

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Hopefund, Inc.

ADDRESS (number and street) 607 14th Street, NW, Suite 800

Check if different than previously reported. (ACC)

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00409052

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input checked="" type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 01 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Harvey Wineberg

Signature of Treasurer Electronically Filed by Harvey Wineberg Date 02 20 2006

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 Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Hopefund, Inc.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		457884.03
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	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. Total Disbursements (from Line 31)	311162.12	311162.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	218956.98	218956.98								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Hopefund, Inc.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16501.00	16501.00
(i) Itemized (use Schedule A)	55307.06	55307.06
(ii) Unitemized	71808.06	71808.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	71808.06	71808.06
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	427.01	427.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	72235.07	72235.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72235.07	72235.07

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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 Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5800.00	5800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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
29. Other Disbursements.....	500.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	311162.12	311162.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	311162.12	311162.12

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	71808.06	71808.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. 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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Sterling Ashby		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 1711 Lamont Street NW		Transaction ID: C570904	
City State Zip Code Washington DC 20010	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blackwell Law	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Gordon Asselstine		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 4408 Country Club Road		Transaction ID: C571444	
City State Zip Code Minneapolis MN 55424	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. James Clary		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 520 Lake Cook Rd.		Transaction ID: C571025	
City State Zip Code Deerfield IL 60015-5611	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mullin Consulting, Inc.		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Phillip Feaster		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 11902 Bion Dr.		Transaction ID: C571664	
City Fort Washington	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 20744			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Sarah Glickenhau		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 100 Dorchester Road		Transaction ID: C571717	
City Scarsdale	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10583			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Larry Grote		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 2501 Central St		Transaction ID: C571116	
City Evanston	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60201-6400			
FEC ID number of contributing federal political committee. C			
Name of Employer New Trier High School	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Rahman J. Harrison		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 2308 Cobble Hill Terrace		Transaction ID: C570902
City State Zip Code Wheaton MD 20902	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Securities & Exchange Commission	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Patrick Higonnet		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 32 Avon St. #B		Transaction ID: C571136
City State Zip Code Cambridge MA 02138-1525	Amount of Each Receipt this Period 201.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harvard	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

Full Name (Last, First, Middle Initial) C. Nathalie Hope		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 20 Bartlett Dr.		Transaction ID: C571141
City State Zip Code Rockland ME 04841	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1001.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Winifred M. Hoppert		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 815 12th Street		Transaction ID: C571804	
City State Zip Code Windom MN 56101		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Matt Johnson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 123 N Happy Hollow Boulevard		Transaction ID: C571840	
City State Zip Code Omaha NE 68132		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Oncho Public Schools Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Rajesh Mehra		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 7736 Lewinsville Road		Transaction ID: C570901	
City State Zip Code McLean VA 22102		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 9450 Bonhomme

City State Zip Code
 Saint Louis MO 63132

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

Name of Employer Occupation
 Bryan Cove Llp Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

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

Transaction ID: C571225

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Dan Petrocchi

Mailing Address 1755 Creekside Oaks Dr.

City State Zip Code
 Sacramento CA 95833

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

Name of Employer Occupation
 The Evergreen Group Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

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

Transaction ID: C571274

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
 Gene Reynolds

Mailing Address 2034 Castilian Dr.

City State Zip Code
 Los Angeles CA 90068-2609

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

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

Transaction ID: C571289

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Margaret Riley

Mailing Address 11 Hawthorn Grove Drive

City State Zip Code
 Hawthorn Woods IL 60047

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C571295

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
 Melinda Schibner

Mailing Address 171 Cognewaugh Rd.

City State Zip Code
 Cos Cob CT 06807-1505

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

Name of Employer Self-Employed Occupation Coach-Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C571319

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
 Armar Strauss

Mailing Address 560 Amalfi Dr.

City State Zip Code
 Pacific Palisades CA 90272

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

Name of Employer Self-Employed Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C572189

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Leslie T. Thornton

Mailing Address 3921 Courtland Cir

City State Zip Code
 Alexandria VA 22305-2062

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

Name of Employer Occupation
 Dickstein, Shapiro, Morin, Osninsk Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: C570919

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
 Polly Victor

Mailing Address 5543 N Fresno St.

City State Zip Code
 Fresno CA 93710

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

Name of Employer Occupation
 Retired

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

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

Transaction ID: C571381

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Polly Victor

Mailing Address 5543 N Fresno St.

City State Zip Code
 Fresno CA 93710

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

Name of Employer Occupation
 Retired

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

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

Transaction ID: C572235

Amount of Each Receipt this Period
 150.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 George William Welde, Jr.
 Mailing Address 850 Park Ave
 City State Zip Code
 New York NY 10021-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Goldman Sachs Managing Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 7 / 2 0 0 6
Transaction ID: C570903
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
 Mary Patricia Wheeler
 Mailing Address 19705 Stough Farm Road
 City State Zip Code
 Cornelius NC 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wheeler Television Producer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 0 4 / 2 0 0 6
Transaction ID: C570079
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
 Grace Wolff
 Mailing Address 2357 Willowgrove Ae.
 City State Zip Code
 Dayton OH 45409-1955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6
Transaction ID: C571401
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 47	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Jeffrey Zients

Mailing Address 4500 Garfield St NW

City State Zip Code
 Washington DC 20007-1131

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 Atlantic Media Company President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

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

Transaction ID: C570078

Amount of Each Receipt this Period
 5000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 47	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Citibank FSB

Mailing Address P.O. Box 18967

City State Zip Code
 Washington DC 20036-0967

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 427.01

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

Transaction ID: C572506

Amount of Each Receipt this Period
 427.01

Interest

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 47

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. 235 Massachusetts Avenue LLC		Transaction ID: D10065 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 2718.06
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Rent		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. A.B. Data Client Trust Account		Transaction ID: D10044 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 5008.50
City Milwaukee State WI Zip Code 53217	Category/ Type	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. A.B. Data Client Trust Account		Transaction ID: D10088 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 80400.00
City Milwaukee State WI Zip Code 53217	Category/ Type	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	88126.56
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. A.B. Data

Full Name (Last, First, Middle Initial)
 Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement Direct Mail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D10075
Date of Disbursement: 01 / 06 / 2006

Amount of Each Disbursement this Period
 3132.00

B. A.B. Data

Full Name (Last, First, Middle Initial)
 Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement Direct Mail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D10087
Date of Disbursement: 01 / 13 / 2006

Amount of Each Disbursement this Period
 1270.37

C. A.B. Data

Full Name (Last, First, Middle Initial)
 Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement Direct Mail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D10097
Date of Disbursement: 01 / 20 / 2006

Amount of Each Disbursement this Period
 106297.60

SUBTOTAL of Disbursements This Page (optional) ► 110699.97

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. AKP Message & Media		Transaction ID: D10062 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 730 North Franklin Street Suite 404		Amount of Each Disbursement this Period 5600.00
City Chicago State IL Zip Code 60610		
Purpose of Disbursement General Consulting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AKP Message & Media		Transaction ID: D10091 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 730 North Franklin Street Suite 404		Amount of Each Disbursement this Period 5600.00
City Chicago State IL Zip Code 60610		
Purpose of Disbursement General Consulting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. James D. Brayton		Transaction ID: D10047 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 901 N. Nelson Apt. 11009		Amount of Each Disbursement this Period 814.39
City Arlington State VA Zip Code 22203		
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	12014.39
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. James D. Brayton		Transaction ID: D10077 Date of Disbursement 01 / 13 / 2006
Mailing Address 901 N. Nelson Apt. 11009		Amount of Each Disbursement this Period 2516.64
City Arlington State VA Zip Code 22203	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CareFirst Blue Cross Blue Shield		Transaction ID: D10092 Date of Disbursement 01 / 13 / 2006
Mailing Address 840 First Street, NE		Amount of Each Disbursement this Period 1556.00
City Washington State DC Zip Code 20065	Purpose of Disbursement Health Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Catering by Windows, Inc.		Transaction ID: D10104 Date of Disbursement 01 / 20 / 2006
Mailing Address 1125 North Royal Street		Amount of Each Disbursement this Period 2972.02
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Catering Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7044.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 47

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: D10093 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address PO Box 8229		Amount of Each Disbursement this Period 208.62	
City Aurora	State IL		Zip Code 60572
Purpose of Disbursement Telephone			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Comcast		Transaction ID: D10066 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 827554		Amount of Each Disbursement this Period 109.19	
City Philadelphia	State PA		Zip Code 19182-7554
Purpose of Disbursement Cable TV			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: D10103 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address P.O. Box 827554		Amount of Each Disbursement this Period 53.35	
City Philadelphia	State PA		Zip Code 19182-7554
Purpose of Disbursement Cable TV			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	371.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Fidelity Investments		Transaction ID: D10046 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 145421		Amount of Each Disbursement this Period 2450.00
City Cincinnati State OH Zip Code 45250-5421		
Purpose of Disbursement Employee Retirement Plan Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Robert Gibbs		Transaction ID: D10048 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 1711.46
City Alexandria State VA Zip Code 22302		
Purpose of Disbursement Payroll Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Robert Gibbs		Transaction ID: D10078 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 1711.46
City Alexandria State VA Zip Code 22302		
Purpose of Disbursement Payroll Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5872.92
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Holiday Inn on the Hill		Transaction ID: D10098 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 415 New Jersey Avenue NW		Amount of Each Disbursement this Period 23323.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Catering / Room Rental	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jordan Kaplan		Transaction ID: D10049 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 2301 Champlain Street NW		Amount of Each Disbursement this Period 1282.61
City Washington State DC Zip Code 20009	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jordan Kaplan		Transaction ID: D10079 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 2301 Champlain Street NW		Amount of Each Disbursement this Period 2095.72
City Washington State DC Zip Code 20009	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	26701.33
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Alyssa Mastromonaco		Transaction ID: D10080 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 19 5th Street SE Floor 2		Amount of Each Disbursement this Period 390.54
City Washington State DC Zip Code 20003	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Merry Maids		Transaction ID: D10073 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 4900 Leesburg Pike Suite 409		Amount of Each Disbursement this Period 75.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Cleaning Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Merry Maids		Transaction ID: D10094 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 4900 Leesburg Pike Suite 409		Amount of Each Disbursement this Period 75.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Cleaning Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	540.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Merry Maids		Transaction ID: D10100 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 4900 Leesburg Pike Suite 409		Amount of Each Disbursement this Period 75.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Cleaning Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Merry Maids		Transaction ID: D10173 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 4900 Leesburg Pike Suite 409		Amount of Each Disbursement this Period 75.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Cleaning Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. NGP Software, Inc.		Transaction ID: D10063 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1101 Vermont Avenue NW		Amount of Each Disbursement this Period 450.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Software Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. NGP Software, Inc.		Transaction ID: D10178 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 1101 Vermont Avenue NW		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Software Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: D10055 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 5765.09
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: D10193 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 149.64
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7414.73
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: D10086 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 12174.33
City State Zip Code Fairfax VA 22031		
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Perkins Coie, LLP		Transaction ID: D10076 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 1201 3rd Ave, 40th Fl		Amount of Each Disbursement this Period 681.89
City State Zip Code Seattle WA 98101		
Purpose of Disbursement Legal Fees	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tori L. Scarborough		Transaction ID: D10050 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 1113.33
City State Zip Code Fort Washington MD 20744		
Purpose of Disbursement Payroll	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13969.55
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Tori L. Scarborough		Transaction ID: D10081 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 2538.58
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tarak Shah		Transaction ID: D10051 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 131 E Lincoln Avenue		Amount of Each Disbursement this Period 1056.73
City Glendale Heights State IL Zip Code 60139-2033	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tarak Shah		Transaction ID: D10082 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 131 E Lincoln Avenue		Amount of Each Disbursement this Period 1894.20
City Glendale Heights State IL Zip Code 60139-2033	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5489.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Nathanael Tamarin		Transaction ID: D10052 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 3133 Connecticut Avenue, NW #917		Amount of Each Disbursement this Period 2176.01
City Washington State DC Zip Code 20008		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nathanael Tamarin		Transaction ID: D10083 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 3133 Connecticut Avenue, NW #917		Amount of Each Disbursement this Period 3566.76	
City Washington State DC Zip Code 20008			
Purpose of Disbursement Payroll Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. The Splendor of Washington		Transaction ID: D10095 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 2500 Q Street NW Suite 0-2		Amount of Each Disbursement this Period 2742.00	
City Washington State DC Zip Code 20007			
Purpose of Disbursement Holiday Cards Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8484.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: D10064 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Postage Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D10089 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 367.61
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WMATA		Transaction ID: D10195 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 600 Fifth Street NW		Amount of Each Disbursement this Period 213.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3580.61
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Jennifer F. Yeager		Transaction ID: D10053 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1501 Caroline Street NW		Amount of Each Disbursement this Period 1944.93
City Washington State DC Zip Code 20009	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jennifer F. Yeager		Transaction ID: D10084 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1501 Caroline Street NW		Amount of Each Disbursement this Period 3350.31
City Washington State DC Zip Code 20009	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D10105 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 6128.39
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card Payment - See Below Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11423.63
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: D10118 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 240.40 [MEMO ITEM]
City Dallas State TX Zip Code 75261-9612		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: D10117 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 117.71 [MEMO ITEM]
City Dallas State TX Zip Code 75261-9612		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ATA		Transaction ID: D10143 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 7337 W Washington St Bldg 1		Amount of Each Disbursement this Period 216.89 [MEMO ITEM]
City Indianapolis State IN Zip Code 46231-1328		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. ATA Full Name (Last, First, Middle Initial) Mailing Address 7337 W Washington St Bldg 1 City Indianapolis State IN Zip Code 46231-1328 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10142 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 216.89 [MEMO ITEM]
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B. ATA Full Name (Last, First, Middle Initial) Mailing Address 7337 W Washington St Bldg 1 City Indianapolis State IN Zip Code 46231-1328 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10125 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 155.40 [MEMO ITEM]
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C. Comcast Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 827554 City Philadelphia State PA Zip Code 19182-7554 Purpose of Disbursement Cable TV Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10133 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 51.23 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Creative Travel, Inc.		Transaction ID: D10120 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Travel, Inc.		Transaction ID: D10148 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Creative Travel, Inc.		Transaction ID: D10147 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 50.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Creative Travel, Inc.		Transaction ID: D10146 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Travel, Inc.		Transaction ID: D10149 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Creative Travel, Inc.		Transaction ID: D10144 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Creative Travel, Inc.		Transaction ID: D10119 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Travel, Inc.		Transaction ID: D10113 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Creative Travel, Inc.		Transaction ID: D10112 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Creative Travel, Inc.		Transaction ID: D10109 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Travel, Inc.		Transaction ID: D10145 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Air Lines		Transaction ID: D10110 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address Post Office Box 20537		Amount of Each Disbursement this Period 514.90 [MEMO ITEM]
City State Zip Code Atlanta GA 30320		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Delta Air Lines		Transaction ID: D10150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address Post Office Box 20537		Amount of Each Disbursement this Period 260.10
City Atlanta State GA Zip Code 30320	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Delta Air Lines		Transaction ID: D10151 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address Post Office Box 20537		Amount of Each Disbursement this Period 178.40
City Atlanta State GA Zip Code 30320	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D10136 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 1065 Avenue of the Americas		Amount of Each Disbursement this Period 1.57
City New York State NY Zip Code 10018	[MEMO ITEM]	
Purpose of Disbursement Office Supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: D10153 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 156.90 [MEMO ITEM]
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: D10152 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 212.60 [MEMO ITEM]
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: D10124 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 289.19 [MEMO ITEM]
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: D10114 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 216.90
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: D10111 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 190.20
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: D10115 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 216.90
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: D10127 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 1106.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Postage	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: D10116 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 9.75
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Postage	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D10126 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 203.19
City Dallas	State TX	
Zip Code 75392	Purpose of Disbursement Telephone	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 920041 City Dallas State TX Zip Code 75392 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10128 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 205.73 [MEMO ITEM]
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B. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 260002 City Fort Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement Credit Card Payment - See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 1409.19
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C. American Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 619612 City Dallas State TX Zip Code 75261-9612 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10157 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 89.30 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	1409.19
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. ATA Full Name (Last, First, Middle Initial) Mailing Address 7337 W Washington St Bldg 1 City Indianapolis State IN Zip Code 46231-1328 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10168 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 217.10 [MEMO ITEM]
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B. ATA Full Name (Last, First, Middle Initial) Mailing Address 7337 W Washington St Bldg 1 City Indianapolis State IN Zip Code 46231-1328 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10166 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 157.10 [MEMO ITEM]
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C. ATA Full Name (Last, First, Middle Initial) Mailing Address 7337 W Washington St Bldg 1 City Indianapolis State IN Zip Code 46231-1328 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10167 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 217.10 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Creative Travel, Inc.		Transaction ID: D10158 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Travel, Inc.		Transaction ID: D10162 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City State Zip Code Glen Ellyn IL 60137		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D10171 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 1065 Avenue of the Americas		Amount of Each Disbursement this Period 156.08 [MEMO ITEM]
City State Zip Code New York NY 10018		
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1065 Avenue of the Americas City New York State NY Zip Code 10018 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10163 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 91.44 [MEMO ITEM]
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B. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1065 Avenue of the Americas City New York State NY Zip Code 10018 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10164 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 39.00 [MEMO ITEM]
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C. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1065 Avenue of the Americas City New York State NY Zip Code 10018 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D10170 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 45.34 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: D10160	
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Date of Disbursement MM / DD / YYYY 01 / 23 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 13.00
Purpose of Disbursement Postage		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	303743.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Akaka in 2006		Transaction ID: D10177 Date of Disbursement 01 / 26 / 2006	
Mailing Address PO Box 3169		Amount of Each Disbursement this Period 2900.00	
City Honolulu State HI Zip Code 96802	Purpose of Disbursement Contribution 011 Category/ Type	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Candidate Name Daniel K. Akaka		

Full Name (Last, First, Middle Initial) B. Akaka in 2006		Transaction ID: D10176 Date of Disbursement 01 / 26 / 2006	
Mailing Address PO Box 3169		Amount of Each Disbursement this Period 2900.00	
City Honolulu State HI Zip Code 96802	Purpose of Disbursement Contribution 011 Category/ Type	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Candidate Name Daniel K. Akaka		

Full Name (Last, First, Middle Initial) C. Marriott Denver		Transaction ID: D10121 Date of Disbursement 01 / 06 / 2006	
Mailing Address 1701 California Street		Amount of Each Disbursement this Period 246.77	
City Denver State CO Zip Code 80202	Purpose of Disbursement Inkind Travel to Ford Campaign (TN-Sen) 011 Category/ Type	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	5800.00
TOTAL This Period (last page this line number only) ▶	5800.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. American Indian Health Services of Chicago, Inc.		Transaction ID: D10096	
Mailing Address 4081 N. Broadway		Date of Disbursement 01 / 17 / 2006	
City Chicago	State IL	Zip Code 60613	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Donation		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00