 16 17		
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	Hopefund, Inc.					
<u>А.</u>	Full Name (Last, First, Middle Initial) Margaret Riley			Date of Receipt		
	Mailing Address 11 Hawthorn Grove Driv	/e		M M / D D / Y Y Y Y 01 26 2006		
	City	State	Zip Code	Transaction ID: C571295		
	Hawthorn Woods	IL	60047	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			500.00		
	Name of Employer Retired	Occupation Retired	n			
	Receipt For:		e Year-to-Date 🔻	_		
	Primary General		500.00	1		
	Other (specify)	0 0]		
в.	Full Name (Last, First, Middle Initial) Melinda Schibner			Date of Receipt		
	Mailing Address 171 Cognewaugh Rd.			0 1 D D / Y Y Y Y 0 1 2 4 2 0 0 6		
	City	State	Zip Code	Transaction ID: C571319		
	Cos Cob	СТ	06807-1505	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self-Employed	Occupation Coach-Te				
	Receipt For:		eacher e Year-to-Date ▼	-		
	Primary General	33 - 3		1		
	Other (specify)	0 0	1000.00			
с.	Full Name (Last, First, Middle Initial) Armar Strauss			Date of Receipt		
	Mailing Address 560 Amalfi Dr.			M M / D D / Y Y Y Y 01 26 2006		
	City	State	Zip Code	Transaction ID: C572189		
	Pacific Palisades	CA	90272	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Doctor	n			
	Receipt For:		e Year-to-Date 🔻	-1		
	Primary General		250.00	1		
	Other (specify)					
s	UBTOTAL of Receipts This Page (optional)			1750.00		
Т	OTAL This Period (last page this line number of	nly)				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/47
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
•	winformation conied from cuck Department Of			
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
∇	NAME OF COMMITTEE (In Full)			
	Hopefund, Inc.			
Α.	Full Name (Last, First, Middle Initial) Leslie T. Thornton			Date of Receipt
	Mailing Address 3921 Courtland Cir			01 ^{//} 27 [/] YYYY 2006
	City	State	Zip Code	Transaction ID: C570919
	Alexandria	VA	22305-2062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dickstein, Shapiro, Morin, Osninsk	Occupation Attorney	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1000.00	1
	Other (specify) v	0 0		
в.	Full Name (Last, First, Middle Initial) Polly Victor			Date of Receipt
	Mailing Address 5543 N Fresno St.			01 ^{//} 10 ^{//} 2006
	City	State	Zip Code	Transaction ID: C571381
	Fresno	CA	93710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupatio	n	
		Retired	<u> </u>	_
	Receipt For: Primary General	Aggregate	e Year-to-Date V	_
	Other (specify) ▼	0 0	250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Polly Victor			Date of Receipt
	Mailing Address 5543 N Fresno St.			M M / D D / Y Y Y Y 01 / 27 2006
	City	State	Zip Code	Transaction ID: C572235
	Fresno	CA	93710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			150.00
	Name of Employer	Occupation Retired	n	
			e Year-to-Date 🔻	1
			050.00	1
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number o	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 47 (check only one) X X 11a 11b 11c 12							
•	violarmation conied from such Describer 101	tomente	, ,	13 14 15 16 17							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	Hopefund, Inc.										
Δ	Full Name (Last, First, Middle Initial) George William Wellde, Jr.			Date of Receipt							
	Mailing Address 850 Park Ave			M M / D D / Y Y Y Y							
	City	State	Zip Code	0 1 2 7 2 0 0 6 Transaction ID: C570903							
	New York	NY	10021-1845	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
	Name of Employer Goldman Sachs	Occupation Managing									
	Receipt For:	0 0	Year-to-Date V								
	Other (specify) ▼		1000.00	1							
		0 0	0 0 0 0 0 0 0	1							
В.	Full Name (Last, First, Middle Initial) Mary Patricia Wheeler			Date of Receipt							
	Mailing Address 19705 Stough Farm Roa	ad		M M / D D / Y Y Y Y 01 04 2006							
	City	State	Zip Code	Transaction ID: C570079							
	Cornelius	NC	28031	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
	Name of Employer Wheeler Television	Occupation	1	_							
	Receipt For:	Producer Aggregate	Year-to-Date V	-							
	Primary General			1							
	Other (specify)		1000.00								
с.	Full Name (Last, First, Middle Initial) Grace Wolff			Date of Receipt							
	Mailing Address 2357 Willowgrove Ae.			M M / D D / Y Y Y Y 01 26 2006							
	City	State	Zip Code	Transaction ID: C571401							
	Dayton	OH	45409-1955	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer	Occupatior Retired	1								
	Receipt For:		Year-to-Date 🔻	-1							
	Primary General	_	250.00	1							
	Other (specify)	0 0		1							
s	UBTOTAL of Receipts This Page (optional)		•••••	2250.00							
т	OTAL This Period (last page this line number of	nly)									

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/47 (check only one) X X 11a 13 14 15 16 17
	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Hopefund, Inc.		
Full Name (Last, First, Middle Initial) A. Jeffrey Zients		Date of Receipt
Mailing Address 4500 Garfield St N	N	M M / D D / Y Y Y Y 01 04 2006
City	State Zip Code	Transaction ID: C570078
Washington	DC 20007-1131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Atlantic Media Company	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	1 1

SUBTOTAL of Receipts This Page (optional)	►	5000.00
TOTAL This Period (last page this line number only)	►	16501.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 47 (check only one) 11a 11b 11c 12 13 14 15 16 17							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person ress of any political committee to	of or the purpose of soliciting contributions solicit contributions from such committee.							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Hopefund, Inc.										
Α.	Full Name (Last, First, Middle Initial) Citibank FSB			Date of Receipt							
	Mailing Address P.O. Box 18967			0 1 / D D / Y Y Y Y 2 0 0 6							
	City Washington	State DC	Zip Code 20036-0967	Transaction ID: C572506 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		427.01							
	Name of Employer	Occupation	1								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 427.01	Interest							

SUBTOTAL of Receipts This Page (optional)	►	427.01
TOTAL This Period (last page this line number only)	►	427.01

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			LINE NUMBER: PAG			AGE	16/4	7		
IT	EMIZED DISBURSEMENTS	for each category of the		<u>`</u>	21b	one) 22		23	24		25	26
		Detailed Summary Page				22 28a		28b	24 28c		29	30b
	y Information copied from such Reports and Statem											;
or	or commercial purposes, other than using the name	e and address of any political	com	mittee	e to sol	icit contr	ibutio	ns fro	om such (comm	ittee	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
	Hopefund, Inc.											
<u> </u>	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	D10065	5		
Α.	235 Massachusetts Avenue LLC					Date	of Dis			_		
	Mailing Address 235 Massachusetts Aven	ue, NE				0 ^M 1	M /	0	^D 3	ź	0 ð 6	Y
	City	State Zip Code				Amou	nt of I	Each	Disburse	ement	this P	eriod
		DC 20002								0.	710.0	~
	Purpose of Disbursement Rent									2	718.0	6
	Candidate Name		Ca	ategor	v/							
				Туре								
		ement For:										
	Senate President	Primary General Other (specify)										
	State: District:											
	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	D10044	1		
В.	A.B. Data Client Trust Account					Date					Y	Y
	Mailing Address 8050 N. Port Washington	n Road				01			1	2	0 ð 6	
		State Zip Code WI 53217				Amou	nt of I	Each	Disburse			
	Purpose of Disbursement Postage					L.				5	008.5	0
	Candidate Name			ategor Type	у/							
	Office Sought: House Disburse Senate	ment For: Primary General										
	President	Other (specify)										
	State: District:											
C.	Full Name (Last, First, Middle Initial) A.B. Data Client Trust Account					Date	of Dis	burse				_
	Mailing Address 8050 N. Port Washington	n Road				^м 1	M /	□1	^D / `	źź	0 ð 6	Ŷ
		State Zip Code WI 53217				Amou	nt of I	Each	Disburse	-		
	Purpose of Disbursement Postage					L.				804	400.0	0
	Candidate Name			ategor Type	у/							
	Senate President	ement For: Primary General Other (specify) ▼										
_	State: District:											
s	JBTOTAL of Disbursements This Page (optional) .				•			_		881	26.5	6
Т	OTAL This Period (last page this line number only)				►							

S	CHEDULE B (FEC Form 3X)	Use sepera	ate schedule(s)		FOR LINE NUMBER: PAGE 17 / 47 (check only one)								
IT	EMIZED DISBURSEMENTS	for each ca	tegory of the immary Page		X 21b	22	23	24	25	26			
A	/ Information copied from such Reports and Statem			Lby	27	28a	28b		29	30b			
	or commercial purposes, other than using the name												
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Hopefund, Inc.												
<u>د</u>	Full Name (Last, First, Middle Initial)					Trans	action II	D: D1007	5				
Α.	A.B. Data					м	of Disbur		Y Y Y	Y			
	Mailing Address 8050 N. Port Washington	n Road				0 1		0 6 /	Ź0Ŏ	6			
	,		Zip Code 53217-2600			Amou	int of Eac	ch Disburs	ement this	Period			
	Purpose of Disbursement								3132	.00			
	Direct Mail												
	Candidate Name				ategory/ Type								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (specif	General fy) ▼										
	Full Name (Last, First, Middle Initial)					Trong	ootion II		7				
В.	A.B. Data						of Disbur						
	Mailing Address 8050 N. Port Washington	0 1	M / D	1 3 ^D	ŶŽOŎ	6 [×]							
		State 2 WI	Zip Code 53217-2600			Amou	int of Eac	h Disburs	ement this	Period			
	Purpose of Disbursement Direct Mail			Г		1 L.			1270	.37			
	Candidate Name				ategory/ Type								
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (speci	General fy) ▼										
	Full Name (Last, First, Middle Initial)					Trans	eaction II	D: D1009	7				
C.	A.B. Data					Date	of Disbur	sement					
	Mailing Address 8050 N. Port Washington	n Road				0 ^M 1	M / D	20	ŶŽ0Ŏ	6 [°]			
			Zip Code 53217-2600			Amou	int of Eac	h Disburs	ement this	Period			
	Purpose of Disbursement Direct Mail			Г		1 L.			106297	.60			
	Candidate Name				ategory/ Type								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (speci	General fy) ▼										
									110699	.97			
	JBTOTAL of Disbursements This Page (optional)						• •	• • •					
	OTAL This Period (last page this line number only) Schedule B (Form 3X) Rev. 02/2003				►								
	Source (1 0111 0A) 1164. 02/2003												

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)				LINE NUMBER: PAGE 1 ck only one)					18 / 4	47
IT	EMIZED DISBURSEMENTS	for each category of the		(cr	eck or 21b						25	26
		Detailed Summary Page		Ĥ	210	28a		23 28b	280	;	29	30b
	y Information copied from such Reports and Statem											s
or f	or commercial purposes, other than using the name	e and address of any political	com	mitt	ee to s	olicit con	tribut	ions fr	om such	com	mittee	
\square	NAME OF COMMITTEE (In Full)											
V	Hopefund, Inc.											
<u> </u>	Full Name (Last, First, Middle Initial)					Tran	sact	ion ID:	: D1006	2		
Α.	AKP Message & Media					Date	of D	isburs				
	Mailing Address 730 North Franklin Street Suite 404	:				0 [™] 1	М	[′] ^D C) 3 [/]	Ý 2	é o ò e	6 Y
		State Zip Code				Amo	unt c	f Each	Disburs	emer	nt this I	Period
		IL 60610								-		
	Purpose of Disbursement General Consulting Services										5600.	00
	Candidate Name			ateg Typ	-							
	Senate President	ment For: Primary General Other (specify) ▼										
	State: District:											
в.	Full Name (Last, First, Middle Initial) AKP Message & Media							ion ID: isburs	: D1009	1		
							M	/ D	D /	Y	(Y	Y
	Mailing Address 730 North Franklin Street Suite 404					0 1		1	3	2	έοŏε	3
	,	State Zip Code IL 60610				Amo	unt c	f Each	Disburs	emer	nt this I	Period
	Purpose of Disbursement		_	-	_						5600.	00
	General Consulting Services								·			
	Candidate Name			ateg Typ								
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼										
	State: District:											
C.	Full Name (Last, First, Middle Initial) James D. Brayton					-		ion ID: isburs	: D1004 ement	7		
	Mailing Address 901 N. Nelson Apt. 11009					[™] 1	М	/ ^D C	3	Ý 2	έοŏε	8 [°]
	City	State Zip Code VA 22203				Amo	unt c	f Each	Disburs	emer		
	Purpose of Disbursement Payroll										814.	39
	Candidate Name			ateg Typ								
	Senate President	ment For: Primary General Other (specify) ▼										
	State: District:											
s	JBTOTAL of Disbursements This Page (optional) .				•					12	2014.3	39
Т	DTAL This Period (last page this line number only)					L						

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)				INE NUMBER: PAGE 19 / only one)							47	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(C X	21b	22 23 24 2				25		26		
An	y Information copied from such Reports and Statem	ents may not be sold or user	t by :	anv	27 Dersor			rnos				29		30b
	for commercial purposes, other than using the name												5	
Ν	NAME OF COMMITTEE (In Full)													
V	Hopefund, Inc.													
Α.	Full Name (Last, First, Middle Initial)									: D100	77			
А.	James D. Brayton							of Di м		ement	Y	Y Y	Y	
	Mailing Address 901 N. Nelson Apt. 11009						01			3		žoŏe	5	
	City	State Zip Code					Amou	nt o	f Each	Disbur	seme	nt this I	Period	
	Arlington Purpose of Disbursement	VA 22203	_	_		_						2516.	64	1
	Payroll			0										
	Candidate Name			ate Ty	gory/ be									
	Office Sought: House Disburse	ment For:		. 71		_								
	Senate	Primary General												
	State: District:	Other (specify)												
	Full Name (Last, First, Middle Initial)					-	Trans	acti	on ID	: D100	92			
В.	CareFirst Blue Cross Blue Shield						Date	of D	sburs	ement				
	Mailing Address 840 First Street, NE						^M 1	М	1	3 [/]	Y	žo ò e	3 ^Y	
		State Zip Code DC 20065					Amou	nt o	f Each	Disbur	seme	nt this I	Period	_
	Purpose of Disbursement Health Insurance			Ū					-			1556.	00	
	Candidate Name			ate Ty	gory/ ce									
	Office Sought: House Disburse	ment For:				_								
	Senate President	Primary General												
	State: District:	Other (specify)												
_	Full Name (Last, First, Middle Initial)					-	Trans	acti	on ID:	: D101	04			
C.	Catering by Windows, Inc.							-		ement	V	V V V	V	
	Mailing Address 1125 North Royal Street						0 1	м	2	20	,	² o ò e	8	
		State Zip Code VA 22314					Amou	nt o	f Each	Disbur	seme	nt this I	Period	_
	Purpose of Disbursement Catering			v	-		L.					2972.	02	
	Candidate Name			ate Ty	gory/ be									
	Senate	ment For: Primary General												
	State: District:	Other (specify)												
	UBTOTAL of Disbursements This Page (optional)				•			-	•	• •		7044.(66]]
\Box	OTAL This Period (last page this line number only)				•		<u> </u>							

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			OR LIN heck or			R:		F	PAGE	20 /	47	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	-	÷	22 28a		23 28b	24	。 -	25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												s	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Hopefund, Inc.		0011				Contin							
L														
Α.	Full Name (Last, First, Middle Initial) Cingular Wireless						Date o		sburse			v	V	
	Mailing Address PO Box 8229						0 1		1	3 ⁷	. 2	2000	3	
	City Aurora	State Zip Code IL 60572					Amou	nt of	Each	Disbur	semei	-	-	
	Purpose of Disbursement Telephone						L.					208.	62	
	Candidate Name			ateo Typ	gory/ ce									
	Senate President	ement For: Primary General Other (specify) ▼												
	State: District: Full Name (Last, First, Middle Initial)					-	_			D / 0 0				
В.	Comcast						Date		sburse			vv	V	
	Mailing Address P.O. Box 827554						0 1		0	3 ⁷	. 2	źoòe	5'	
	City Philadelphia	State Zip Code PA 19182-7554					Amou	nt of	Each	Disbur	semei			
	Purpose of Disbursement Cable TV						L .					109.	19	
	Candidate Name			ateo Typ	gory/ pe									
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼												
	State: District:													
C.	Full Name (Last, First, Middle Initial) Comcast						Trans Date o		sburse)3			
	Mailing Address P.O. Box 827554						[™] 1	M	□2	0 /	Y 2	źoóe	3 [°]	
	City Philadelphia	State Zip Code PA 19182-7554					Amou	nt of	Each	Disbur	semei			_
	Purpose of Disbursement Cable TV						L.					53.	35	
	Candidate Name			ateę Typ	gory/ be									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V												
s	UBTOTAL of Disbursements This Page (optional)				•							371.	16]
Т	OTAL This Period (last page this line number only)	·			►			-		-				

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)				NE NUMBER: PAGE 21 / 4					47				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(c X	1	22 23 24 25							26		
		Detailed Summary Fage			27		28a		28b	\square	28c		29		30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar													S	
	NAME OF COMMITTEE (In Full)	le and address of any political	COII			SUIICI	CONT	ibut		oma		,01111	muee		
\rangle	Hopefund, Inc.														
Α.	Full Name (Last, First, Middle Initial) Fidelity Investments						Trans Date o					;			
	Mailing Address P.O. Box 145421					_	0 ^M 1	М	D () ^D	/ Y	ž	οòe	5 ^Y	
	City	State Zip Code					Amou	nt o	f Each	ו Dis	burse	men	t this I	Perio	d
	Cincinnati	OH 45250-5421								-		-			
	Purpose of Disbursement Employee Retirement Plan						L.					2	2450.	00	
	Candidate Name			ateç Typ	gory/ be										
	Senate President	ement For: Primary General Other (specify)													
	State: District:														
В.	Full Name (Last, First, Middle Initial) Robert Gibbs						Trans Date c	of D	sburs	eme				M	
	Mailing Address 3737 Keller Avenue						0 1	М	D (03	/ Y	Ž	0 ò e	3 [°]	
	City Alexandria	State Zip Code VA 22302					Amou	nt o	f Each	n Dis	burse	men	t this I	Perio	d
	Purpose of Disbursement Payroll			i i			L.					1	711.	46	
	Candidate Name			ateg Typ	gory/ be										
	Senate President	ement For: Primary General Other (specify) ▼													
	State: District:														
C.	Full Name (Last, First, Middle Initial) Robert Gibbs						Trans Date c	of D	sburs	eme					
	Mailing Address 3737 Keller Avenue						0 1	М	/ ^D	13	/	ž	0 ò e	S ^Y	
	City Alexandria	State Zip Code VA 22302					Amou	nt o	f Each	n Dis	burse	men	t this I	Perio	b
	Purpose of Disbursement Payroll		Γ	U								_ 1	711.	46	
	Candidate Name			ateç Typ	jory/ be										
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼													
							· ·					5	872.9	22	
	UBTOTAL of Disbursements This Page (optional)				<u> </u>			-	-	•			012.	52	
	OTAL This Period (last page this line number only	()					<u> </u>								

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)						22 / 47			
IT	EMIZED DISBURSEMENTS	for each category of the		(check only			□ <u>25</u>				
		Detailed Summary Page	_ ŀ	X 21b 27	22 23 28a 20	3 24 3b 28c	25 29	26 30b			
	y Information copied from such Reports and Statem							s			
or	for commercial purposes, other than using the name	e and address of any political	ll comn	nittee to so	licit contribution	s from such c	ommittee				
\mathbb{N}	NAME OF COMMITTEE (In Full)										
V	Hopefund, Inc.										
<u>د</u>	Full Name (Last, First, Middle Initial)				Transaction	ID: D10098					
Α.	Holiday Inn on the Hill				Date of Disb						
	Mailing Address 415 New Jersey Avenue	NW			01	^D 20 / Y	² o ò e	6 Y			
	,	State Zip Code			Amount of E	ach Disburser	nent this F	Period			
		DC 20001					23323.0	00			
	Purpose of Disbursement Catering / Room Rental						23323.0	00			
	Candidate Name		Cat	egory/							
				ype							
		ment For:									
	Senate President	Primary General Other (specify)									
	State: District:										
	Full Name (Last, First, Middle Initial)				Transaction	ID: D10049					
В.	Jordan Kaplan				Date of Disb						
	Mailing Addross 0001 Champlein Street N	1.0.7			0 ^M 1 [/]	^D 0 3 / Y	ž o ŏ e	S Y			
	Mailing Address 2301 Champlain Street N	vv				00	2000				
		State Zip Code			Amount of E	ach Disburser	ment this F	Period			
		DC 20009					1282.0	61			
	Purpose of Disbursement Payroll						1202.0				
	Candidate Name		Cat	egory/							
			Т	ype							
	Office Sought: House Disburse Senate	ment For: Primary General									
	President	Other (specify)									
	State: District:) / •									
_	Full Name (Last, First, Middle Initial)				Transaction	ID: D10079					
C.	Jordan Kaplan				Date of Disb			_			
	Mailing Address 2301 Champlain Street N	W			0 ^M 1 [/]	^D 1 3 / Y	žοŏε	S ^Y			
	City	State Zip Code			Amount of E	ach Disburser	nont this F	Dariad			
		DC 20009			Amount of E	ach Disburser	nent tris F	Period			
	Purpose of Disbursement Payroll						2095.	72			
	Candidate Name			egory/ ype							
	Senate President	ment For: Primary General Other (specify) ▼									
_	State: District:										
s	UBTOTAL of Disbursements This Page (optional) .			🕨			26701.3	33			
	OTAL This Period (last page this line number only)			. 🕨	L						

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)			GE 23/47
IT	EMIZED DISBURSEMENTS	for each category of the	(check only X 21b	y one)] 22 23 24	25 26
		Detailed Summary Page	27	28a 28b 28c	29 30
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)	e and address of any political			Johnmillee
$\langle \rangle$	Hopefund, Inc.				
_	Full Name (Last, First, Middle Initial)			Transaction ID: D10080)
А.	Alyssa Mastromonaco			Date of Disbursement	
	Mailing Address 19 5th Street SE Floor 2			01 / 13 / Y	2006
	,	State Zip Code		Amount of Each Disburse	ment this Period
	Washington Purpose of Disbursement	DC 20003			390.54
	Payroll				
	Candidate Name		Category/ Type		
	Senate President	ement For: Primary General Other (specify) ▼			
	State: District: Full Name (Last, First, Middle Initial)				
В.	Merry Maids			Transaction ID: D10073 Date of Disbursement	
	Mailing Address 4900 Leesburg Pike Suite 409		0 1 0 6 /	2006	
	City Alexandria	State Zip Code VA 22302		Amount of Each Disburse	ment this Period
	Purpose of Disbursement Cleaning Service				75.00
	Candidate Name		Category/ Type		
	Senate President	ement For: Primary General Other (specify) ▼			
	State: District: Full Name (Last, First, Middle Initial)			T ID D40004	
C.	Merry Maids			Transaction ID: D10094 Date of Disbursement	
	Mailing Address 4900 Leesburg Pike Suite 409			01 13	ŽOŎĞ
	City Alexandria	State Zip Code VA 22302		Amount of Each Disburse	
	Purpose of Disbursement Cleaning Service			L	75.00
	Candidate Name		Category/ Type		
	Senate President	ement For: Primary General Other (specify) ▼			
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)		····· Þ		540.54
т	OTAL This Period (last page this line number only)				
FEC	Schedule B (Form 3X) Rev. 02/2003				

SCHEDULE B (FEC Form 3X)		X)	Use sep	erate schedule(s)						R:			PAC	GE 24	4	7	
IT	EMIZED DIS	BURSEMENT	S	for each	category of the		(c X	heck c 21b	nly o	ne) 22		23		24	25	. 1	26
				Detailed	Summary Page		Ĥ	27	\mathbb{H}	22 28a	\vdash	23 28b		28c	29		- 20 30b
		from such Reports a															
or 1		oses, other than using	g the name	and addre	ess of any political	com	nmi	ttee to	solic	it contr	ibut	ions fr	om sı	ich co	mmitte	e	
\mathbb{N}	NAME OF COMMI	TTEE (In Full)															
V	Hopefund, Inc.																
<u> </u>	Full Name (Last, Fi	rst, Middle Initial)								Trans	acti	on ID	:D10	100			
Α.	Merry Maids									Date	of D			t			
	Mailing Address	4900 Leesburg F Suite 409	Pike							[™] 1	М	/ D	20	Y	2 0 (ð 6	Y
	City	Suite 409	S	State	Zip Code					Amou	nt o	f Each	Disb	ursem	nent thi	is P	eriod
	Alexandria		١	/A	22302											-	
	Purpose of Disburs Cleaning Service	sement								L .					7	5.0	0
	Candidate Name						ate Ty	gory/ pe									
	Office Sought:	General ecify) ▼															
	State:	District:			<i>,</i> , ,												
_	Full Name (Last, Fi	rst, Middle Initial)								Trans	acti	on ID	: D10	173			
В.	Merry Maids									Date				:			_
	Mailing Address	4900 Leesburg F Suite 409	Pike						_	[™] 1	м	^D 2	27	Y	2 0 (ò6	Y
	City Alexandria			State /A	Zip Code 22302					Amou	nt o	f Each	ı Disb	ursem	nent thi	is P	eriod
	Purpose of Disburs Cleaning Service	ement					v			- 7!				5.0	0		
	Candidate Name						ate Ty	gory/ pe									
	Office Sought:	House Senate President		nent For: Primary Other (spe	General												
		District:															
C.	Full Name (Last, Fi NGP Software, I									Trans Date of	of D	isburs	emen				
	Mailing Address	1101 Vermont A	venue NV	V						0 1	м	^D C) 3 [□]	Y	200	Ď6	Y
	City Washington			State DC	Zip Code 20005					Amou	nt o	f Each	ı Disb	ursem	nent thi	-	_
	Purpose of Disburs Software	ement								L.					45	0.0	0
	Candidate Name						ate Ty	gory/ pe									
	Office Sought: State:	House Senate President District:		nent For: Primary Other (spe	General												
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s	UBTOTAL of Disbu	rsements This Page	(optional)					►						-	60	0.0	0
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SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)	FOR LINE			PAGE	25 / 47
IT	EMIZED DISBURSEMENTS	for each category of the)	(check only	- ´ —	··· □	<u> </u>	
		Detailed Summary Page		X 21b 27				25 20 29 30
	y Information copied from such Reports and State							
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	me and address of any politica	al cor	nmittee to soli	cit contributio	ons from s	uch comm	ittee
\rangle	Hopefund, Inc.							
×	Full Name (Last, First, Middle Initial)				Transactio	on ID: D10	0178	
А.	NGP Software, Inc.				Date of Dis			
	Mailing Address 1101 Vermont Avenue	NW			01	^D 26	Ý Ž	0 [°] 0 6 [°]
	City	State Zip Code			Amount of	Each Dist	oursement	this Period
	Washington	DC 20005	1				1!	500.00
	Purpose of Disbursement Software							
	Candidate Name		C	ategory/ Type				
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼						
	Full Name (Last, First, Middle Initial)				Transactio		1055	
В.	Paychex, Inc.				Date of Dis	sbursemer	nt	Y Y
	Mailing Address 3060 Williams Drive Suite 200		01	03		0 [°] 0 6 [°]		
	City Fairfax	StateZip CodeVA22031			Amount of	Each Dist		this Period
	Purpose of Disbursement Payroll Taxes				L		5	765.09
	Candidate Name		C	ategory/ Type				
	Senate President	sement For: Primary General Other (specify)	•					
	State: District: Full Name (Last, First, Middle Initial)							
C.	Paychex, Inc.				Transaction	sbursemer	nt	Y Y
	Mailing Address 3060 Williams Drive Suite 200				0 1	^D 1 0	ź _ 2	0 Å 6 [°]
	City Fairfax	StateZip CodeVA22031			Amount of	Each Dist		this Period
	Purpose of Disbursement Payroll Services				L			149.64
	Candidate Name			ategory/ Type				
	Senate President	sement For: Primary General Other (specify)	•					
	State: District:							
s	UBTOTAL of Disbursements This Page (optional)		►			74	14.73
Т	OTAL This Period (last page this line number onl	y)		►				
FEC	Schedule B (Form 3X) Rev. 02/2003		-			-	-	

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)				NUMBE	R:		PA	GE 26	6 / 47	
IT	EMIZED DISBURSEMENTS	for each category of the		<u> </u>	k only 1b	one)	23		24	25		26
		Detailed Summary Page			7	28a	28		24 28c	29		30b
	/ Information copied from such Reports and Staten											
or	or commercial purposes, other than using the nam	e and address of any political	com	imittee	to sol	icit contr	ibutions	from s	such c	ommitte	e	
\square												
V	Hopefund, Inc.											
<u> </u>	Full Name (Last, First, Middle Initial)					Trans	action	I D : D1	0086			
А.	Paychex, Inc.						of Disbu		nt			
	Mailing Address 3060 Williams Drive					0 ^M 1	M /	^D 13	/ Y	2 0 (Ď6 [°]	
	City Suite 200	State Zip Code				Amou	nt of Fa	ch Dis	hurse	ment thi	s Peri	iod
	Fairfax	VA 22031				Amou					-	
	Purpose of Disbursement			0 0						1217	4.33	
	Payroll Taxes Candidate Name			ategor								
				Type	y /							
	Office Sought: House Disburse	ement For:										
	Senate	Primary General										
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)					Turne			0070			
В.	Perkins Coie, LLP						action of Disbu					
							M /		/ Y	ž o d	ń e ^Y	1
	Mailing Address 1201 3rd Ave, 40th Fl					01		06		200	٥, ۲	
	City Seattle	State Zip Code WA 98101				Amou	nt of Ea	ch Dis	burse	ment thi	s Per	iod
	Purpose of Disbursement		_		_					68	1.89	
	Legal Fees											
	Candidate Name			ategor Type	y /							
	Office Sought: House Disburse	ement For:										
	Senate	Primary General										
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)					Tropo	action		0050			
C.	Tori L. Scarborough						of Disbu					
	Mailing Address 1042 Spring Valley Cour	t				[™] 1	M /	^D 0 3	/ Y	2 0 (б́6 [°]	
	City	State Zip Code				۸	at of F	ah D:-	burne c	ment thi	o D	iad
	Fort Washington	MD 20744				Amou	nt of Ea	ich Dis	burse	ment thi	s Per	100
	Purpose of Disbursement Payroll									111	3.33	
	Candidate Name			ategor Type	y/							
	Office Sought: House Disburse	ement For:	I									
	Senate	Primary General										
	State: District:	Other (specify)										
—												
s	JBTOTAL of Disbursements This Page (optional)				►					13969	9.55	
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SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)				} :	PA	GE 27	/ 47
IT	EMIZED DISBURSEMENTS	for each category of the	·	(check on X 21b	y one) 22	23	24	25	26
		Detailed Summary Page		27	28a	23 28b	24 28c	23	30k
	y Information copied from such Reports and Statem								
or	for commercial purposes, other than using the name	and address of any political	l con	imittee to se		outions fro	om such o	committee	9
\rangle	NAME OF COMMITTEE (In Full) Hopefund, Inc.								
<u> </u>	Full Name (Last, First, Middle Initial)				Transa	ction ID:	D10081		
А.	Tori L. Scarborough					Disburs			
	Mailing Address 1042 Spring Valley Court				01	/ ^D	^D /)	200	6 [×]
	,	State Zip Code			Amoun	t of Each	Disburse	ment this	Period
		MD 20744						2538	58
	Purpose of Disbursement Payroll							2000	
	Candidate Name			ategory/ Type					
	Office Sought: House Disburse	ment For:		71	-				
	Senate	Primary General							
	State: District:	Other (specify)							
	Full Name (Last, First, Middle Initial)				-				
В.	Tarak Shah					Disburse	D10051 Ement		
								ź o ŏ	e ^Y
	Mailing Address 131 E Lincoln Avenue				0 1	U	3	200	0
	,	State Zip Code IL 60139-2033			Amoun	t of Each	Disburse	ment this	Period
	Purpose of Disbursement	12 00103-2000	_					1056	.73
	Payroll								
	Candidate Name			ategory/ Type					
	Office Sought: House Disburse Senate	ment For: Primary General							
	President	Other (specify)							
	State: District:								
~	Full Name (Last, First, Middle Initial)				Transa	ction ID:	D10082	2	
C.	Tarak Shah					Disburs			
	Mailing Address 131 E Lincoln Avenue				0 1	/ ^D	^D / Y	200	6 [×]
		State Zip Code			Amoun	t of Each	Disburse	ment this	Period
		IL 60139-2033						1894	20
	Purpose of Disbursement Payroll							1034	.20
	Candidate Name			ategory/ Type					
	Office Sought: House Disburse Senate	ment For: Primary General							
	President	Other (specify)							
_	State: District:								
s	UBTOTAL of Disbursements This Page (optional) .		<u></u>	►				5489	.51
Т	OTAL This Period (last page this line number only)			►		0 0			
Ľ				•			· · · · ·		

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)	,			NUMBE	R:		PA	AGE 2	8 / 47	,
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(chec X 2 ⁻ 2	b [22 28a	23	L	24 28c		:5 :9	26 30b
	y Information copied from such Reports and Statem			any per	son f	or the pu	rpose	of so	licating o	contribu	tions	
or	for commercial purposes, other than using the name	e and address of any politica	l con	nmittee	to sol	icit contr	ibution	s fro	m such o	commit	tee	
\rangle	NAME OF COMMITTEE (In Full) Hopefund, Inc.											
Α.	Full Name (Last, First, Middle Initial) Nathanael Tamarin					Date	of Disb	urse				
	Mailing Address 3133 Connecticut Avenue #917	e, NW				[™] 1	M /	^D 0	3	2 ⁰	δ́6	
	City Washington	StateZip CodeDC20008				Amou	nt of E	ach I	Disburse		-	_
	Purpose of Disbursement Payroll					L.				21	76.01	
	Candidate Name			ategory Type	/							
	Senate President	ement For: Primary General Other (specify) ▼										
	State: District:											
В.	Full Name (Last, First, Middle Initial) Nathanael Tamarin					Date	of Disb	urse	D / `	-	YY	(
	Mailing Address 3133 Connecticut Avenue #917					0 1		1	3	20	0́6	
	Washington	State Zip Code DC 20008				Amou	nt of E	ach I	Disburse			-
	Purpose of Disbursement Payroll					3566				00.70		
	Candidate Name			ategory Type	/							
	Senate President	ement For: Primary General Other (specify) ▼										
	State: District:											
C.	Full Name (Last, First, Middle Initial) The Splendor of Washington					Date	of Disb	urse			V	4
	Mailing Address 2500 Q Street NW Suite 0-2					0 1		^D 1	3	20	Ϋ́6	
	Washington	State Zip Code DC 20007				Amou	nt of E	ach I	Disburse		-	_
	Purpose of Disbursement Holiday Cards					L.				214	42.00)
	Candidate Name			ategory Type	/							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V										
					 ►				v v	848	34.77	7
	UBTOTAL of Disbursements This Page (optional)				▶ ▶			•	v v	570	, 1	
Ľ'					*							

	CHEDULE B (FEC Form 3X)	Use seperate sched	dule(s) FOR LINE NUMBER: (check only one)				P	PAGE 29/47				
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary P			21b 27	22 28		23 28b	24 28c	\square	25 29	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name											s
))	NAME OF COMMITTEE (In Full) Hopefund, Inc.											
<u> </u>	Full Name (Last, First, Middle Initial)					Tra	nsar		: D10064	1		
Α.	US Postmaster						e of l	Disburs	ement		X	Y
	Mailing Address National Capitol Station 2 Massachusetts Avenue	NE				0		Γ΄ L [°] C) 3	2	0 Ó 6	5
	,	State Zip Code DC 20002				Am	ount	of Each	Disburse	ement	t this F	Period
	Purpose of Disbursement Postage		Г							3	000.0	00
	Candidate Name				egory/ /pe							
	Senate President	ment For: Primary Ger Other (specify) ▼	neral		<u>, , , , , , , , , , , , , , , , , , , </u>							
	State: District:											
В.	Full Name (Last, First, Middle Initial) Verizon					Dat	e of l	Disburs		-		
	Mailing Address P.O. Box 17577					0 ^M		′ 1	3 /	ž	0 Å 6	; Y
		State Zip Code MD 21297-0				Am	ount	of Each	Disburse	0		
	Purpose of Disbursement Telephone		Γ	0							367.6	51
	Candidate Name				egory/ /pe							
	Office Sought: House Disburse Senate President	ment For: Primary Ger Other (specify)	neral									
	State: District:											
C.	Full Name (Last, First, Middle Initial) WMATA					-		Disburs		5		
	Mailing Address 600 Fifth Street NW					о 0	1	′ 1	8 /	Ý Ž	0 ð 6	Ŷ
		State Zip Code DC 20001	ŀ			Am	ount	of Each	Disburse	ement	t this F	Period
	Purpose of Disbursement Travel		Γ	v							213.(00
	Candidate Name				egory/ /pe							
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Ger Other (specify)	neral									
	UBTOTAL of Disbursements This Page (optional)				•		•		• • •	3	580.6	51
	OTAL of Disbursements This Page (optional)						•		• • •			
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE		PAGE 30 / 47	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)	24 25 26	
	Detailed Summary Page	27	28a 28b	28c 29 30k	
Any Information copied from such Reports and Stateme					
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political d	committee to sol			
Hopefund, Inc.					
Full Name (Last, First, Middle Initial)			Transaction ID:	D10053	
A. Jennifer F. Yeager			Date of Disburse		
Mailing Address 1501 Caroline Street NW			0 ^M 1 ^M / ^D 0	3 ⁷ ² 2 0 0 6 ⁷	
	tate Zip Code		Amount of Each	Disbursement this Period	
3	DC 20009			1944.93	
Purpose of Disbursement Payroll				1044.00	
Candidate Name		Category/ Type			
	nent For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial)			Transaction ID:	D10084	
B. Jennifer F. Yeager			Date of Disburse	ement	
Mailing Address 1501 Caroline Street NW			^D / ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y		
,	tate Zip Code DC 20009		Amount of Each	Disbursement this Period	
Purpose of Disbursement Payroll		U U		3350.31	
Candidate Name	te Name Category/ Type				
President	nent For: Primary General Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
C. American Express			Transaction ID: Date of Disburse	ement	
Mailing Address PO Box 260002			010	^D / ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y	
	tate Zip Code FL 33336-0001		Amount of Each	Disbursement this Period	
Purpose of Disbursement Credit Card Payment - See Below			L	6128.39	
Candidate Name		Category/ Type			
	nent For: Primary General Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional)				11423.63	
TOTAL This Period (last page this line number only) . FEC Schedule B (Form 3X) Rev. 02/2003		····· P			

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)		FOR LINE		PAGE 31	/ 47
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I.	(check only X 21b	- ´	23 🗌 24 🗌 25	26
				27	28a 2	28b 28c 29	30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Hopefund, Inc.						
Ľ	E. U.M. Starter, March Elizabeth Middle, Latitud						
Α.	Full Name (Last, First, Middle Initial) American Airlines				Transaction		
	Mailing Address PO Box 619612				0 1		06
		State Zip Code TX 75261-9612			Amount of	Each Disbursement this	
	Purpose of Disbursement Travel					24(0.40
	Candidate Name	E.		ategory/ Type	[MEMO IT	EM]	
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼			-	-	
В.	Full Name (Last, First, Middle Initial)					n ID: D10117	
υ.	American Airlines Mailing Address PO Box 619612				Date of Dis	bursement $\begin{array}{c} D & D \\ 0 & 6 \end{array} / \begin{array}{c} Y & Y \\ 2 & 0 \\ 0 \\ \end{array} $) 6 [×]
	Dallas	State Zip Code TX 75261-9612			Amount of	Each Disbursement this	s Period 7.71
	Purpose of Disbursement Travel						
	Candidate Name			ategory/ Type			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼			[ΜΕΜΟ ΙΤ	EMJ	
	Full Name (Last, First, Middle Initial)				Transactio	on ID: D10143	
C.	АТА				Date of Dis	bursement	
	Mailing Address 7337 W Washington St Bldg 1				0 1 /		0 6 [×]
	Indianapolis	State Zip Code IN 46231-1328			Amount of	Each Disbursement this	
	Purpose of Disbursement Travel					210	6.89
	Candidate Name			ategory/ Type			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V			[ΜΕΜΟ ΙΤ	EMJ	
s	UBTOTAL of Disbursements This Page (optional) .			🕨).00
т	OTAL This Period (last page this line number only)			►			
FEC	Schedule B (Form 3X) Rev. 02/2003						

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)			NUMBER:	PAGE 32/47
IT	EMIZED DISBURSEMENTS	for each category of the		check only	- ′	
		Detailed Summary Page		(21b 27	22 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and Statem					
or	for commercial purposes, other than using the name	e and address of any political	l comm	ittee to sol	icit contributions fron	n such committee
$ \rangle$	NAME OF COMMITTEE (In Full)					
\backslash	Hopefund, Inc.					
<u> </u>	Full Name (Last, First, Middle Initial)				Transaction ID:	010142
Α.	АТА				Date of Disbursen	
	Mailing Address 7337 W Washington St Bldg 1					
	City	State Zip Code			Amount of Each D	isbursement this Period
		IN 46231-1328				216.89
	Purpose of Disbursement Travel					210.00
	Candidate Name		Cate	egory/		
			Ту	ype	[MEMO ITEM]	
	Office Sought: House Disburse	ement For: Primary General				
	President	Other (specify)				
	State: District:					
R	Full Name (Last, First, Middle Initial) ATA				Transaction ID:	
2.	ATA				Date of Disbursen	
	Mailing Address 7337 W Washington St Bldg 1		01 06			
		State Zip Code IN 46231-1328			Amount of Each D	isbursement this Period
	Purpose of Disbursement					155.40
	Travel					
	Candidate Name			egory/ ype		
	Office Sought: House Disburse	ement For:	''	ype	[MEMO ITEM]	
	Senate	Primary General				
	President	Other (specify)				
	State: District: Full Name (Last, First, Middle Initial)				= =	
C.	Comcast				Transaction ID: Date of Disbursen	
	Mailing Address P.O. Box 827554					2000
		State Zip Code			Amount of Each D	isbursement this Period
	I	PA 19182-7554				51.23
	Purpose of Disbursement Cable TV					
	Candidate Name			egory/		
			Ту	ype	[MEMO ITEM]	
	Office Sought: House Disburse	ement For: Primary General				
	President	Other (specify)				
	State: District:					
	UBTOTAL of Disbursements This Page (optional)			•		0.00
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Т	OTAL This Period (last page this line number only)		<u> </u>			
FEC	Schedule B (Form 3X) Rev. 02/2003					

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)		FOR LINE		۹:	PA	AGE 3	3 / 4	7
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only X 21b 27	22 28a	23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
	NAME OF COMMITTEE (In Full) Hopefund, Inc.									
Α.	Full Name (Last, First, Middle Initial) Creative Travel, Inc.					f Disburs			Y	Y
	Mailing Address 530 Duane Street				01	(06	20	ό́6	
		State Zip Code IL 60137			Amour	nt of Each	ı Disburse	ement t	his Pe	eriod
	Purpose of Disbursement Travel				L.	<u> </u>	<u> </u>		25.0	0
	Candidate Name		С	ategory/ Type	IMEM	O ITEM	l			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼			[
В.	Full Name (Last, First, Middle Initial) Creative Travel, Inc.				Date o	f Disburs		3		
	Mailing Address 530 Duane Street			0 1	^d ^d ^D (06	ź0	ό́6	Y	
	Glen Ellyn	State Zip Code IL 60137			Amour	nt of Each	Disburse			
	Purpose of Disbursement Travel								25.0	0
	Candidate Name		С	ategory/ Type	[MFM(O ITEM	I			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V			[
c.	Full Name (Last, First, Middle Initial) Creative Travel, Inc.					action ID f Disburs	: D10147 ement	7		
	Mailing Address 530 Duane Street				0 1	/ ^D () ^D (ÝŽ0	٥ ٥	Y
		State Zip Code IL 60137			Amour	nt of Each	Disburse		-	
	Purpose of Disbursement Travel				L				50.0	0
	Candidate Name		С	ategory/ Type			1			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V								
s	UBTOTAL of Disbursements This Page (optional)			🕨					0.0	D
Т	OTAL This Period (last page this line number only)			►						
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule	e(s)	FOR LINE		P	AGE 34 /	47
IT	EMIZED DISBURSEMENTS	for each category of th	e	(check only	- ´	23 🗌 24	25	26
		Detailed Summary Pag	ge	X 21b		23 24 28b 28c		30b
	y Information copied from such Reports and Statem							
or	for commercial purposes, other than using the name	e and address of any polit	tical co	ommittee to so	licit contributio	ons from such	committee	
\mathbb{N}								
V	Hopefund, Inc.							
<u> </u>	Full Name (Last, First, Middle Initial)				Transactio	on ID: D1014	6	
Α.	Creative Travel, Inc.					bursement	-	
	Mailing Address 530 Duane Street				0 1 ^M	^D 0 6	žoŏ	6 [×]
		State Zip Code			Amount of	Each Disburs	ement this	Period
		IL 60137					05	00
	Purpose of Disbursement Travel		1				25.	00
	Candidate Name		- L	Category/				
				Туре	[MEMO IT			
		ment For:						
	Senate President	Primary Gener Other (specify)	ral					
	State: District:							
	Full Name (Last, First, Middle Initial)				Transactio	on ID: D1014	9	
В.	Creative Travel, Inc.					sbursement		
	Mailing Address 530 Duane Street				0 1 /	6 ^Y		
		State Zip Code			Amount of	Each Disburs	ement this	Period
	···· ,	IL 60137					25.	00
	Purpose of Disbursement Travel						20.	
	Candidate Name		- L	Category/				
				Туре	[MEMO IT	EM1		
	Office Sought: House Disburse Senate	ment For: Primary Gener	ral		•	-		
	President	Other (specify)						
	State: District:							
<u>_</u>	Full Name (Last, First, Middle Initial)					on ID: D1014	4	
υ.	Creative Travel, Inc.					sbursement		N/
	Mailing Address 530 Duane Street				0 1 ^M	^D 0 6	² ² 0 Ò (6
		State Zip Code			Amount of	Each Disburs	ement this	Period
	Glen Ellyn Purpose of Disbursement	IL 60137					25.	00
	Travel							
	Candidate Name			Category/ Type				
		ment For:			[MEMO IT			
	Senate President	Primary Gener Other (specify)	ral					
	State: District:							
s	UBTOTAL of Disbursements This Page (optional) .			Þ			0.	00
_	OTAL This Period (last page this line number only)			•				
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S	CHEDULE B (FEC Form 3X)	l lse senera	te schedule(s)		FOR LINE		R:	PA	AGE 35	/ 47
IT	EMIZED DISBURSEMENTS	for each cat	egory of the		(check on	<u> </u>				
		Detailed Su	mmary Page		X 21b 27	22 28a	23 28b	24 28c	25	26 30b
An	y Information copied from such Reports and Statem	ents may not b	be sold or used	d by	any person	for the pu	rpose of s		contributio	
or	for commercial purposes, other than using the name	and address	of any political	com	mittee to so	olicit contr	ibutions fr	om such	committe	е
Ν	NAME OF COMMITTEE (In Full)									
	Hopefund, Inc.									
<u> </u>	Full Name (Last, First, Middle Initial)					Trans	action ID	: D10119	 ג	
Α.	Creative Travel, Inc.					Date o	of Disburs	ement		Y
	Mailing Address 530 Duane Street					0 1		06	200	6
			Zip Code			Amou	nt of Each	Disburse	ement this	s Period
		IL (50137 I						24	5.00
	Purpose of Disbursement Travel								2	5.00
	Candidate Name			C	ategory/					
					Туре	гмем		1		
	Office Sought: House Disburse							1		
	Senate President	Primary Other (aposif	General							
	State: District:	Other (specif	y) 🔻							
	Full Name (Last, First, Middle Initial)					Tranc	action ID	: D10113		
В.	Creative Travel, Inc.						of Disburs)	
						0 ^M 1	M / D	06 /	ŹOŎ	Γ.Υ Γ.Α Υ
	Mailing Address 530 Duane Street									·
	, , , , , , , , , , , , , , , , , , ,	State Zip Code Ellyn IL 60137						n Disburse	ement this	s Period
	Purpose of Disbursement		50107	_					25	5.00
	Travel									<u> </u>
	Candidate Name				ategory/ Type					
	Office Sought: House Disburse	ment For:	I		,	[MEM]		
	Senate	Primary	General							
	President	Other (specif	y) 🔻							
	State: District: Full Name (Last, First, Middle Initial)									
C.	Creative Travel, Inc.						action ID of Disburs	: D10112 ement	2	
						M		$\mathbf{D} \mathbf{B} \mathbf{C}$	źoč	Y
	Mailing Address 530 Duane Street					01			200	
			Zip Code 60137			Amou	nt of Each	n Disburse	ement this	s Period
	Purpose of Disbursement Travel								25	5.00
	Candidate Name			C	ategory/					
					Туре		0 ITEM			
	Office Sought: House Disburse	ment For:]		
	Senate	Primary	General							
	State: District:	Other (specif	y) 🔻							
Г	Biotriot.									
SUBTOTAL of Disbursements This Page (optional)					🕨				0	0.00
	OTAL This Period (last page this line number only)				►					

SCHEDULE B (FEC Form 3X) Use seperate schedule(s			FOR LINE			
IT	EMIZED DISBURSEMENTS	for each category of the	, 	(check only		~~~
		Detailed Summary Page		X 21b 27		26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full)	e and address of any politica				
\rangle	Hopefund, Inc.					
~	Full Name (Last, First, Middle Initial)				Transaction ID: D10109	
А.	Creative Travel, Inc.				Date of Disbursement	
	Mailing Address 530 Duane Street				$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} ' \\ \end{array} \begin{array}{c} D \\ 0 \\ 6 \end{array} \begin{array}{c} D \\ 0 \\ 6 \end{array} \begin{array}{c} ' \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $	
	City Class Ellus	State Zip Code			Amount of Each Disbursement this Period	ł
	Glen Ellyn Purpose of Disbursement	IL 60137			25.00	٦
	Travel					
	Candidate Name		С	ategory/ Type		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	•		[MEMO ITEM]	
_	Full Name (Last, First, Middle Initial)				Transaction ID: D10145	
В.	Creative Travel, Inc.				Date of Disbursement	
	Mailing Address 530 Duane Street				$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $	
	City	State Zip Code			Amount of Each Disbursement this Period	ł
	Glen Ellyn Purpose of Disbursement	IL 60137			25.00	٦
	Travel					
	Candidate Name		С	ategory/ Type		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼			[MEMO ITEM]	
	Full Name (Last, First, Middle Initial)				Transaction ID: D10110	
C.	Delta Air Lines				Date of Disbursement	
	Mailing Address Post Office Box 20537				$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $	
	City Atlanta	State Zip Code GA 30320			Amount of Each Disbursement this Period	ł
	Purpose of Disbursement Travel			U U	514.90	
	Candidate Name		C	ategory/ Type		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	<u></u>		[MEMO ITEM]	
s	UBTOTAL of Disbursements This Page (optional)			►	0.00	
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SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)		FOR LINE	-	PAGE 37 / 47								
IT	EMIZED DISBURSEMENTS	for each category of the	, 	(check only										
		Detailed Summary Page		X 21b 27	22 23 28a 28									
	y Information copied from such Reports and Staten													
or	for commercial purposes, other than using the nam	e and address of any political	l con	nmittee to so	Icit contribution	s from such committee								
$ \rangle$	Hopefund, Inc.													
<u> </u>	Full Name (Last, First, Middle Initial)				Transaction ID: D10150									
Α.	Delta Air Lines				Date of Disb	ursement								
	Mailing Address Post Office Box 20537				01									
	City Atlanta	State Zip Code GA 30320			Amount of E	ach Disbursement this Period								
	Purpose of Disbursement					260.10								
	Travel Candidate Name			ategory/										
	Office Sought: House Disburse	ement For:		Туре	[MEMO ITE	EM]								
	Senate President	Primary General Other (specify) ▼												
	State: District: Full Name (Last, First, Middle Initial)				Tuonoostion	ID: D10151								
В.	Delta Air Lines				Date of Disb									
	Mailing Address Post Office Box 20537				0 1									
	City Atlanta	State Zip Code GA 30320			Amount of E	ach Disbursement this Period								
	Purpose of Disbursement Travel				L	178.40								
	Candidate Name			ategory/ Type										
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	I		[MEMO ITE	[M]								
	Full Name (Last, First, Middle Initial)				Transaction	ID : D10136								
C.	Staples				Date of Disb	ursement								
	Mailing Address 1065 Avenue of the Ame	ricas			01									
	City New York	StateZip CodeNY10018			Amount of E	ach Disbursement this Period								
	Purpose of Disbursement Office Supplies				L	1.57								
	Candidate Name			ategory/ Type										
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	I		[MEMO ITE	[M]								
						0.00								
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SCHEDULE B (FEC Form 3X) Use seperate schedule(s) Use seperate schedule(s)			LINE NUMBER: PAGE 38 / 47						
IT	EMIZED DISBURSEMENTS	for each category of the	,	(check only					
		Detailed Summary Page		X 21b 27	22 23 24 25 28a 28b 28c 29	26 30b			
	y Information copied from such Reports and Stater					s			
	for commercial purposes, other than using the nam	e and address of any politica							
\rangle	Hopefund, Inc.								
~	Full Name (Last, First, Middle Initial)				Transaction ID: D10153				
А.	US Airways				Date of Disbursement	V			
	Mailing Address 2345 Crystal Drive				$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \\ 0 & 6 \end{bmatrix} $;			
	City	State Zip Code			Amount of Each Disbursement this F	Period			
	Arlington Purpose of Disbursement	VA 22227			156.9	90			
	Travel								
	Candidate Name			ategory/ Type					
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	•		[MEMO ITEM]				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D10152				
В.	US Airways				Date of Disbursement				
	Mailing Address 2345 Crystal Drive				$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \\ 0 & 6 \end{bmatrix} $; Y			
	City Arlington								
	Purpose of Disbursement				212.0	50			
	Travel								
	Candidate Name			ategory/ Type					
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V	1		[MEMO ITEM]				
	Full Name (Last, First, Middle Initial)				Transaction ID: D10124				
C.	US Airways				Date of Disbursement				
	Mailing Address 2345 Crystal Drive				0 1 ^M / 0 6 / Y 2 0 0 6	, Y			
	City Arlington	State Zip Code VA 22227			Amount of Each Disbursement this F	Period			
	Purpose of Disbursement Travel				289.	19			
	Candidate Name			ategory/ Type					
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V	<u> </u>		[MEMO ITEM]				
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S				NE NUMBER: PAGE 39 / 47									
IT	EMIZED DISBURSEMENTS	for each category of the	,	(check only X 21b	one) 22 23	24 25 26							
		Detailed Summary Page		27	28a 28t								
	y Information copied from such Reports and State												
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any politica	ll cor	nmittee to so	ICIT CONTRIBUTIONS	from such committee							
$ \rangle$	Hopefund, Inc.												
Ľ	Full Name (Last, First, Middle Initial)				Transaction ID: D10114								
Α.	US Airways				Date of Disbu	rsement							
	Mailing Address 2345 Crystal Drive				01								
	City Arlington	State Zip Code VA 22227			Amount of Ea	ch Disbursement this Period							
	Purpose of Disbursement					216.90							
	Travel												
	Candidate Name		C	ategory/ Type		A 1							
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼]							
	Full Name (Last, First, Middle Initial)				Transaction I	D 10111							
В.	US Airways				Date of Disbu	rsement							
	Mailing Address 2345 Crystal Drive				0 1								
	City Arlington	StateZip CodeVA22227			Amount of Ea	ch Disbursement this Period							
	Purpose of Disbursement Travel					190.20							
	Candidate Name		C	ategory/ Type									
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	1		[MEMO ITEN	MJ							
	Full Name (Last, First, Middle Initial)				Transaction I	D : D10115							
C.	US Airways				Date of Disbu	rsement							
	Mailing Address 2345 Crystal Drive				01								
	City Arlington	StateZip CodeVA22227			Amount of Ea	ch Disbursement this Period							
	Purpose of Disbursement Travel				L	216.90							
	Candidate Name		C	ategory/ Type									
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	1		[MEMO ITEN	M]							
SUBTOTAL of Disbursements This Page (optional)						0.00							
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S					INE NUMBER: PAGE 40 / 47											
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			heck o 21b	niy c	one) 22		23	 24	Г	25	26			
		Detailed Summary Page		Ê	27	F	28a	Η	28b	28		29	30k			
	/ Information copied from such Reports and Statem												IS			
	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)		COL		liee lo	SOIIC	it contr	ibuti		om suc	T COM	millee				
$\left \right\rangle$	Hopefund, Inc.															
<u> </u>	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	D101	27					
Α.	US Postmaster						Date		sburse	ement	X	y y	Y			
	Mailing Address National Capitol Station 2 Massachusetts Avenue	NE					01		0	6		ŽOŎŒ	5			
	City	State Zip Code					Amou	nt of	Each	Disbur	seme	nt this I	Period			
		DC 20002						Ū.			÷ ÷	1106.	00			
	Purpose of Disbursement Postage											1100.	00			
	Candidate Name		Ca	ate	gory/											
				Ту	ре		[MEM	O ľ	темі							
	Office Sought: House Disburse Senate	Primary General					L -	• •	1							
	State: District:	Other (specify)														
	Full Name (Last, First, Middle Initial)						Trane	acti		D101	16					
В.	US Postmaster						Date			-	-	vvv	Y			
	Mailing Address National Capitol Station 2 Massachusetts Avenue	NE State Zip Code DC 20002					Amount of Each Disbursement this Perio									
							Amou	nt of	Each	Disbur	seme	nt this I	Period			
	Purpose of Disbursement Postage						<u> </u>					9.	75			
	Candidate Name			ate Ty	gory/ ce											
	Senate President	ment For: Primary General Other (specify) ▼					[MEM	01	ГЕМЈ							
	State: District:															
C.	Full Name (Last, First, Middle Initial) Verizon Wireless						Date	of Di	sburse		26					
	Mailing Address P.O. Box 920041						^м 1	M	0	6	Ŷ	źoòe	6 [°]			
		State Zip Code TX 75392					Amou	nt of	Each	Disbur	seme	nt this I	Period			
	Purpose of Disbursement Telephone			0			L.					203.	19			
	Candidate Name			ate Ty	gory/ ce											
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					[MEM	0	TEM]							
Г												~	nn			
SUBTOTAL of Disbursements This Page (optional)					•							0.				
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S	CHEDULE B (FEC Form 3X) Use seperate schedule(s) Use seperate schedule(s) Use seperate schedule(s)		FOR LINE	NE NUMBER: PAGE 41/47							
IT	EMIZED DISBURSEMENTS	for each category of the		(check only							
		Detailed Summary Page		X 21b 27		24 25 26 28c 29 30k					
	y Information copied from such Reports and Staten for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)										
$\langle \rangle$	Hopefund, Inc.										
~	Full Name (Last, First, Middle Initial)				Transaction ID: D10						
А.	Verizon Wireless				Date of Disbursemer						
	Mailing Address P.O. Box 920041				0 ^M 1 ^M /0 ^D 0 ^D	2006					
		State Zip Code			Amount of Each Dist	oursement this Period					
	Dallas Purpose of Disbursement	TX 75392				205.73					
	Telephone										
	Candidate Name		С	ategory/ Type							
	Office Sought: House Disburse	ement For: Primary General			[MEMO ITEM]						
	President	Other (specify)									
	State: District:										
в.	Full Name (Last, First, Middle Initial) American Express				Transaction ID: D10						
					Date of Disbursemer						
	Mailing Address PO Box 260002				01 23	Ý Ž0Ŏ6Ÿ					
	City Fort Lauderdale	State Zip Code FL 33336-0001			Amount of Each Dist	oursement this Period					
	Purpose of Disbursement					1409.19					
	Credit Card Payment - See Below										
	Candidate Name			ategory/ Type							
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼	I								
	State: District:										
C.	Full Name (Last, First, Middle Initial) American Airlines				Transaction ID: D10 Date of Disbursemer						
	Mailing Address PO Box 619612				0 ^M 1 ^M /23	2006					
	City Dallas	State Zip Code TX 75261-9612			Amount of Each Dist	oursement this Period					
	Purpose of Disbursement Travel					89.30					
	Candidate Name		c	ategory/ Type							
	Senate President	ement For: Primary General Other (specify) ▼	<u> </u>	1)po	[MEMO ITEM]						
_	State: District:										
s	UBTOTAL of Disbursements This Page (optional)		<u></u>	····· Þ		1409.19					
Т	OTAL This Period (last page this line number only)			►							
FEC	Schedule B (Form 3X) Rev. 02/2003										

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only	NE NUMBER: PAGE 42/47						
ITEMIZED DISBURSEMENTS	BURSEMENTS for each category of the Image: Content of the Detailed Summary Page X 21b 27		22 23 24 25 26 28a 28b 28c 29 30						
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full) Hopefund, Inc.									
Full Name (Last, First, Middle Initial) A. ATA			Transaction ID: D10168 Date of Disbursement						
Mailing Address 7337 W Washington St Bldg 1			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ 2 \\ 3 \end{array} \begin{array}{c} D \\ 2 \\ 3 \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $						
City Indianapolis	State Zip Code IN 46231-1328		Amount of Each Disbursement this Period						
Purpose of Disbursement Travel			217.10						
Candidate Name		Category/ Type							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]						
Full Name (Last, First, Middle Initial)			Transaction ID: D10166						
B. _{ATA}			Date of Disbursement						
Mailing Address 7337 W Washington St Bldg 1			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 3 \end{array} \begin{array}{c} D \\ 2 \\ 3 \end{array} \begin{array}{c} D \\ 2 \\ 3 \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ Y \\$						
City Indianapolis	State Zip Code IN 46231-1328		Amount of Each Disbursement this Period						
Purpose of Disbursement Travel			157.10						
Candidate Name		Category/ Type							
Senate President	ement For: Primary General Other (specify) ▼		[MEMO ITEM]						
State: District: Full Name (Last, First, Middle Initial)									
C. ATA			Transaction ID: D10167 Date of Disbursement						
Mailing Address 7337 W Washington St Bldg 1			$ \begin{array}{c} $						
City Indianapolis	State Zip Code IN 46231-1328		Amount of Each Disbursement this Period						
Purpose of Disbursement Travel			217.10						
Candidate Name		Category/ Type	[MEMO ITEM]						
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼								
SUBTOTAL of Disbursements This Page (optional)		►	0.00						
TOTAL This Period (last page this line number only									

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s))		NUMBER:	PAGE 43/47					
IT	IEMIZED DISBURSEMENTS I for each category of the			22 23 24 25 28a 28b 28c 29							
	y Information copied from such Reports and Stater for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full) Hopefund, Inc.										
<u>к</u> .	Full Name (Last, First, Middle Initial) Creative Travel, Inc.				Date of Di	ion ID: D10158 isbursement					
	Mailing Address 530 Duane Street				01						
	City Glen Ellyn	StateZip CodeIL60137			Amount of	f Each Disbursement this Period					
	Purpose of Disbursement Travel				L	25.00					
	Candidate Name Office Sought: House Disburs	ement For:	С	ategory/ Type	[MEMO I	TEM]					
	State: District:	Primary General Other (specify) ▼									
В.	Full Name (Last, First, Middle Initial) Creative Travel, Inc.				Date of Di	ion ID: D10162 isbursement					
	Mailing Address 530 Duane Street				01						
	City Glen Ellyn		Amount of	f Each Disbursement this Period							
	Purpose of Disbursement Travel Candidate Name					25.00					
				ategory/ Type	[MEMO I	TEMI					
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼									
C.	Full Name (Last, First, Middle Initial) Staples					ion ID: D10171 isbursement					
	Mailing Address 1065 Avenue of the Ame	ericas			0 ^M 1 ^M	⁷ ^D 2 ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y					
	City New York	StateZip CodeNY10018			Amount of	f Each Disbursement this Period					
	Purpose of Disbursement Office Supplies				L	156.08					
	Candidate Name	ement For:	С	ategory/ Type	[MEMO I	TEM]					
	Office Sought: House Disburs Senate President State: District:	Primary General Other (specify) ▼									
s	UBTOTAL of Disbursements This Page (optional)			►		0.00					
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SCHEDULE B (FEC Form 3X)		Use seperate schedule(s		INE NUMBER:	PAGE 44 / 47
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 211 27	only one) 22 23 23 28a 28b	24 25 26 28c 29 30
	Information copied from such Reports and Statem or commercial purposes, other than using the name				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Hopefund, Inc.				
Α.	Full Name (Last, First, Middle Initial) Staples			Transaction ID: D Date of Disbursem	ent
	Mailing Address 1065 Avenue of the Amer	icas			Ý ŽOÖ6
	New York	State Zip Code NY 10018		Amount of Each Di	sbursement this Period
	Purpose of Disbursement Office Supplies Candidate Name		Category/]	91.44
	Office Sought: House Disburse	ment For: Primary General	Туре		
	State: District:	Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) Staples			Transaction ID: D Date of Disbursem	ent
	Mailing Address 1065 Avenue of the Amer	icas			Ý ŽOÖ6
	New York	State Zip Code NY 10018		Amount of Each Di	sbursement this Period
	Purpose of Disbursement Office Supplies Candidate Name		Category/]	39.00
	Office Sought: House Disburse	mont For:	Туре		
	Senate President	Primary General Other (specify)			
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D	10170
C.	Staples			Date of Disbursem	ent
	Mailing Address 1065 Avenue of the Amer	icas		0 ^M 1 ^M / ^D 2 ^D 3	Ý Ž0Ŏ6Ŭ
		State Zip Code NY 10018		Amount of Each Di	sbursement this Period
	Purpose of Disbursement Office Supplies			ī L	45.34
	Candidate Name		Category/ Type	·	
	Office Sought: House Disburse Senate President	nent For: Primary General Other (specify)		[MEMO ITEM]	
	State: District:				0.00
SI	JBTOTAL of Disbursements This Page (optional) .				0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				Use seperate schedule(s) for each category of the				DR LIN heck of		UMBE ne)							7	
		13	Detailed Summary Page X 21			21b 27		22 28a		23 28b		24 28c		25 29		26 30b		
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name a																		
	NAME OF COMM Hopefund, Inc.	1ITTEE (In Full)																
Full Name (Last, First, Middle Initial) A. US Postmaster												sburse	eme			Y	Y	
	Mailing Address	National Capito 2 Massachusett		NE						01		2	Š		2	0 ð 6		
	City Washington			State Zip Code DC 20002				Amount of Each Disbursement this Period									d	
	Purpose of Disbur Postage	rsement								L.	0					13.0	0	
	Candidate Name					Categ Typ	-			רו ה								
			nent For: Primary Other (sp		neral				[MEM		ENI							
	State:	District:																

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SUBTOTAL of Disbursements This Page (optional)	►	0.00
TOTAL This Period (last page this line number only)	•	303743.52
FEC Schedule B (Form 3X) Rev. 02/2003		

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE		PAGE 46 / 47
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30t
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person for	or the purpose of solic	ating contributions
NAME OF COMMITTEE (In Full)	and address of any political of			such committee
Hopefund, Inc.				
Full Name (Last, First, Middle Initial) A. Akaka in 2006			Transaction ID: D	-
Mailing Address PO Box 3169			0 ^M 1 ^M / ^D 2 ^D 6	['] ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y
	State Zip Code HI 96802		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Contribution		011		2900.00
Candidate Name Daniel K. Akaka		Category/ Type		
	ment For: 2006 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Transaction ID: D	10176
B. Akaka in 2006			Date of Disburseme	ent
Mailing Address PO Box 3169			0 1 2 6	Ý Ž0Ó6
	State Zip Code HI 96802		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Contribution		011		2900.00
Candidate Name Daniel K. Akaka		Category/ Type		
Office Sought: House Disburse	ment For: 2006 Primary X General Other (specify) ▼			
State: HI District:				
Full Name (Last, First, Middle Initial) C. Marriott Denver			Transaction ID: D ⁻ Date of Disburseme	ent
Mailing Address 1701 California Street			0 ^M 1 ^M / 06	2006 [°]
	State Zip Code CO 80202		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Inkind Travel to Ford Campaign (TN-Sen)		011		246.77
Candidate Name		Category/ Type		
Senate X President	ment For: 2006 Primary General Other (specify) ▼		[MEMO ITEM]	
			· · · ·	5800.00
SUBTOTAL of Disbursements This Page (optional)		►		00.00
TOTAL This Period (last page this line number only)		►		5800.00

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s) (check or	E NUMBER: PAGE 47 / 47			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			
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NAME OF COMMITTEE (In Full) Hopefund, Inc.					
Full Name (Last, First, Middle Initial) A. American Indian Health Services of Chicag Mailing Address 4081 N. Broadway	o, Inc.	Transaction ID: D10096 Date of Disbursement			
	State Zip Code L 60613	Amount of Each Disbursement this Period 500.00			
Donation Candidate Name	Category/ Type				
	nent For: Primary General Other (specify) ▼				
State: District:					

1		
SUBTOTAL of Disbursements This Page (optional)		500.00
TOTAL This Period (last page this line number only)	•	500.00
FEC Schedule B (Form 3X) Rev. 02/2003		