

**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**

CITY

STATE

ZIP CODE

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:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the
State of

DC

5. Covering Period

10

19

2006

through

11

27

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

01

31

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
 Hopefund, Inc.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		457884.03
(b) Cash on Hand at Beginning of Reporting Period	1040270.81	
(c) Total Receipts (from Line 19)	218633.51	2569750.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1258904.32	3027634.42
7. Total Disbursements (from Line 31)	453937.46	2222667.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	804966.86	804966.86
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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Hopefund, Inc.

Report Covering the Period:

From:

M M
1 0D D
1 9Y Y Y Y
2 0 0 6

To:

M M
1 1D D
2 7Y 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	47805.00	1430653.68
(i) Itemized (use Schedule A)	165108.17	1066794.41
(ii) Unitemized	212913.17	2497448.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	5075.00
(b) Political Party Committees	5250.00	47250.00
(c) Other Political Committees (such as PACs)	218163.17	2549773.09
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	11424.25
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	470.34	8553.05
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))	218633.51	2569750.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	218633.51	2569750.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		221272.70	1786702.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		221272.70	1786702.80
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		232664.76	426464.76
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	5000.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	5000.00
29. Other Disbursements.....		0.00	4500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		453937.46	2222667.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		453937.46	2222667.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	218163.17	2549773.09
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	218163.17	2544773.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	221272.70	1786702.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	11424.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	221272.70	1775278.55

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 / 118

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Charles A Stegman
Mailing Address 700 Grand View Avenue

City State Zip Code
San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer
SF Cheetah, Inc.

Occupation
Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601880

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ira Resnick
Mailing Address 15 W 63rd St.
Apt 37A

City State Zip Code
New York NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MPA Gallery

Occupation
Art Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601783

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dawn Sinnott
Mailing Address 2585 David Ln.

City State Zip Code
Medford OR 97504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: C602736

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: PAGE 7 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Augusta Lyons

Mailing Address 410 Rolling Lane

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601371

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Kristina Schultz

Mailing Address 1435 N St. NW
 Apt 205

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winning Connections

Occupation
Campaign Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 6

Transaction ID: C601959

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Polly Bredt

Mailing Address 25 Los Charros Lane

City State Zip Code
 Portolla Valley CA 94028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: C601819

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1300.00

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 8 / 118

(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"/> 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. Jeffrey Caine

Mailing Address 139 Santa Rosa Avenue

City	State	Zip Code
Sausalito	CA	94965-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: C601712

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. C. Bruce Clark

Mailing Address 821 Raymundo Ave.

City	State	Zip Code
Los Altos	CA	94024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	6

Transaction ID: C603430

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Parker Albee

Mailing Address 9 Bayside Lane

City	State	Zip Code
Falmouth	ME	04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Maine

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	6

Transaction ID: C603456

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Fred Falkner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 5125 Cantabria Crest		Transaction ID: C601366
City Sarasota	State FL	Zip Code 34238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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	

B. Full Name (Last, First, Middle Initial) Sarah Page		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 5200 N Knoxville Ave. Apt 203S		Transaction ID: C601775
City Peoria	State IL	Zip Code 61614-5053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C. Full Name (Last, First, Middle Initial) Anil Bedi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1360 Westgate Ln.		Transaction ID: C602721
City Penngrove	State CA	Zip Code 94951
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
J. Peter Dowd
Mailing Address 221 N Taylor Ave

City State Zip Code
Oak Park IL 60302-2525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dowd, Block & Bennett

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 6

Transaction ID: C601869

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Nancy McCarthy Snyder
Mailing Address 705 N Armour Street

City State Zip Code
Wichita KS 67206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita State University

Occupation
Economist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: C603529

Amount of Each Receipt this Period

225.00

C. Full Name (Last, First, Middle Initial)
Steven Martel
Mailing Address 652 Parnassus Ave.

City State Zip Code
San Francisco CA 94122

FEC ID number of contributing
federal political committee.

C

Name of Employer
PFPCMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: C603113

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1975.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Matt Johnson Mailing Address 123 N Happy Hollow Boulevard City State Zip Code Omaha NE 68132 FEC ID number of contributing federal political committee. C Name of Employer Oncho Public Schools Occupation Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: C601594 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Letitia Upton Mailing Address 1010 Waltham St. Apt A301 City State Zip Code Lexington MA 02421 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 ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C601376 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Ernest Santalla Mailing Address 14020 SW 104 Ave. City State Zip Code Miami FL 33176 FEC ID number of contributing federal political committee. C Name of Employer William Sonoma Occupation Salesperson Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: C601137 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Ernest Santalla
Mailing Address 14020 SW 104 Ave.

City State Zip Code
Miami FL 33176

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Sonoma

Occupation
Salesperson

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: C602735

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Linda K. Jacobs
Mailing Address 45 East 9th Street
Apartment 95

City State Zip Code
New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: C601893

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Werner Kramarsky
Mailing Address 33 E 70th St.
Apt 7F

City State Zip Code
New York NY 10021

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: C603112

Amount of Each Receipt this Period

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Michael A Silver

Mailing Address 210 W Scott Street #E

City State Zip Code
 Chicago IL 60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 0 6

Transaction ID: C601899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael C. Rothman

Mailing Address 2020 N Lincoln Park W
 Ste 33A

City State Zip Code
 Chicago IL 60614-4780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Futures Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: C601523

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Humpheys

Mailing Address 100 Bass Cir.

City State Zip Code
 Nancy KY 42544-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: C599078

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

530.00

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 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
William Humpheys

Mailing Address 100 Bass Cir.

City State Zip Code
Nancy KY 42544-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: C602888

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
Herb Hall

Mailing Address PO Box 327

City State Zip Code
Thedford NE 69166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: C602728

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Arthur Drugge

Mailing Address 1274 Arcola Dr.

City State Zip Code
Fort Myers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C601591

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

480.00

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 15 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Jane K. Grammer

Mailing Address 141 Beechwood Dr.

City State Zip Code
 Shrewsbury NJ 07702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601780

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Thomas Wirth

Mailing Address 241 Hillside Road

City State Zip Code
 Elizabeth NJ 07208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: C601588

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Robert Perelman

Mailing Address 18 Lorraine Drive

City State Zip Code
 Woodbridge CT 06525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Times Microwave

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C601479

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Joan M. Rothenberg

Mailing Address 1575 Ashland Ave.

City

Evanston

State

IL

Zip Code

60201-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: C603577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Louis Moriarty

Mailing Address 175 Gleason Lake Road

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: C603531

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Harold McClaskey

Mailing Address 1230 Anacapa Way

City

Laguna Beach

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601373

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

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 17 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Thomas Schumacher

Mailing Address 23 Park Avenue
No. 2CCity State Zip Code
New York NY 10016FEC ID number of contributing
federal political committee.

C

Name of Employer
Walt Disney TheatricalOccupation
Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	6

Transaction ID: C603604

Amount of Each Receipt this Period

5000.00

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

Richard Goodyear

Mailing Address 179 Grassy Hill Rd.

City State Zip Code
Lyme CT 06371FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	6

Transaction ID: C601516

Amount of Each Receipt this Period

250.00

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

Ms. Christina Romer

Mailing Address 6401 Ascot Drive

City State Zip Code
Oakland CA 94611FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California
BerkeleyOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Transaction ID: C601522

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

5550.00

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 18 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Clarence Fogelstrom Mailing Address 322 Maryland Avenue NE City Washington State DC Zip Code 20002 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 ▼ 800.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C601367 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	6	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	9		2	0	0	6																							
300.00																																
B. Full Name (Last, First, Middle Initial) Milton Viorst Mailing Address 3432 Ashley Ter NW City Washington State DC Zip Code 20008 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Writer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C601950 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1		0	8		2	0	0	6																							
250.00																																
C. Full Name (Last, First, Middle Initial) Ann Short Mailing Address PO Box 486 City Philo State CA Zip Code 95466-0486 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		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C601903 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6	200.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	3		2	0	0	6																							
200.00																																

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: PAGE 19 / 118

(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"/> 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. Sally FingerMailing Address 1102 Meadow Ridge
Apt 1102City State Zip Code
Redding CT 06896FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: C601468

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ted Dodd

Mailing Address 69 Saint Rose Street # 1

City State Zip Code
Jamaica Plain MA 02130FEC ID number of contributing
federal political committee.**C**Name of Employer
Self

Occupation

Theatre

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C601760

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Betty BurrowsMailing Address 7418 Spring Village Drive
Apt. 228City State Zip Code
Springfield VA 22150FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	6

Transaction ID: C603428

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Barbara Burnim
Mailing Address 6 Artichoke Terrace

City State Zip Code
Newburyport MA 01950-6256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Applied Graphics, Inc.

Occupation
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C601463

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Barbara Tilley
Mailing Address 3065 Vandiver Dr.

City State Zip Code
Marietta GA 30066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C601599

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Elizabeth J. Alter
Mailing Address 400 South Cliffwood Avenue

City State Zip Code
Los Angeles CA 90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Activist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: C601958

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5300.00

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 21 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Chair Rhodes

Mailing Address 209 E 23rd St.

City State Zip Code
 New York NY 10010

FEC ID number of contributing
federal political committee.

C

Name of Employer
School of Visual Arts

Occupation
Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601375

Amount of Each Receipt this Period

1000.00

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

Jeffrey Young

Mailing Address 2310 30th Street

City State Zip Code
 Santa Monica CA 90405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: C603533

Amount of Each Receipt this Period

250.00

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

Laura Pitts

Mailing Address 2626 Lakeridge Lane

City State Zip Code
 Bellingham WA 98226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: C601598

Amount of Each Receipt this Period

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: PAGE 22 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

James Duffy

Mailing Address 116 E 68th St.

City State Zip Code
 New York NY 10021-5955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601365

Amount of Each Receipt this Period

250.00

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

Bonnie Geppert

Mailing Address 1670 County Rd 430

City State Zip Code
 La Veta CO 81055-9645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: C603590

Amount of Each Receipt this Period

50.00

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

Sara Syer

Mailing Address 481 Yale Street

City State Zip Code
 San Francisco CA 94134

FEC ID number of contributing
federal political committee.

C

Name of Employer
On Lok Senior Health Serv-
ices

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: C603459

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

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 23 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Rick Sajbel Mailing Address 175 Kyllers Court PO Box 570 City State Zip Code Pennngrove CA 94951 FEC ID number of contributing federal political committee. C Name of Employer Aabalat Occupation Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: C601933 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Lynne Mackey Mailing Address 265 Union Blvd. Ste 1220 City State Zip Code Saint Louis MO 63108 FEC ID number of contributing federal political committee. C Name of Employer L Power Development LLC Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: C601519 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Daniel Gelfand Mailing Address 365 N Orange Drive City State Zip Code Los Angeles CA 90036 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: C601829 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 24 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Jason Adam Abel

Mailing Address 1200 North Veitch St.
Apt 1301

City State Zip Code
Arlington VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Melveny and Myers LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C601914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gilbert Gordon

Mailing Address 450 Grantham C

City State Zip Code
Deerfield Beach FL 33442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: C601517

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. A.Stafford Metz

Mailing Address 5415 Connecticut Ave. NW

City State Zip Code
Washington DC 20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C601596

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 118

(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"/> 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. James Powaty

Mailing Address 8005 S. Indian River Dr.

City	State	Zip Code
Fort Pierce	FL	34982

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C601356

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John BoyntonMailing Address 13801 York Road
Apt R13

City	State	Zip Code
Cockeysville	MD	21030

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

Name of Employer

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	6

Transaction ID: C602917

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mary A. Coggeshall

Mailing Address 4129 Fellowship Road

City	State	Zip Code
Basking Ridge	NJ	07920-3906

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C601344

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Anita Mozley

Mailing Address 601 Laurel Avenue

City State Zip Code
 Menlo Park CA 94025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: C601721

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Janet C. Howard

Mailing Address 5624 Boatwright Circle

City State Zip Code
 Williamsburg VA 23185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C601435

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. David De Ramus

Mailing Address PO Box 2005

City State Zip Code
 Selma AL 36702

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Concordia College

Occupation

Pastoral Counslor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: C599076

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

David De Ramus

Mailing Address PO Box 2005

City State Zip Code
 Selma AL 36702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concordia College

Occupation
Pastoral Counslor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 4 / 2 0 0 6

Transaction ID: C603431

Amount of Each Receipt this Period

100.00

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

Alice Hall

Mailing Address 273 Upland Road

City State Zip Code
 Cambridge MA 02140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601369

Amount of Each Receipt this Period

200.00

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

Karen Redlener

Mailing Address 41 Saldo Circle

City State Zip Code
 New Rochelle NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical

Occupation
Health Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: C603458

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Florence Free Mailing Address 100 Sunrise Ave. City State Zip Code Palm Beach FL 33480 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C601762 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) William Hunt Mailing Address 84 Judson Street City State Zip Code Canton NY 13617 FEC ID number of contributing federal political committee. C Name of Employer St. Lawrence University Occupation Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C601917 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Cynthia Leon Mailing Address 2485 S 6th Avenue City State Zip Code Yuma AZ 85364 FEC ID number of contributing federal political committee. C Name of Employer Yuma School District Occupation Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: C601690 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) James Fish		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2555 Pennsylvania Ave. NW		Transaction ID: C603605
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mildred Holliday		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1515 Oxford St. Apt 11		Transaction ID: C601518
City Berkeley	State CA	Zip Code 94709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

C. Full Name (Last, First, Middle Initial) Mary Goldschmid		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 455 Central Park West		Transaction ID: C601918
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BELL (Building Educated Leaders fo	Occupation Retired	
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)

1625.00

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 30 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Donald A. Stearns

Mailing Address 166 Powells Cove Blvd.
Apt 25

City State Zip Code
Beechhurst NY 11357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: C600947

Amount of Each Receipt this Period

30.00

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

Paul S. Ruiz

Mailing Address 309 Cumberland Rd.

City State Zip Code
Austin TX 78704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Thomas & Winters

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C601481

Amount of Each Receipt this Period

150.00

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

Bert J. Maxon

Mailing Address 1125 Lake Cook Rd.
Apt 406

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bert Maxon and Company

Occupation
Sales Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: C599912

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

680.00

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 31 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Roy L Austin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 7333 Carroll Avenue		
City	State	Zip Code
Takoma Park	MD	20912
FEC ID number of contributing federal political committee.		Transaction ID: C601875
Name of Employer US Department of Justice		Amount of Each Receipt this Period 250.00
Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Howard M. Nelson, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 141 Peake Place		
City	State	Zip Code
Alamo	CA	94507
FEC ID number of contributing federal political committee.		Transaction ID: C601782
Name of Employer		Amount of Each Receipt this Period 250.00
Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Frances Stevenson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 60498 Arnold Market Road		
City	State	Zip Code
Bend	OR	97702-9227
FEC ID number of contributing federal political committee.		Transaction ID: C599690
Name of Employer		Amount of Each Receipt this Period 250.00
Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

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: PAGE 32 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Doug Baur Mailing Address 1326 Pendleton Ct. City State Zip Code Charlottesville VA 22901 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: C602719 Amount of Each Receipt this Period 250.00
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		
B. Full Name (Last, First, Middle Initial) Donald Vanhulzen Mailing Address 1839 Flanigan Court City State Zip Code Iowa City IA 52246 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: C601524 Amount of Each Receipt this Period 200.00
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) Robert Meeker Mailing Address 1310 Gulf Blvd. City State Zip Code Clearwater FL 33767 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: C603530 Amount of Each Receipt this Period 200.00
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)

650.00

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 33 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Michael Aitken

Mailing Address PO Box 6535

City State Zip Code
 Kamuela HI 96743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rock Star Masonry

Occupation
Masonry Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 6

Transaction ID: C603121

Amount of Each Receipt this Period

250.00

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

Leah G. McDonald

Mailing Address P.O. Box 1323

City State Zip Code
 Choteau MT 59422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 4 / 2 0 0 6

Transaction ID: C603443

Amount of Each Receipt this Period

150.00

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

John Wilber

Mailing Address 130 Carriage Hill

City State Zip Code
 Macomb IL 61455

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ice House Company

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: C600165

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 34 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Polly Victor Mailing Address 5543 N Fresno St. Apt. D City State Zip Code Fresno CA 93710 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 ▼ 925.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C601784 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Martha Reddout Mailing Address 326 Cayuga Creek Road City State Zip Code Alden NY 14004 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Transaction ID: C603448 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Chidong Zhang Mailing Address 4181 Pamona Avenue City State Zip Code Miami FL 33133 FEC ID number of contributing federal political committee. C Name of Employer Occupation University of Miami Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C601377 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Monique Weil

Mailing Address 6022 Merriewood Dr.

City State Zip Code
 Oakland CA 94611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: C601952

Amount of Each Receipt this Period

250.00

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

Thomas Denhart

Mailing Address 420 NW 11th Ave.
 Unit 1205

City State Zip Code
 Portland OR 97209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 6

Transaction ID: C603107

Amount of Each Receipt this Period

500.00

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

Deborah Harding

Mailing Address 2500 Q Street NW
 Apt 444

City State Zip Code
 Washington DC 20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 36 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Thomas Klouda

Mailing Address 1324 Jefferson St NW

City State Zip Code
 Washington DC 20011-3631

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Senate

Occupation
legislative aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: C601923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Howard Hctor

Mailing Address 506 Price Street

City State Zip Code
 West Chester PA 19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601326

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ian Nisbet

Mailing Address 150 Alder Ln.

City State Zip Code
 N Falmouth MA 02556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 6

Transaction ID: C603117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Judith Andrews

Mailing Address 19 Grizzly Bear Path

City State Zip Code
Ormond Beach FL 32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	6

Transaction ID: C603461

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Charles King

Mailing Address 3061 Fairfax Rd.

City State Zip Code
Cleveland Heights OH 44118

FEC ID number of contributing
federal political committee.

C

Name of Employer
USHC Physicians Inc.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: C600158

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
R. Oetting

Mailing Address 8668 Skyline Dr.
Apt 5223

City State Zip Code
Dallas TX 75243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	6

Transaction ID: C601974

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Marybelle Cochran

Mailing Address 233 Ash St.

City

Weston

State

MA

Zip Code

02493-1940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601364

Amount of Each Receipt this Period

200.00

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

Elise Sprunt

Mailing Address 49 S River Road

City

Buena Vista

State

VA

Zip Code

24416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Artist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: C601521

Amount of Each Receipt this Period

200.00

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

Richard Scott

Mailing Address 3225 Hankinson Road

City

Granville

State

OH

Zip Code

43023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601338

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Hazel Underwood

Mailing Address 201 Clinton Ave.

City State Zip Code
 Brooklyn NY 11205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: C601513

Amount of Each Receipt this Period

75.00

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

Ruth Kirk

Mailing Address 980 Fullers Chapel Rd.

City State Zip Code
 Chatsworth GA 30705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 6

Transaction ID: C603110

Amount of Each Receipt this Period

250.00

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

B. S. Von Klemperer

Mailing Address 156 Colonial Road

City State Zip Code
 Summit NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Catalog

Occupation
Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C601487

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 40 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Phil Felix Mailing Address 26 Parador Road City Los Lunas State NM Zip Code 87031 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C601346 Amount of Each Receipt this Period 150.00
B. Full Name (Last, First, Middle Initial) Adewale Adekoya Mailing Address 438 Clermont Ave. Apt D City Brooklyn State NY Zip Code 11238 FEC ID number of contributing federal political committee. C Name of Employer Rfcuny Occupation Construction Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Transaction ID: C603106 Amount of Each Receipt this Period 225.00
C. Full Name (Last, First, Middle Initial) Alma Burlingame Mailing Address 26 Alexander Avenue City Sausalito State CA Zip Code 94965 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Transaction ID: C603427 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 41 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
John Hedges
Mailing Address 421 West Melrose
Unit 17C

City State Zip Code
Chicago IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Belle Inc

Occupation
Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C601916

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Janet Graham
Mailing Address 3031 Albans Rd.

City State Zip Code
Houston TX 77005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601347

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Michael Aten
Mailing Address 8197 Washington Avenue

City State Zip Code
North Royalto OH 44133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C601459

Amount of Each Receipt this Period

100.00

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: PAGE 42 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Willie Jones

Mailing Address 2730 Maceo Cir.

City State Zip Code
 Dallas TX 75216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: C600157

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Raymond Bryan

Mailing Address 330 Cordova St.
Unit 265

City State Zip Code
 Pasadena CA 91101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: C600155

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Alan Collmer

Mailing Address 608 E Miller Rd.

City State Zip Code
 Ithaca NY 14850-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornell University

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: C602722

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: PAGE 43 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Carol Gold		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	4		2	0	0	6													
Mailing Address 101 Cheswold Ln. Apt 3B		Transaction ID: C603109																				
City Haverford	State PA	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																						
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 ▼ <table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																				
350.00																						

B. Full Name (Last, First, Middle Initial) Ruth Trubner		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	9		2	0	0	6													
Mailing Address 919 109th Ave. NE Apt 1208		Transaction ID: C601359																				
City Bellevue	State WA	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																						
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 ▼ <table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																				
350.00																						

C. Full Name (Last, First, Middle Initial) Charles Merrill		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	9		2	0	0	6													
Mailing Address 5 Chestnut St.		Transaction ID: C601374																				
City Boston	State MA	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																						
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 ▼ <table border="1"> <tr> <td colspan="10">850.00</td> </tr> </table>	850.00																				
850.00																						

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Dorothy Hemenway
Mailing Address 298 Kendal Drive

City State Zip Code
Kennett Square PA 19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C601593

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Murray Munvevs
Mailing Address 5200 Keller Springs Rd.
Apt 020

City State Zip Code
Dallas TX 75248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: C603116

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Bhaskar Ghosh
Mailing Address 1440 E University Ave.

City State Zip Code
Bethlehem PA 18015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: C603108

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 45 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Christopher Fordham

Mailing Address 96206 Carteret

City State Zip Code
 Chapel Hill NC 27517

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Carol-
ina

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: C603166

Amount of Each Receipt this Period

25.00

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

B. Pinkston

Mailing Address 20 Masters Ct.

City State Zip Code
 Santa Rosa Beach FL 32459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: C601597

Amount of Each Receipt this Period

200.00

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

Dorothea Fulkerson

Mailing Address 400 Seabury Drive
 Apt 4131

City State Zip Code
 Bloomfield CT 06002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: C601575

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

325.00

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 46 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Margaret Kling Mailing Address 1220 Carlton Cove Boulevard SW City State Zip Code Huntsville AL 35802 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C601330 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Mary Kitchen Mailing Address 9846 Palace Green Way City State Zip Code Vienna VA 22181 FEC ID number of contributing federal political committee. C Name of Employer Occupation Fairfax County Lab Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C601370 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Sandra Eskin Mailing Address 1000 W Washington Blvd Apt 434 City State Zip Code Chicago IL 60607 FEC ID number of contributing federal political committee. C Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6 Transaction ID: C601932 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Mary Lois Nevins
Mailing Address 561 Bradford Street

City State Zip Code
Pasadena CA 91105-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: C603457

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Phina McBride
Mailing Address 21408 Entrada Road

City State Zip Code
Topanga CA 90290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601372

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Emery Goff
Mailing Address 158 Middle Street

City State Zip Code
Farmington ME 04938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Antique Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C601368

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 48 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Richard Miles		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 81 Osprey Village Dr.		Transaction ID: C603114
City Fernandina	State FL	Zip Code 32034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

B. Full Name (Last, First, Middle Initial) D.J. Webb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 71 Cedarwood Dr.		Transaction ID: C601525
City New Britain	State CT	Zip Code 06052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Karl Dejonge		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 6304 Broad Branch Rd.		Transaction ID: C602723
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Washington Hospital Center	Occupation Physician	
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)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Lawrence Mowatt

Mailing Address 158 N Main St.

City	State	Zip Code
North Easton	MA	02356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Builder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

Transaction ID: C603115

Amount of Each Receipt this Period

250.00

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

Claudia Pharis

Mailing Address 540 Newton Pl. NW

City	State	Zip Code
Washington	DC	20010-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City CareersOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	6

Transaction ID: C599689

Amount of Each Receipt this Period

500.00

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

Barbara Leighton

Mailing Address 941 S Skinker Boulevard

City	State	Zip Code
Saint Louis	MO	63105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: C601595

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 50 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Jennifer R. Gardner

Mailing Address 47 East 91st Street
Apartment 6

City State Zip Code
New York NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Douglas B. Gardner Founda-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C599057

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Margaret H O'Dell

Mailing Address 5658 S. Blackstone

City State Zip Code
Chicago IL 60637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joyce Foundation

Occupation
Program Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: C601936

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Oliver Lung, Jr.

Mailing Address 2454 Pauoa Road

City State Zip Code
Honolulu HI 96813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: C603442

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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 51 / 118

(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"/> 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. S. Charles Melton

Mailing Address 5645 Minaret Ct.

City	State	Zip Code
Orlando	FL	32821

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C601767

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Samuel Emerson

Mailing Address 11 Emerson Point Rd.

City	State	Zip Code
Harborside	ME	04642

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	0	6

Transaction ID: C602725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lenore Weissler

Mailing Address 810 Prospect Avenue

City	State	Zip Code
Bethlehem	PA	18018

FEC ID number of contributing
federal political committee.**C**Name of Employer
Lehigh University

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	0	6

Transaction ID: C603532

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

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 52 / 118

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Earl Williams

Mailing Address 449 Whitetail Ln.

City State Zip Code
Grand Jct. CO 81503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Messe County PartnersOccupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Transaction ID: C599938

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Bernice Glozek

Mailing Address PO Box 26778

City State Zip Code
Las Vegas NV 89126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	6

Transaction ID: C601592

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Scott Phillips

Mailing Address 705 Jackson St.

City State Zip Code
Macon MO 63552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	6

Transaction ID: C603122

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: PAGE 53 / 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Alice O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1860 Ingleside Terrace NW		Transaction ID: C601520
City Washington	State DC	Zip Code 20010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bradhoff Kaiser	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B. Full Name (Last, First, Middle Initial) Alice O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 1860 Ingleside Terrace NW		Transaction ID: C603445
City Washington	State DC	Zip Code 20010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Bradhoff Kaiser	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C. Full Name (Last, First, Middle Initial) Harry Lake		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO Box 427		Transaction ID: C600730
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

47805.00

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

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

FOR LINE NUMBER: PAGE 54 / 118

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Illinois Pork Producers Association Political Action Committee

Mailing Address 6411 South Sixth Street Road

City State Zip Code
 Springfield IL 62712

FEC ID number of contributing
federal political committee. **C** C00175976

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: C601868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Supervalu, Inc. Political Action Committee

Mailing Address P.O. Box 20

City State Zip Code
 Boise ID 83726

FEC ID number of contributing
federal political committee. **C** C00243220

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C598926

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CME/PAC Chicago Mercantile Exchange, Inc. PAC

Mailing Address 20 South Wacker Drive

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: C599058

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

5250.00

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

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

FOR LINE NUMBER: PAGE 55 / 118

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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

Washington

State

DC

Zip Code

20036-0967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

8553.05

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: C601874

Amount of Each Receipt this Period

470.34

* Interest Income

SUBTOTAL of Receipts This Page (optional)

470.34

TOTAL This Period (last page this line number only)

470.34

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. Robert Gibbs

Mailing Address 3737 Keller Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11439

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2245.71

Full Name (Last, First, Middle Initial)

B. Robert Gibbs

Mailing Address 3737 Keller Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2245.71

Full Name (Last, First, Middle Initial)

C. SunTrust

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11534

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.20

SUBTOTAL of Disbursements This Page (optional)

4541.62

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. SunTrust

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11536

Date of Disbursement

/ /

Amount of Each Disbursement this Period

269.12

Full Name (Last, First, Middle Initial)

B. SunTrust

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11535

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.98

Full Name (Last, First, Middle Initial)

C. Reginald Love

Mailing Address 235 Massachusetts Avenue, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

604.23

SUBTOTAL of Disbursements This Page (optional)

888.33

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)

PAGE 58 / 118

<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. Reginald Love

Mailing Address 235 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

604.23

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11542

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2604.23

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. Petty Cash

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Petty Cash

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11435

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

481.81

Full Name (Last, First, Middle Initial)

B. James D. Brayton

Mailing Address 2175 Jennings Road

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11427

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

782.22

Full Name (Last, First, Middle Initial)

C. James D. Brayton

Mailing Address 2175 Jennings Road

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11428

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

782.22

SUBTOTAL of Disbursements This Page (optional)

2046.25

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. AKP Message & Media

Mailing Address 730 North Franklin Street
Suite 404

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Political Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11413

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AKP Message & Media

Mailing Address 730 North Franklin Street
Suite 404

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Political Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11406

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Alyssa Mastromonaco

Mailing Address 19 5th Street SE
Floor 2

City Washington State DC Zip Code 20003

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11414

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1807.64

SUBTOTAL of Disbursements This Page (optional)

11807.64

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

Mailing Address 19 5th Street SE
Floor 2

City Washington State DC Zip Code 20003

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11415

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

1807.64

Full Name (Last, First, Middle Initial)

B. Alyssa Mastromonaco

Mailing Address 19 5th Street SE
Floor 2

City Washington State DC Zip Code 20003

Purpose of Disbursement
Reimbursement - Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11416

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

1013.76

Full Name (Last, First, Middle Initial)

C. Citibank FSB

Mailing Address P.O. Box 18967

City Washington State DC Zip Code 20036-0967

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11441

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

2831.40

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. Citibank FSB

Mailing Address P.O. Box 18967

City
Washington

State
DC

Zip Code
20036-0967

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11417

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.00

Full Name (Last, First, Middle Initial)

B. Citibank FSB

Mailing Address P.O. Box 18967

City
Washington

State
DC

Zip Code
20036-0967

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Citibank FSB

Mailing Address P.O. Box 18967

City
Washington

State
DC

Zip Code
20036-0967

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.10

SUBTOTAL of Disbursements This Page (optional)

295.10

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. Citibank FSB

Mailing Address P.O. Box 18967

City
Washington

State
DC

Zip Code
20036-0967

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11530

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. A.B. Data

Mailing Address 8050 N. Port Washington Road

City
Milwaukee

State
WI

Zip Code
53217-2600

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11412

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. A.B. Data

Mailing Address 8050 N. Port Washington Road

City
Milwaukee

State
WI

Zip Code
53217-2600

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11408

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16447.99

SUBTOTAL of Disbursements This Page (optional)

16607.99

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. A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11409

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

137492.39

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11433

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2006

Amount of Each Disbursement this Period

26.50

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11541

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2006

Amount of Each Disbursement this Period

5005.31

SUBTOTAL of Disbursements This Page (optional)

142524.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11540

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

193.99

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11434

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2006

Amount of Each Disbursement this Period

4995.11

Full Name (Last, First, Middle Initial)

C. Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11429

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2006

Amount of Each Disbursement this Period

1206.14

SUBTOTAL of Disbursements This Page (optional)

6395.24

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. Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11430

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1206.14

Full Name (Last, First, Middle Initial)

B. Comcast

Mailing Address P.O. Box 827554

City
Philadelphia

State
PA

Zip Code
19182-7554

Purpose of Disbursement
Cable TV

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

57.97

Full Name (Last, First, Middle Initial)

C. Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City
Fort Washington

State
MD

Zip Code
20744

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1083.16

SUBTOTAL of Disbursements This Page (optional)

2347.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City State Zip Code
Fort Washington MD 20744

Purpose of Disbursement
Reimbursement - Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11442

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

117.41

Full Name (Last, First, Middle Initial)

B. Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City State Zip Code
Fort Washington MD 20744

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11444

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

1083.16

Full Name (Last, First, Middle Initial)

C. 235 Massachusetts Avenue LLC

Mailing Address 235 Massachusetts Avenue, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11411

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

2155.70

SUBTOTAL of Disbursements This Page (optional)

3356.27

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. 235 Massachusetts Avenue LLC

Mailing Address 235 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11407

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

563.00

Full Name (Last, First, Middle Initial)

B. Catherine Mbacho

Mailing Address 235 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11420

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

779.63

Full Name (Last, First, Middle Initial)

C. Catherine Mbacho

Mailing Address 235 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11421

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

779.63

SUBTOTAL of Disbursements This Page (optional)

2122.26

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. Fidelity Investments

Mailing Address P.O. Box 145421

City Cincinnati State OH Zip Code 45250-5421

Purpose of Disbursement
Employee Retirement Plan

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11425

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Fidelity Investments

Mailing Address P.O. Box 145421

City Cincinnati State OH Zip Code 45250-5421

Purpose of Disbursement
Employee Retirement Plan

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11426

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

C. Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11431

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1070.56

SUBTOTAL of Disbursements This Page (optional)

2820.56

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)

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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. Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11432

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

1070.56

Full Name (Last, First, Middle Initial)

B. CareFirst Blue Cross Blue Shield

Mailing Address 840 First Street, NE

City Washington State DC Zip Code 20065

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11418

Date of Disbursement

11 / 20 / 2006

Amount of Each Disbursement this Period

1419.00

Full Name (Last, First, Middle Initial)

C. Kirkland & Ellis, LLP

Mailing Address 200 East Randolph Drive
Suite 6100

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Facility Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11410

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

456.50

SUBTOTAL of Disbursements This Page (optional)

2946.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Princess Maids, Inc.

Mailing Address 7925 Bayberry Drive

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Cleaning Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11405

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. WMATA

Mailing Address 600 Fifth Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11543

Date of Disbursement

11 / 21 / 2006

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11529

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

76.77

SUBTOTAL of Disbursements This Page (optional)

421.77

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. Dewey Square Group

Mailing Address 1001 G Street NW
Suite 400 East

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11424

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address P.O. Box 920041

City Dallas State TX Zip Code 75392

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11445

Date of Disbursement

11 / 20 / 2006

Amount of Each Disbursement this Period

270.69

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 260002

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11446

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

1676.11

SUBTOTAL of Disbursements This Page (optional)

3946.80

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

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11490

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

7.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11475

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Four Seasons Hotel Philadelphia

Mailing Address One Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11479

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

115.10

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11491

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

25.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. T-Mobile

Mailing Address 233 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11484

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

380.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. T-Mobile

Mailing Address 233 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11480

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

46.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address P.O. Box 920041

City
Dallas

State
TX

Zip Code
75392

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11481

Date of Disbursement

/ /

Amount of Each Disbursement this Period

217.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 260002

City
Fort Lauderdale

State
FL

Zip Code
33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11447

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9955.43

Full Name (Last, First, Middle Initial)

C. The Pfister

Mailing Address 424 East Wisconsin Avenue

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

231.08

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

9955.43

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. Mayflower Park Hotel

Mailing Address 405 Olive Way

City State Zip Code
Seattle WA 98101

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11493

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

239.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Continental Airlines

Mailing Address PO Box 4607

City State Zip Code
Houston TX 77210

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11501

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

174.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Avenue NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11526

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

58.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(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. Amtrak

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11507

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

109.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11511

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11492

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

58.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11508

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

116.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Expedia

Mailing Address 3150 139th Avenue SE

City Bellvue State WA Zip Code 98005

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11506

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

209.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Budget Rent-a-Car

Mailing Address 300 Centre Pointe Drive

City Virginia Beach State VA Zip Code 23462

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11498

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

310.94

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. The Westin Providence

Mailing Address One West Exchange Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11514

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

258.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. The Westin Providence

Mailing Address One West Exchange Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11513

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

267.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Intercontinental Hotel

Mailing Address 8800 Elucid Avenue

City Cleveland State OH Zip Code 44106

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11524

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

275.73

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Intercontinental Hotel

Mailing Address 8800 Elucid Avenue

City Cleveland State OH Zip Code 44106

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11525

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

144.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Intercontinental Hotel

Mailing Address 8800 Elucid Avenue

City Cleveland State OH Zip Code 44106

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11523

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

166.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11500

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

1322.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 2345 Crystal Drive

City State Zip Code
Arlington VA 22227

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11509

Date of Disbursement

/ /

Amount of Each Disbursement this Period

971.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address Post Office Box 20537

City State Zip Code
Atlanta GA 30320

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11502

Date of Disbursement

/ /

Amount of Each Disbursement this Period

459.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address PO Box 36647

City State Zip Code
Dallas TX 75235-1647

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11516

Date of Disbursement

/ /

Amount of Each Disbursement this Period

178.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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. Southwest Airlines

Mailing Address PO Box 36647

City
DallasState
TXZip Code
75235-1647Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11494

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Amount of Each Disbursement this Period

332.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address PO Box 36647

City
DallasState
TXZip Code
75235-1647Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Amount of Each Disbursement this Period

116.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address PO Box 36647

City
DallasState
TXZip Code
75235-1647Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11527

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Amount of Each Disbursement this Period

116.30

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address PO Box 619612

City
Dallas

State
TX

Zip Code
75261-9612

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.30

[MEMO ITEM]

B. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City
Chicago

State
IL

Zip Code
60631-3200

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

201.30

[MEMO ITEM]

C. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City
Chicago

State
IL

Zip Code
60631-3200

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11496

Date of Disbursement

/ /

Amount of Each Disbursement this Period

315.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11503

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

149.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11497

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

315.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11510

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2006

Amount of Each Disbursement this Period

220.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11520

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

329.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Music Express Limousine

Mailing Address 475 Boulevard

City Elmwood Park State NJ Zip Code 07407

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11505

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

904.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Scottsdale Resort & Conference Center

Mailing Address 7700 E. McCormick Parkway

City Scottsdale State AZ Zip Code 85258

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11495

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

248.14

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. The Westin Seattle

Mailing Address 1900 5th Avenue

City
Seattle

State
WA

Zip Code
98101

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11519

Date of Disbursement

/ /

Amount of Each Disbursement this Period

354.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 260002

City
Fort Lauderdale

State
FL

Zip Code
33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

637.02

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11462

Date of Disbursement

/ /

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

637.02

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. Amtrak

Mailing Address 60 Massachusetts Avenue NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11467

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Trans Air

Mailing Address 7337 West Washington Street

City
Indianapolis

State
IN

Zip Code
46231-1328

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 260002

City
Fort Lauderdale

State
FL

Zip Code
33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11449

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2025.22

SUBTOTAL of Disbursements This Page (optional)

2025.22

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. Budget Conferencing

Mailing Address 60 State Street Center

City Boston State MA Zip Code 02109

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11452

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Pair Networks

Mailing Address 2403 Sidney Street
Suite 510

City Pittsburgh State PA Zip Code 15203

Purpose of Disbursement
Web Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11450

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11459

Date of Disbursement

/ /

Amount of Each Disbursement this Period

630.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(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. Staples

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11458

Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

6.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11456

Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

87.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11457

Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

29.97

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

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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. T-Mobile

Mailing Address 233 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11451

Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

370.11

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11453

Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

517.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

221120.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Courtney For Congress

Mailing Address 38 Risley Road

City
VernonState
CTZip Code
06066Purpose of Disbursement
ContributionCandidate Name
Joseph D. CourtneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: D11338

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address 38 Risley Road

City
VernonState
CTZip Code
06066Purpose of Disbursement
ContributionCandidate Name
Joseph D. CourtneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: D11337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Iowa Democratic Party

Mailing Address 5661 Fleur Drive

City
Des MoinesState
IAZip Code
50321Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11401

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Arizona State Democratic Central Executive Committ

Mailing Address 2910 North Central Avenue

City State Zip Code
Phoenix AZ 85012

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11644

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Castor for Congress

Mailing Address P.O. Box 5419

City State Zip Code
Tampa FL 33675

Purpose of Disbursement
Contribution

Candidate Name
Katherine Castor

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: D11544

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Davis for Congress

Mailing Address P.O. Box 2006

City State Zip Code
Akron NY 14001

Purpose of Disbursement
Contribution

Candidate Name
Jack Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: D11351

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 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. Davis for Congress

Mailing Address P.O. Box 2006

City Akron State NY Zip Code 14001

Purpose of Disbursement
Contribution

Candidate Name
Jack Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: D11350

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ellsworth for Congress Committee

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47708

Purpose of Disbursement
Contribution

Candidate Name
Brad Ellsworth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: D11393

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lucas for Congress

Mailing Address P.O. Box 175765

City Covington State KY Zip Code 41017

Purpose of Disbursement
Contribution

Candidate Name
Ken Lucas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D11363

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Rhode Island Democratic State Committee

Mailing Address P.O. Box 6004

City
Providence

State
RI

Zip Code
02940

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11438

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Midlantic Jet Aviation, Inc.

Mailing Address Atlantic City International Airpor
Suite 112

City
Egg Harbor Twp

State
NJ

Zip Code
08234

Purpose of Disbursement
In-Kind Travel, See Pre-General Report

Candidate Name
Patrick Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D11537

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1221.58

Full Name (Last, First, Middle Initial)

C. Midlantic Jet Aviation, Inc.

Mailing Address Atlantic City International Airpor
Suite 112

City
Egg Harbor Twp

State
NJ

Zip Code
08234

Purpose of Disbursement
In-Kind Travel, See Pre-General Report

Candidate Name
Patrick Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D11539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1221.60

SUBTOTAL of Disbursements This Page (optional)

7443.18

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Midlantic Jet Aviation, Inc.

Mailing Address Atlantic City International Airpor
Suite 112

City State Zip Code
Egg Harbor Twp NJ 08234

Purpose of Disbursement
In-Kind Travel, See Pre-General Report

Candidate Name
Patrick Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D11538

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1221.58

Full Name (Last, First, Middle Initial)

B. Klein for Congress

Mailing Address 21301 Powerline Road
Suite 204

City State Zip Code
Boca Raton FL 33433

Purpose of Disbursement
Contribution

Candidate Name
Ron Klein

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D11374

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Klein for Congress

Mailing Address 21301 Powerline Road
Suite 204

City State Zip Code
Boca Raton FL 33433

Purpose of Disbursement
Contribution

Candidate Name
Ron Klein

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D11373

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6221.58

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Georgia Federal Elections Committee

Mailing Address 1100 Spring Street

City Atlanta State GA Zip Code 30309

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ellison for Congress

Mailing Address P.O. Box 11818

City Minneapolis State MN Zip Code 55411

Purpose of Disbursement
Contribution

Candidate Name
Keith Ellison

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: D11398

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Carol Shea-Porter for Congress

Mailing Address P.O. Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement
Contribution

Candidate Name
Carol Shea-Porter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: D11385

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Kellam for Congress

Mailing Address P.O. Box 56254

City
Virginia Beach

State
VA

Zip Code
23456

Purpose of Disbursement
Contribution

Candidate Name
Phil Kellam

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D11375

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kellam for Congress

Mailing Address P.O. Box 56254

City
Virginia Beach

State
VA

Zip Code
23456

Purpose of Disbursement
Contribution

Candidate Name
Phil Kellam

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D11376

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kagen 4 Congress

Mailing Address 100 West Lawrence Street

City
Appleton

State
WI

Zip Code
54911

Purpose of Disbursement
Contribution

Candidate Name
Steven Kagen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: D11358

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Jill Derby for Congress

Mailing Address P.O. Box 1901

City Minden State NV Zip Code 89423

Purpose of Disbursement
Contribution

Candidate Name
Jill Derby

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D11348

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jill Derby for Congress

Mailing Address P.O. Box 1901

City Minden State NV Zip Code 89423

Purpose of Disbursement
Contribution

Candidate Name
Jill Derby

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D11347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic State Central Committee of Maryland

Mailing Address 188 Main Street
Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11403

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Missouri Democratic State Committee

Mailing Address P.O. Box 719

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Yarmuth for Congress

Mailing Address 1815 Brownsboro Road
Suite 100

City Louisville State KY Zip Code 40206

Purpose of Disbursement
Contribution

Candidate Name
John Yarmuth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: D11382

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Yarmuth for Congress

Mailing Address 1815 Brownsboro Road
Suite 100

City Louisville State KY Zip Code 40206

Purpose of Disbursement
Contribution

Candidate Name
John Yarmuth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: D11381

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Angie Paccione for Congress

Mailing Address P.O. Box 1292

City
Fort CollinsState
COZip Code
80522Purpose of Disbursement
ContributionCandidate Name
Angie PaccioneCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: D11392

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Madrid For Congress

Mailing Address P.O. Box 25626

City
AlbuquerqueState
NMZip Code
87125Purpose of Disbursement
ContributionCandidate Name
Patricia A. MadridCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: D11331

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Nevada State Democratic Party

Mailing Address 409 Horn Street

City
Las VegasState
NVZip Code
89107Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11545

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Committee to Bring Back Baron

Mailing Address P.O. Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
Baron Hill

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: D11367

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee to Bring Back Baron

Mailing Address P.O. Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
Baron Hill

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: D11368

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Farrell For Congress

Mailing Address P.O. Box 5136

City Westport State CT Zip Code 06881

Purpose of Disbursement
Contribution

Candidate Name
Diane Goss Farrell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: D11340

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Farrell For Congress

Mailing Address P.O. Box 5136

City
Westport

State
CT

Zip Code
06881

Purpose of Disbursement
Contribution

Candidate Name
Diane Goss Farrell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: D11339

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tim Mahoney for Florida

Mailing Address 1128-408 Royal Palm Beach Blvd.

City
Royal Palm Beach

State
FL

Zip Code
33411

Purpose of Disbursement
Contribution

Candidate Name
Tim Mahoney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: D11352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tim Mahoney for Florida

Mailing Address 1128-408 Royal Palm Beach Blvd.

City
Royal Palm Beach

State
FL

Zip Code
33411

Purpose of Disbursement
Contribution

Candidate Name
Tim Mahoney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: D11349

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Alaska Democratic Party

Mailing Address P.O. Box 231230

City
Anchorage

State
AK

Zip Code
99523

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. New Hampshire Democratic State Committee

Mailing Address 2 1/2 Beacon Street

City
Concord

State
NH

Zip Code
03301

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Montana Democratic Party

Mailing Address P.O. Box 802

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11400

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Lampson for Congress

Mailing Address P.O. Box 58606

City
Houston

State
TX

Zip Code
77258

Purpose of Disbursement
Contribution

Candidate Name
Nick Lampson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 22

Transaction ID: D11357

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. McNerney for Congress

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement
Contribution

Candidate Name
Jerry McNerney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D11378

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McNerney for Congress

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement
Contribution

Candidate Name
Jerry McNerney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D11377

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Paul Hodes for Congress

Mailing Address 26 South Main Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
Paul Hodes

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: D11355

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Paul Hodes for Congress

Mailing Address 26 South Main Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
Paul Hodes

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: D11356

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lois Murphy for Congress

Mailing Address P.O. Box 312

City Narberth State PA Zip Code 19072

Purpose of Disbursement
Contribution

Candidate Name
Lois Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: D11362

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. John Salazar for Congress

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
Contribution

Candidate Name
John Tony Salazar

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: D11395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Goldmark for Congress

Mailing Address P.O. Box 1512

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contribution

Candidate Name
Peter Goldmark

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: D11399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution

Candidate Name
Christopher S. Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: D11342

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution

Candidate Name
Christopher S. Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: D11341

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Heath Shuler for Congress

Mailing Address P.O. Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement
Contribution

Candidate Name
Heath Shuler

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D11333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Wetterling '06

Mailing Address P.O. Box 2295

City Saint Cloud State MN Zip Code 56302

Purpose of Disbursement
Contribution

Candidate Name
Patty Wetterling

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: D11361

Date of Disbursement

^M^M / ^D^D / ^Y^Y^Y^Y

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Jim Marshall

Mailing Address PO Box 125

City Macon State GA Zip Code 31201

Purpose of Disbursement
Contribution

Candidate Name
Jim Marshall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: D11332

Date of Disbursement

^M^M / ^D^D / ^Y^Y^Y^Y

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution

Candidate Name
Tim Walz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D11379

Date of Disbursement

^M^M / ^D^D / ^Y^Y^Y^Y

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

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
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City
Mankato

State
MN

Zip Code
56002

Purpose of Disbursement
Contribution

Candidate Name
Tim Walz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D11380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Arcuri for Congress

Mailing Address P.O. Box 8508

City
Utica

State
NY

Zip Code
13505

Purpose of Disbursement
Contribution

Candidate Name
Michael Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: D11346

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Arcuri for Congress

Mailing Address P.O. Box 8508

City
Utica

State
NY

Zip Code
13505

Purpose of Disbursement
Contribution

Candidate Name
Michael Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: D11345

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 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. Carter for Senate Committee

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Contribution

Candidate Name
John W. Carter

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: D11419

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Altmire

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
Contribution

Candidate Name
Jason Altmire

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D11343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Party of Virginia

Mailing Address 1108 East Main Street
2nd Floor

City Richmond State VA Zip Code 23219

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Michigan Democratic State Central Committee

Mailing Address 606 Townsend

City
LansingState
MIZip Code
48933Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11388

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sestak for Congress

Mailing Address P.O. Box 16

City
MediaState
PAZip Code
19063Purpose of Disbursement
ContributionCandidate Name
Joseph A. Sestak, Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: D11334

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	6

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Carney for Congress

Mailing Address P.O. Box 38

City
DimockState
PAZip Code
18816Purpose of Disbursement
ContributionCandidate Name
Chris CarneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: D11370

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Carney for Congress

Mailing Address P.O. Box 38

City
Dimock

State
PA

Zip Code
18816

Purpose of Disbursement
Contribution

Candidate Name
Chris Carney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: D11369

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. John Hall for Congress

Mailing Address P.O. Box 377

City
Dover Plains

State
NY

Zip Code
12522

Purpose of Disbursement
Contribution

Candidate Name
John Hall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D11383

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of John Barrow

Mailing Address P.O. Box 8166

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement
Contribution

Candidate Name
John Barrow

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: D11364

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. VoteVets

Mailing Address 90 Park Avenue
17th Floor

City New York State NY Zip Code 10016

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11404

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Welch for Congress

Mailing Address P.O. Box 1086

City Montpelier State VT Zip Code 05601

Purpose of Disbursement
Contribution

Candidate Name
Peter Welch

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VT District:

Transaction ID: D11336

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Welch for Congress

Mailing Address P.O. Box 1086

City Montpelier State VT Zip Code 05601

Purpose of Disbursement
Contribution

Candidate Name
Peter Welch

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VT District:

Transaction ID: D11335

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Patrick Murphy for Congress

Mailing Address P.O. Box 868

City
Levittown

State
PA

Zip Code
19058

Purpose of Disbursement
Contribution

Candidate Name
Patrick Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D11360

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Patrick Murphy for Congress

Mailing Address P.O. Box 868

City
Levittown

State
PA

Zip Code
19058

Purpose of Disbursement
Contribution

Candidate Name
Patrick Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D11359

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Perlmutter for Congress

Mailing Address 3440 Youngfield Street
No. 264

City
Wheat Ridge

State
CO

Zip Code
80033

Purpose of Disbursement
Contribution

Candidate Name
Ed Perlmutter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D11371

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Perlmuter for CongressMailing Address 3440 Youngfield Street
No. 264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
ContributionCandidate Name
Ed PerlmuterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D11372

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gillibrand for Congress

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement
ContributionCandidate Name
Kirsten GillibrandCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: D11354

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gillibrand for Congress

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement
ContributionCandidate Name
Kirsten GillibrandCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: D11353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Christine Jennings for Congress

Mailing Address 8211 241st Street East

City State Zip Code
Myakka City FL 34251

Purpose of Disbursement
Contribution

Candidate Name
Christine Jennings

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: D11391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Dan Maffei

Mailing Address P.O. Box 74

City State Zip Code
Syracuse NY 13214

Purpose of Disbursement
Contribution

Candidate Name
Dan Maffei

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: D11390

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Joe Donnelly for Congress

Mailing Address P.O. Box 1961

City State Zip Code
South Bend IN 46634

Purpose of Disbursement
Contribution

Candidate Name
Joe Donnelly

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: D11366

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Joe Donnelly for Congress

Mailing Address P.O. Box 1961

City
South BendState
INZip Code
46634Purpose of Disbursement
ContributionCandidate Name
Joe DonnellyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: D11365

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Darcy Burner For Congress

Mailing Address P.O. Box 1090

City
CarnationState
WAZip Code
98014Purpose of Disbursement
ContributionCandidate Name
Darcy BurnerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: D11394

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Nancy Boyda For Congress

Mailing Address 510 SW 10th Street

City
TopekaState
KSZip Code
66612Purpose of Disbursement
ContributionCandidate Name
Nancy BoydaCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: D11344

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

232664.76

Image# 27960038687

Form/Schedule: **SB23** \$721.60 Refund Requested
Transaction ID: **D11362**

Form/Schedule: **SB23** \$1,221.60 Refund Requested
Transaction ID: **D11359**
