

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Hopefund, Inc.

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

Check if different than previously reported. (ACC)

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00409052

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

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

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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 12 07 2006

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

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Hopefund, Inc.

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		457884.03
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	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)	448937.46	2217667.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	809966.86	809966.86								
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**

Write or Type Committee Name
Hopefund, Inc.

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	47780.00	1430628.68
(i) Itemized (use Schedule A)	165133.17	1066819.41
(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

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	227664.76	421464.76
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))..	448937.46	2217667.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	448937.46	2217667.56

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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:	PAGE 6 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Alice Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 273 Upland Road		Transaction ID: C601369
City State Zip Code Cambridge MA 02140	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 500.00	

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

Full Name (Last, First, Middle Initial) C. C. Bruce Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 821 Raymundo Ave.		Transaction ID: C603430
City State Zip Code Los Altos CA 94024	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 118
	<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. Michael A Silver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6	
Mailing Address 210 W Scott Street #E		Transaction ID: C601899	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tribune Company	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Elise Sprunt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 49 S River Road		Transaction ID: C601521	
City State Zip Code Buena Vista VA 24416	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. James Duffy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 116 E 68th St.		Transaction ID: C601365	
City State Zip Code New York NY 10021-5955	Amount of Each Receipt this Period 250.00		
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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 118
	<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. 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 State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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		

Full Name (Last, First, Middle Initial) B. Ted Dodd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 69 Saint Rose Street # 1		Transaction ID: C601760	
City State Zip Code Jamaica Plain MA 02130	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Theatre		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ruth Trubner		Date of Receipt 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 State Zip Code Bellevue WA 98004	Amount of Each Receipt this Period 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 ▼ 350.00		

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: (check only one)	PAGE 9 / 118
	<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. Bernice Glozek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 26778		Transaction ID: C601592	
City Las Vegas	State NV	Zip Code 89126	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Willie Jones		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 2730 Maceo Cir.		Transaction ID: C600157	
City Dallas	State TX	Zip Code 75216	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gilbert Gordon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 450 Grantham C		Transaction ID: C601517	
City Deerfield Beach	State FL	Zip Code 33442	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 3065 Vandiver Dr.

City Marietta State GA Zip Code 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

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

Mailing Address 2500 Q Street NW Apt 444

City Washington State DC Zip Code 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

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

Mailing Address 449 Whitetail Ln.

City Grand Jct. State CO Zip Code 81503

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

Name of Employer Occupation 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

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 11 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

Full Name (Last, First, Middle Initial) A. Mary Kitchen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 9846 Palace Green Way		Transaction ID: C601370	
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Fairfax County Lab Director	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Louis Moriarty		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 175 Gleason Lake Road		Transaction ID: C603531	
City State Zip Code Wayzata MN 55391	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Marybelle Cochran		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 233 Ash St.		Transaction ID: C601364	
City State Zip Code Weston MA 02493-1940	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: (check only one)	PAGE 12 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. William Humpheys		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 100 Bass Cir.		Transaction ID: C599078	
City State Zip Code Nancy KY 42544-4418	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William Humpheys		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 100 Bass Cir.		Transaction ID: C602888	
City State Zip Code Nancy KY 42544-4418	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. 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 State Zip Code Sarasota FL 34238	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	260.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 118
	<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. Bert J. Maxon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1125 Lake Cook Rd. Apt 406		Transaction ID: C599912	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bert Maxon and Company	Occupation Sales Provider		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Adewale Adekoya		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 438 Clermont Ave. Apt D		Transaction ID: C603106	
City State Zip Code Brooklyn NY 11238	Amount of Each Receipt this Period 225.00		
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		

Full Name (Last, First, Middle Initial) C. Claudia Pharis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 540 Newton Pl. NW		Transaction ID: C599689	
City State Zip Code Washington DC 20010-1710	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capitol City Careers	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Monique Weil		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 6022 Merriewood Dr.		Transaction ID: C601952
City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ruth Kirk		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 980 Fullers Chapel Rd.		Transaction ID: C603110
City State Zip Code Chatsworth GA 30705	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ernest Santalla		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 14020 SW 104 Ave.		Transaction ID: C601137
City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Salesperson Aggregate Year-to-Date ▼ 350.00	

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: (check only one)	PAGE 15 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 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 Occupation
 William Sonoma 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)
 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 Occupation
 Washington University 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

C. Full Name (Last, First, Middle Initial)
 Joan M. Rothenberg

Mailing Address 1575 Ashland Ave.

City State Zip Code
 Evanston IL 60201-4071

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

Name of Employer Occupation
 Homemaker

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: C603577

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

B. 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 Occupation
 Self Employed 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

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

Mailing 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

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 330 Cordova St.
 Unit 265

City Pasadena State CA Zip Code 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

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

Mailing Address 101 Cheswold Ln.
 Apt 3B

City Haverford State PA Zip Code 19041

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 1 / 1 4 / 2 0 0 6

Transaction ID: C603109

Amount of Each Receipt this Period
 350.00

C. Full Name (Last, First, Middle Initial)
 Charles A Stegman

Mailing Address 700 Grand View Avenue

City San Francisco State CA Zip Code 94114

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

Name of Employer Occupation SF Cheetah, Inc. 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

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 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.

Full Name (Last, First, Middle Initial) A. Charles King		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 3061 Fairfax Rd.		Transaction ID: C600158	
City State Zip Code Cleveland Heights OH 44118	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer USHC Physicians Inc.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Michael Aten		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 8197 Washington Avenue		Transaction ID: C601459	
City State Zip Code North Royalto OH 44133	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Doug Baur		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1326 Pendleton Ct.		Transaction ID: C602719	
City State Zip Code Charlottesville VA 22901	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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: (check only one)	PAGE 19 / 118		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

Full Name (Last, First, Middle Initial) A. Steven Martel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 652 Parnassus Ave.		Transaction ID: C603113	
City State Zip Code San Francisco CA 94122	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PFCPMC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Phina McBride		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 21408 Entrada Road		Transaction ID: C601372	
City State Zip Code Topanga CA 90290	Amount of Each Receipt this Period 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 ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Howard Hctor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 506 Price Street		Transaction ID: C601326	
City State Zip Code West Chester PA 19382	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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 20 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Martha Reddout		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 326 Cayuga Creek Road		Transaction ID: C603448
City State Zip Code Alden NY 14004	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. John Hedges		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 421 West Melrose Unit 17C		Transaction ID: C601916
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Businessman Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Lenore Weissler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 810 Prospect Avenue		Transaction ID: C603532
City State Zip Code Bethlehem PA 18018	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Professor Aggregate Year-to-Date ▼ 400.00	

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: (check only one)	PAGE 21 / 118
	<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. Hazel Underwood		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 201 Clinton Ave.		Transaction ID: C601513	
City State Zip Code Brooklyn NY 11205	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Harold McClaskey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1230 Anacapa Way		Transaction ID: C601373	
City State Zip Code Laguna Beach CA 92651	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) C. Cynthia Leon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 2485 S 6th Avenue		Transaction ID: C601690	
City State Zip Code Yuma AZ 85364	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Yuma School District Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	675.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Barbara Burnim		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 6 Artichoke Terrace		Transaction ID: C601463
City State Zip Code Newburyport MA 01950-6256	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Applied Graphics, Inc.	Occupation Business Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Phil Felix		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 26 Parador Road		Transaction ID: C601346
City State Zip Code Los Lunas NM 87031	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Thomas Klouda		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1324 Jefferson St NW		Transaction ID: C601923
City State Zip Code Washington DC 20011-3631	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer United States Senate	Occupation legislative aide	
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) ▶	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: (check only one)	PAGE 23 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 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 Occupation
 Wichita State University Economist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

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

Transaction ID: C603529

Amount of Each Receipt this Period
 225.00

B. 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 Occupation
 On Lok Senior Health Services Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

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

Transaction ID: C603459

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
 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 Occupation
 O'Melveny and Myers LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: C601914

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 118
	<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. 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 State Zip Code Berkeley CA 94709	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) B. Dorothea Fulkerson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 400 Seabury Drive Apt 4131		Transaction ID: C601575	
City State Zip Code Bloomfield CT 06002	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Florence Free		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 100 Sunrise Ave.		Transaction ID: C601762	
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	575.00
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

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Employed Futures Trader

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

Transaction ID: C601523

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 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 Occupation
 Times Microwave Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

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

Transaction ID: C601479

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 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 Occupation
 Winning Connections Campaign Director

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Sandra Eskin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 1000 W Washington Blvd Apt 434		Transaction ID: C601932	
City State Zip Code Chicago IL 60607	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ian Nisbet		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 150 Alder Ln.		Transaction ID: C603117	
City State Zip Code N Falmouth MA 02556	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. 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 State Zip Code Peoria IL 61614-5053	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. R. Oetting		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 8668 Skyline Dr. Apt 5223		Transaction ID: C601974
City State Zip Code Dallas TX 75243	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Rick Sajbel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 175 Kyllers Court PO Box 570		Transaction ID: C601933
City State Zip Code Penngrove CA 94951	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sales Manager	
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Thomas Wirth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 241 Hillside Road		Transaction ID: C601588
City State Zip Code Elizabeth NJ 07208	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested	
Aggregate Year-to-Date ▼ 400.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 118
	<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. Clarence Fogelstrom		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 322 Maryland Avenue NE		Transaction ID: C601367	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. J. Peter Dowd		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 221 N Taylor Ave		Transaction ID: C601869	
City State Zip Code Oak Park IL 60302-2525	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Jeffrey Caine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 139 Santa Rosa Avenue		Transaction ID: C601712	
City State Zip Code Sausalito CA 94965-2049	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 4129 Fellowship Road

City Basking Ridge State NJ Zip Code 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 Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C601344

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Elizabeth J. Alter

Mailing Address 400 South Cliffwood Avenue

City Los Angeles State CA Zip Code 90049

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

Name of Employer 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 Y
 1 1 / 1 0 / 2 0 0 6

Transaction ID: C601958

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 4181 Pamona Avenue

City Miami State FL Zip Code 33133

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

Name of Employer Occupation Professor

Receipt For: Primary General 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: C601377

Amount of Each Receipt this Period
 200.00

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: (check only one)	PAGE 30 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) Parker Albee		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 9 Baysite Lane		Transaction ID: C603456	
City Falmouth	State ME	Amount of Each Receipt this Period 200.00	
Zip Code 04105			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Maine	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) Richard Scott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 3225 Hankinson Road		Transaction ID: C601338	
City Granville	State OH	Amount of Each Receipt this Period 50.00	
Zip Code 43023			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) Jane K. Grammer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 141 Beechwood Dr.		Transaction ID: C601780	
City Shrewsbury	State NJ	Amount of Each Receipt this Period 200.00	
Zip Code 07702			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 118
	<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) Harry Lake		Date of Receipt M M / D D / 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	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

B. 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	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Ira Resnick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 15 W 63rd St. Apt 37A		Transaction ID: C601783	
City New York	State NY	Zip Code 10023	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Art Dealer Aggregate Year-to-Date ▼ 1500.00		

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 32 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Linda K. Jacobs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 45 East 9th Street Apartment 95		Transaction ID: C601893
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Bhaskar Ghosh		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 1440 E University Ave.		Transaction ID: C603108
City State Zip Code Bethlehem PA 18015	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. 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 State Zip Code Washington DC 20037	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation retired Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 118
	<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. Margaret Kling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1220 Carlton Cove Boulevard SW		Transaction ID: C601330	
City State Zip Code Huntsville AL 35802	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Letitia Upton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1010 Waltham St. Apt A301		Transaction ID: C601376	
City State Zip Code Lexington MA 02421	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. Chair Rhodes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 209 E 23rd St.		Transaction ID: C601375	
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer School of Visual Arts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chairman of the Board Aggregate Year-to-Date ▼ 2000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 118
	<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. Werner Kramarsky		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 33 E 70th St. Apt 7F		Transaction ID: C603112
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Alma Burlingame		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 26 Alexander Avenue		Transaction ID: C603427
City State Zip Code Sausalito CA 94965	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Charles Merrill		Date of Receipt 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 State Zip Code Boston MA 02108	Amount of Each Receipt this Period 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 ▼ 850.00	

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Herb Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 327		Transaction ID: C602728
City State Zip Code Thedford NE 69166	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Rancher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Michael Aitken		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address PO Box 6535		Transaction ID: C603121
City State Zip Code Kamuela HI 96743	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rock Star Masonry	Occupation Masonry Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Margaret H O'Dell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 5658 S. Blackstone		Transaction ID: C601936
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Joyce Foundation	Occupation Program Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Mary Lois Nevins		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 561 Bradford Street		Transaction ID: C603457
City State Zip Code Pasadena CA 91105-2408	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert Meeker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 1310 Gulf Blvd.		Transaction ID: C603530
City State Zip Code Clearwater FL 33767	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Lynne Mackey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 265 Union Blvd. Ste 1220		Transaction ID: C601519
City State Zip Code Saint Louis MO 63108	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer L Power Development LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Augusta Lyons		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 410 Rolling Lane		Transaction ID: C601371	
City State Zip Code Louisville KY 40207		Amount of Each Receipt this Period 200.00	
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Paul S. Ruiz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 309 Cumberland Rd.		Transaction ID: C601481	
City State Zip Code Austin TX 78704		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Clark Thomas & Winters Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Bonnie Geppert		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 1670 County Rd 430		Transaction ID: C603590	
City State Zip Code La Veta CO 81055-9645		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Information Requested Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Sally Finger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1102 Meadow Ridge Apt 1102		Transaction ID: C601468	
City State Zip Code Redding CT 06896		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Christina Romer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 6401 Ascot Drive		Transaction ID: C601522	
City State Zip Code Oakland CA 94611		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation University of California Berkeley Professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Emery Goff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 158 Middle Street		Transaction ID: C601368	
City State Zip Code Farmington ME 04938		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed Antique Dealer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	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: (check only one)	PAGE 39 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 23 Park Avenue
 No. 2C

City State Zip Code
 New York NY 10016

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

Name of Employer Occupation
 Walt Disney Theatrical Producer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y 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)
 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 Occupation
 Montefiore Medical 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 Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: C603458

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO Box 486

City State Zip Code
 Philo CA 95466-0486

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 Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C601903

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	5450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. S. Charles Melton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 5645 Minaret Ct.		Transaction ID: C601767
City State Zip Code Orlando FL 32821	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Young		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 2310 30th Street		Transaction ID: C603533
City State Zip Code Santa Monica CA 90405	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested	
	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Donald Vanhulzen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1839 Flanigan Court		Transaction ID: C601524
City State Zip Code Iowa City IA 52246	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 400.00	

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: (check only one)	PAGE 41 / 118
	<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. Thomas Denhart		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 420 NW 11th Ave. Unit 1205		Transaction ID: C603107
City State Zip Code Portland OR 97209	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Donald A. Stearns		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 166 Powells Cove Blvd. Apt 25		Transaction ID: C600947
City State Zip Code Beechhurst NY 11357	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) C. Matt Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 123 N Happy Hollow Boulevard		Transaction ID: C601594
City State Zip Code Omaha NE 68132	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oncho Public Schools Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1530.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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 42 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

A. Full Name (Last, First, Middle Initial)
Janet C. Howard

Mailing Address 5624 Boatwright Circle

City Williamsburg State VA Zip Code 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

B. Full Name (Last, First, Middle Initial)
A.Stafford Metz

Mailing Address 5415 Connecticut Ave. NW

City Washington State DC Zip Code 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

C. Full Name (Last, First, Middle Initial)
Roy L Austin

Mailing Address 7333 Carroll Avenue

City Takoma Park State MD Zip Code 20912

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

Name of Employer Occupation Attorney
US Department of Justice

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: C601875

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	490.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 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)
 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 Requested Occupation
 Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

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

Transaction ID: C603122

Amount of Each Receipt this Period
 250.00

C. 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 Occupation
 Concordia College 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)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 118
	<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. David De Ramus		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address PO Box 2005		Transaction ID: C603431	
City Selma	State AL	Zip Code 36702	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Concordia College	Occupation Pastoral Counslor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Janet Graham		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 3031 Albans Rd.		Transaction ID: C601347	
City Houston	State TX	Zip Code 77005	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baylor College of Medicine	Occupation Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Oliver Lung, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 2454 Pauoa Road		Transaction ID: C603442	
City Honolulu	State HI	Zip Code 96813	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Alan Collmer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 608 E Miller Rd.		Transaction ID: C602722	
City Ithaca	State NY	Zip Code 14850-9435	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Murray Munvevs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 5200 Keller Springs Rd. Apt 020		Transaction ID: C603116	
City Dallas	State TX	Zip Code 75248	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. John Wilber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 130 Carriage Hill		Transaction ID: C600165	
City Macomb	State IL	Zip Code 61455	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Ice House Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. William Hunt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 84 Judson Street		Transaction ID: C601917
City State Zip Code Canton NY 13617	Amount of Each Receipt this Period 100.00	
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	

Full Name (Last, First, Middle Initial) B. Polly Victor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 5543 N Fresno St. Apt. D		Transaction ID: C601784
City State Zip Code Fresno CA 93710	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00	

Full Name (Last, First, Middle Initial) C. 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 State Zip Code New Britain CT 06052	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
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	

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: (check only one)	PAGE 47 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. 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: 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: C601829

Amount of Each Receipt this Period
 250.00

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

Mailing Address 81 Osprey Village Dr.

City State Zip Code
 Fernandina FL 32034

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: C603114

Amount of Each Receipt this Period
 250.00

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

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: (check only one)	PAGE 48 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Polly Bredt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 25 Los Charros Lane		Transaction ID: C601819
City State Zip Code Portolla Valley CA 94028	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self Employed Volunteer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Richard Goodyear		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 179 Grassy Hill Rd.		Transaction ID: C601516
City State Zip Code Lyme CT 06371	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jennifer R. Gardner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 47 East 91st Street Apartment 6		Transaction ID: C599057
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Douglas B. Gardner Founda- tion President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. 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		Transaction ID: C599690	
City State Zip Code Bend OR 97702-9227	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Betty Burrows		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 7418 Spring Village Drive Apt. 228		Transaction ID: C603428	
City State Zip Code Springfield VA 22150	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Arthur Drugge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1274 Arcola Dr.		Transaction ID: C601591	
City State Zip Code Fort Myers FL 33919	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 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 Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C601597

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
 Alice O'Brien

Mailing Address 1860 Ingleside Terrace NW

City State Zip Code
 Washington DC 20010

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

Name of Employer Bradhoff Kaiser Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: C601520

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
 Alice O'Brien

Mailing Address 1860 Ingleside Terrace NW

City State Zip Code
 Washington DC 20010

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

Name of Employer Bradhoff Kaiser Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: C603445

Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 118		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. B. S. Von Klemperer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 156 Colonial Road		Transaction ID: C601487	
City State Zip Code Summit NJ 07901	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Catalog	Occupation Businessman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Laura Pitts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 2626 Lakeridge Lane		Transaction ID: C601598	
City State Zip Code Bellingham WA 98226	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Judith Andrews		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 19 Grizzly Bear Path		Transaction ID: C603461	
City State Zip Code Ormond Beach FL 32174	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 52 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Leah G. McDonald		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 1323		Transaction ID: C603443
City Choteau	State MT	Zip Code 59422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Dawn Sinnott		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 2585 David Ln.		Transaction ID: C602736
City Medford	State OR	Zip Code 97504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Samuel Emerson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 11 Emerson Point Rd.		Transaction ID: C602725
City Harborside	State ME	Zip Code 04642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	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 53 / 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. Mary Goldschmid		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 455 Central Park West		Transaction ID: C601918	
City State Zip Code New York NY 10025	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
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		

Full Name (Last, First, Middle Initial) B. Milton Vorst		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 3432 Ashley Ter NW		Transaction ID: C601950	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 250.00		
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		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	47780.00

**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 54 / 118
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

Full Name (Last, First, Middle Initial) A. Supervalu, Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address P.O. Box 20		Transaction ID: C598926	
City State Zip Code Boise ID 83726	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00243220			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CME/PAC Chicago Mercantile Exchange, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 20 South Wacker Drive		Transaction ID: C599058	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00076299			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Illinois Pork Producers Association Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 6411 South Sixth Street Road		Transaction ID: C601868	
City State Zip Code Springfield IL 62712	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C C00175976			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Citibank FSB	
Mailing Address P.O. Box 18967	
City Washington	State DC
Zip Code 20036-0967	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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)

PAGE 56 / 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. Verizon Wireless		Transaction ID: D11445 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 270.69
City Dallas State TX Zip Code 75392	Purpose of Disbursement Telephone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Petty Cash		Transaction ID: D11435 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 481.81
City Washington State DC Zip Code 20005	Purpose of Disbursement Petty Cash Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. SunTrust		Transaction ID: D11536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 269.12
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1021.62
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)

PAGE 57 / 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. SunTrust		Transaction ID: D11535 Date of Disbursement 11 / 13 / 2006	
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 14.98	
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Credit Card Processing Fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SunTrust		Transaction ID: D11534 Date of Disbursement 11 / 13 / 2006	
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 50.20	
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Credit Card Processing Fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alyssa Mastromonaco		Transaction ID: D11414 Date of Disbursement 10 / 31 / 2006	
Mailing Address 19 5th Street SE Floor 2		Amount of Each Disbursement this Period 1807.64	
City Washington State DC Zip Code 20003	Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1872.82
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. Alyssa Mastromonaco		Transaction ID: D11415 Date of Disbursement 11 / 15 / 2006
Mailing Address 19 5th Street SE Floor 2		Amount of Each Disbursement this Period 1807.64
City Washington State DC Zip Code 20003	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Alyssa Mastromonaco		Transaction ID: D11416 Date of Disbursement 11 / 27 / 2006
Mailing Address 19 5th Street SE Floor 2		Amount of Each Disbursement this Period 1013.76
City Washington State DC Zip Code 20003	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fidelity Investments		Transaction ID: D11425 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 145421		Amount of Each Disbursement this Period 350.00
City Cincinnati State OH Zip Code 45250-5421	Purpose of Disbursement Employee Retirement Plan Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3171.40
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. Fidelity Investments		Transaction ID: D11426 Date of Disbursement																					
Mailing Address P.O. Box 145421		<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>1</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		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	1		2	0	0	6														
City Cincinnati	State OH	Zip Code 45250-5421	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Retirement Plan		Category/ Type	1400.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Comcast		Transaction ID: D11423 Date of Disbursement																					
Mailing Address P.O. Box 827554		<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>0</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		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	0		2	0	0	6														
City Philadelphia	State PA	Zip Code 19182-7554	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cable TV		Category/ Type	57.97																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. 235 Massachusetts Avenue LLC		Transaction ID: D11411 Date of Disbursement																					
Mailing Address 235 Massachusetts Avenue, NE		<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>7</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		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	7		2	0	0	6														
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent		Category/ Type	2155.70																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	3613.67
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 60 / 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.

A. Full Name (Last, First, Middle Initial) 235 Massachusetts Avenue LLC		Transaction ID: D11407 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 563.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Utilities		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) American Express		Transaction ID: D11529 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 76.77
City Phoenix State AZ Zip Code 85072-3852	Category/ Type	
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Citibank FSB		Transaction ID: D11441 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 18967		Amount of Each Disbursement this Period 10.00
City Washington State DC Zip Code 20036-0967	Category/ Type	
Purpose of Disbursement Bank Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	649.77
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)

PAGE 61 / 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. Citibank FSB		Transaction ID: D11417 Date of Disbursement 10 / 27 / 2006
Mailing Address P.O. Box 18967		Amount of Each Disbursement this Period 270.00
City Washington	State DC	
Zip Code 20036-0967		
Purpose of Disbursement Bank Fee		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Citibank FSB		Transaction ID: D11531 Date of Disbursement 11 / 06 / 2006
Mailing Address P.O. Box 18967		Amount of Each Disbursement this Period 10.00
City Washington	State DC	
Zip Code 20036-0967		
Purpose of Disbursement Bank Fee		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Citibank FSB		Transaction ID: D11532 Date of Disbursement 11 / 08 / 2006
Mailing Address P.O. Box 18967		Amount of Each Disbursement this Period 15.10
City Washington	State DC	
Zip Code 20036-0967		
Purpose of Disbursement Bank Fee		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	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		Transaction ID: D11530 Date of Disbursement 11 / 21 / 2006	
Mailing Address P.O. Box 18967		Amount of Each Disbursement this Period 10.00	
City Washington State DC Zip Code 20036-0967	Purpose of Disbursement Bank Fee Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CareFirst Blue Cross Blue Shield		Transaction ID: D11418 Date of Disbursement 11 / 20 / 2006	
Mailing Address 840 First Street, NE		Amount of Each Disbursement this Period 1419.00	
City Washington State DC Zip Code 20065	Purpose of Disbursement Insurance Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Catherine Mbacho		Transaction ID: D11420 Date of Disbursement 10 / 31 / 2006	
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 779.63	
City Washington State DC Zip Code 20002	Purpose of Disbursement Salary Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2208.63
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Catherine Mbacho		Transaction ID: D11421 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 779.63
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James D. Brayton		Transaction ID: D11427 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 2175 Jennings Road		Amount of Each Disbursement this Period 782.22
City Kensington State MD Zip Code 20895	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James D. Brayton		Transaction ID: D11428 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 2175 Jennings Road		Amount of Each Disbursement this Period 782.22
City Kensington State MD Zip Code 20895	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2344.07
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 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. A.B. Data		Transaction ID: D11412 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 150.00
City Milwaukee State WI Zip Code 53217-2600		
Purpose of Disbursement Direct Mail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. A.B. Data		Transaction ID: D11408 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 16447.99
City Milwaukee State WI Zip Code 53217-2600		
Purpose of Disbursement Direct Mail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. A.B. Data		Transaction ID: D11409 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 137492.39
City Milwaukee State WI Zip Code 53217-2600		
Purpose of Disbursement Direct Mail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	154090.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 65 / 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. Kirkland & Ellis, LLP		Transaction ID: D11410 Date of Disbursement 11 / 10 / 2006
Mailing Address 200 East Randolph Drive Suite 6100		Amount of Each Disbursement this Period 456.50
City Chicago State IL Zip Code 60601	Category/Type	
Purpose of Disbursement Facility Rental		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Reginald Love		Transaction ID: D11436 Date of Disbursement 10 / 31 / 2006
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 604.23
City Washington State DC Zip Code 20002	Category/Type	
Purpose of Disbursement Salary		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Reginald Love		Transaction ID: D11437 Date of Disbursement 11 / 15 / 2006
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 604.23
City Washington State DC Zip Code 20002	Category/Type	
Purpose of Disbursement Salary		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1664.96
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. AKP Message & Media		Transaction ID: D11413 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 730 North Franklin Street Suite 404		Amount of Each Disbursement this Period 5000.00
City Chicago State IL Zip Code 60610		
Purpose of Disbursement Political Consulting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AKP Message & Media		Transaction ID: D11406 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 730 North Franklin Street Suite 404		Amount of Each Disbursement this Period 5000.00
City Chicago State IL Zip Code 60610		
Purpose of Disbursement Political Consulting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jordan Kaplan		Transaction ID: D11431 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 2301 Champlain Street NW		Amount of Each Disbursement this Period 1070.56
City Washington State DC Zip Code 20009		
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	11070.56
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Jordan Kaplan		Transaction ID: D11432 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 2301 Champlain Street NW		Amount of Each Disbursement this Period 1070.56
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Princess Maids, Inc.		Transaction ID: D11405 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 7925 Bayberry Drive		Amount of Each Disbursement this Period 300.00
City Alexandria State VA Zip Code 22306	Purpose of Disbursement Cleaning Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tori L. Scarborough		Transaction ID: D11443 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 1083.16
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2453.72
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Tori L. Scarborough		Transaction ID: D11442 Date of Disbursement 11 / 06 / 2006
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 117.41
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tori L. Scarborough		Transaction ID: D11444 Date of Disbursement 11 / 15 / 2006
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 1083.16
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: D11433 Date of Disbursement 10 / 31 / 2006
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 26.50
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1227.07
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: D11541 Date of Disbursement 11 / 01 / 2006
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 5005.31
City Fairfax State VA Zip Code 22031	Category/ Type	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: D11540 Date of Disbursement 11 / 10 / 2006
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 193.99
City Fairfax State VA Zip Code 22031	Category/ Type	
Purpose of Disbursement Payroll Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: D11434 Date of Disbursement 11 / 15 / 2006
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 4995.11
City Fairfax State VA Zip Code 22031	Category/ Type	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10194.41
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		Transaction ID: D11429 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1501 Caroline Street NW		Amount of Each Disbursement this Period 1206.14
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Jennifer F. Yeager		Transaction ID: D11430 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1501 Caroline Street NW		Amount of Each Disbursement this Period 1206.14
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: D11542 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3412.28
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: D11330 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Gibbs		Transaction ID: D11439 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 2245.71
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert Gibbs		Transaction ID: D11440 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 2245.71
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5491.42
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. WMATA		Transaction ID: D11543 Date of Disbursement 11 / 21 / 2006
Mailing Address 600 Fifth Street NW		Amount of Each Disbursement this Period 45.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dewey Square Group		Transaction ID: D11424 Date of Disbursement 11 / 06 / 2006
Mailing Address 1001 G Street NW Suite 400 East		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Political Consulting Services	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D11446 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 1676.11
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card Payment, See Below	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3721.11
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 920041 City Dallas State TX Zip Code 75392 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11481 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 217.07 [MEMO ITEM]
--	--	--

B. Staples Full Name (Last, First, Middle Initial) Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11491 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 25.69 [MEMO ITEM]
---	--	---

C. T-Mobile Full Name (Last, First, Middle Initial) Mailing Address 233 Pennsylvania Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11484 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 380.79 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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		Transaction ID: D11480 Date of Disbursement 10 / 30 / 2006
Mailing Address 233 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 46.70
City Washington State DC Zip Code 20003	[MEMO ITEM]	
Purpose of Disbursement Telephone Service Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Four Seasons Hotel Philadelphia		Transaction ID: D11479 Date of Disbursement 10 / 30 / 2006
Mailing Address One Logan Square		Amount of Each Disbursement this Period 115.10
City Philadelphia State PA Zip Code 19103	[MEMO ITEM]	
Purpose of Disbursement Meals Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: D11475 Date of Disbursement 10 / 30 / 2006
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 600.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: D11490 Date of Disbursement 10 / 30 / 2006
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 7.80
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D11447 Date of Disbursement 11 / 10 / 2006
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 9955.43
City Fort Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement Credit Card Payment, See Below		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: D11504 Date of Disbursement 11 / 10 / 2006
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 201.30
City Chicago State IL Zip Code 60631-3200	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[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. United Airlines		Transaction ID: D11520 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 329.30 [MEMO ITEM]
City Chicago State IL Zip Code 60631-3200		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: D11503 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 149.30 [MEMO ITEM]
City Chicago State IL Zip Code 60631-3200		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: D11497 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 315.30 [MEMO ITEM]
City Chicago State IL Zip Code 60631-3200		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: D11510 Date of Disbursement 11 / 10 / 2006
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 220.60
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: D11496 Date of Disbursement 11 / 10 / 2006
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 315.30
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Music Express Limousine		Transaction ID: D11505 Date of Disbursement 11 / 10 / 2006
Mailing Address 475 Boulevard		Amount of Each Disbursement this Period 904.44
City Elmwood Park State NJ Zip Code 07407	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: D11499 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 280.30 [MEMO ITEM]
City Dallas State TX Zip Code 75261-9612		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Westin Seattle		Transaction ID: D11519 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1900 5th Avenue		Amount of Each Disbursement this Period 354.90 [MEMO ITEM]
City Seattle State WA Zip Code 98101		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Scottsdale Resort & Conference Center		Transaction ID: D11495 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 7700 E. McCormick Parkway		Amount of Each Disbursement this Period 248.14 [MEMO ITEM]
City Scottsdale State AZ Zip Code 85258		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Mayflower Park Hotel		Transaction ID: D11493 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 405 Olive Way		Amount of Each Disbursement this Period 239.83 [MEMO ITEM]
City Seattle State WA Zip Code 98101		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Intercontinental Hotel		Transaction ID: D11524 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 8800 Elucid Avenue		Amount of Each Disbursement this Period 275.73 [MEMO ITEM]
City Cleveland State OH Zip Code 44106		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Intercontinental Hotel		Transaction ID: D11525 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 8800 Elucid Avenue		Amount of Each Disbursement this Period 144.90 [MEMO ITEM]
City Cleveland State OH Zip Code 44106		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

<p>A. Intercontinental Hotel</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 8800 Elucid Avenue</p>		<p>Transaction ID: D11523 Date of Disbursement <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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	0		2	0	0	6													
<p>City Cleveland State OH Zip Code 44106</p>	<p>Purpose of Disbursement Travel</p>	<p>Amount of Each Disbursement this Period 166.90</p>																				
<p>Candidate Name</p>	<p>Category/ Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>																				

<p>B. Continental Airlines</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 4607</p>		<p>Transaction ID: D11501 Date of Disbursement <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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	0		2	0	0	6													
<p>City Houston State TX Zip Code 77210</p>	<p>Purpose of Disbursement Travel</p>	<p>Amount of Each Disbursement this Period 174.60</p>																				
<p>Candidate Name</p>	<p>Category/ Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>																				

<p>C. Delta Air Lines</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 20537</p>		<p>Transaction ID: D11502 Date of Disbursement <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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	0		2	0	0	6													
<p>City Atlanta State GA Zip Code 30320</p>	<p>Purpose of Disbursement Travel</p>	<p>Amount of Each Disbursement this Period 459.60</p>																				
<p>Candidate Name</p>	<p>Category/ Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>																				

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

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

Mailing Address 424 East Wisconsin Avenue

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D11522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D11508

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D11492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Massachusetts Avenue NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11526 Date of Disbursement 11 / 10 / 2006 Amount of Each Disbursement this Period 58.00 [MEMO ITEM]
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B. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Massachusetts Avenue NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11511 Date of Disbursement 11 / 10 / 2006 Amount of Each Disbursement this Period 35.00 [MEMO ITEM]
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C. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Massachusetts Avenue NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11507 Date of Disbursement 11 / 10 / 2006 Amount of Each Disbursement this Period 109.00 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: D11494 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 332.60
City Dallas State TX Zip Code 75235-1647	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: D11516 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 178.30
City Dallas State TX Zip Code 75235-1647	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: D11527 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 116.30
City Dallas State TX Zip Code 75235-1647	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: D11517 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 116.30
City Dallas State TX Zip Code 75235-1647	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: D11500 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 1322.30
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: D11509 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 971.60
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

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

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

FOR LINE NUMBER: (check only one)

<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		Transaction ID: D11513 Date of Disbursement 11 / 10 / 2006
Mailing Address One West Exchange Street		Amount of Each Disbursement this Period 267.42 [MEMO ITEM]
City Providence State RI Zip Code 02903		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Westin Providence		Transaction ID: D11514 Date of Disbursement 11 / 10 / 2006	
Mailing Address One West Exchange Street		Amount of Each Disbursement this Period 258.77 [MEMO ITEM]	
City Providence State RI Zip Code 02903			
Purpose of Disbursement Travel Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Budget Rent-a-Car		Transaction ID: D11498 Date of Disbursement 11 / 10 / 2006	
Mailing Address 300 Centre Pointe Drive		Amount of Each Disbursement this Period 310.94 [MEMO ITEM]	
City Virginia Beach State VA Zip Code 23462			
Purpose of Disbursement Travel Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Expedia		Transaction ID: D11506 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 3150 139th Avenue SE		Amount of Each Disbursement this Period 209.97 [MEMO ITEM]
City Bellvue State WA Zip Code 98005		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D11448 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 637.02 [MEMO ITEM]
City Fort Lauderdale State FL Zip Code 33336-0001		
Purpose of Disbursement Credit Card Payment, See Below Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Trans Air		Transaction ID: D11469 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 7337 West Washington Street		Amount of Each Disbursement this Period 67.80 [MEMO ITEM]
City Indianapolis State IN Zip Code 46231-1328		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	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.

<p>A. Amtrak</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 60 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11467</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.00"/></p>		<p>[MEMO ITEM]</p>		

<p>B. US Postmaster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address National Capitol Station 2 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11462</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.00"/></p>		<p>[MEMO ITEM]</p>		

<p>C. American Express</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 260002</p> <p>City Fort Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement Credit Card Payment, See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11449</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2025.22"/></p>		<p>[MEMO ITEM]</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2025.22"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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		Transaction ID: D11453 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 517.99
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D11456 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 87.83
City Framingham State MA Zip Code 01702	[MEMO ITEM]	
Purpose of Disbursement Office Supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D11458 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 6.33
City Framingham State MA Zip Code 01702	[MEMO ITEM]	
Purpose of Disbursement Office Supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 500 Staples Drive</p> <p>City Framingham State MA Zip Code 01702</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11457</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.97"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Budget Conferencing</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 60 State Street Center</p> <p>City Boston State MA Zip Code 02109</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11452</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.02"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. T-Mobile</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 233 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11451</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="370.11"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Pair Networks

Full Name (Last, First, Middle Initial)

Mailing Address 2403 Sidney Street
Suite 510

City Pittsburgh State PA Zip Code 15203

Purpose of Disbursement Web Hosting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D11450

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B. US Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D11459

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Heath Shuler for Congress		Transaction ID: D11333 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 97		Amount of Each Disbursement this Period 3000.00
City Hazelwood	State NC	
Zip Code 28738	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Heath Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 11		

Full Name (Last, First, Middle Initial) B. Carter for Senate Committee		Transaction ID: D11419 Date of Disbursement 10 / 27 / 2006
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 5000.00
City Las Vegas	State NV	
Zip Code 89121	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name John W. Carter		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District:		

Full Name (Last, First, Middle Initial) C. Ellison for Congress		Transaction ID: D11398 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 11818		Amount of Each Disbursement this Period 2500.00
City Minneapolis	State MN	
Zip Code 55411	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Keith Ellison		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 05		

SUBTOTAL of Disbursements This Page (optional)	10500.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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		Transaction ID: D11355 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 26 South Main Street		Amount of Each Disbursement this Period 2500.00
City Concord State NH Zip Code 03301	Purpose of Disbursement Contribution Candidate Name Paul Hodes Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul Hodes for Congress		Transaction ID: D11356 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 26 South Main Street		Amount of Each Disbursement this Period 2500.00
City Concord State NH Zip Code 03301	Purpose of Disbursement Contribution Candidate Name Paul Hodes Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Yarmuth for Congress		Transaction ID: D11382 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1815 Brownsboro Road Suite 100		Amount of Each Disbursement this Period 1000.00
City Louisville State KY Zip Code 40206	Purpose of Disbursement Contribution Candidate Name John Yarmuth Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) 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. Yarmuth for Congress		Transaction ID: D11381 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1815 Brownsboro Road Suite 100		Amount of Each Disbursement this Period 2500.00
City Louisville State KY Zip Code 40206		
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name John Yarmuth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Alaska Democratic Party		Transaction ID: D11397 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 231230		Amount of Each Disbursement this Period 5000.00
City Anchorage State AK Zip Code 99523		
Purpose of Disbursement 2006 Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lampson for Congress		Transaction ID: D11357 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 2500.00
City Houston State TX Zip Code 77258		
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Nick Lampson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. VoteVets Full Name (Last, First, Middle Initial) Mailing Address 90 Park Avenue 17th Floor City New York State NY Zip Code 10016 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11404 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 5000.00 Category/Type
--	--	--

B. Missouri Democratic State Committee Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 719 City Jefferson City State MO Zip Code 65102 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11402 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 5000.00 Category/Type
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C. Committee to Bring Back Baron Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1071 City Seymour State IN Zip Code 47274 Purpose of Disbursement Contribution Candidate Name Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11367 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 2500.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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		Transaction ID: D11368 Date of Disbursement 11 / 02 / 2006
Mailing Address P.O. Box 1071		Amount of Each Disbursement this Period 2500.00
City Seymour	State IN Zip Code 47274	
Purpose of Disbursement Contribution		
Candidate Name Baron Hill		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 09		

Full Name (Last, First, Middle Initial) B. Midlantic Jet Aviation, Inc.		Transaction ID: D11537 Date of Disbursement 10 / 20 / 2006
Mailing Address Atlantic City International Airpor Suite 112		Amount of Each Disbursement this Period 1221.58
City Egg Harbor Twp	State NJ Zip Code 08234	
Purpose of Disbursement In-Kind Travel, See Pre-General Report		
Candidate Name Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 08		

Full Name (Last, First, Middle Initial) C. Midlantic Jet Aviation, Inc.		Transaction ID: D11538 Date of Disbursement 10 / 20 / 2006
Mailing Address Atlantic City International Airpor Suite 112		Amount of Each Disbursement this Period 1221.58
City Egg Harbor Twp	State NJ Zip Code 08234	
Purpose of Disbursement In-Kind Travel, See Pre-General Report		
Candidate Name Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 08		

SUBTOTAL of Disbursements This Page (optional) ▶	4943.16
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Midlantic Jet Aviation, Inc.		Transaction ID: D11539 Date of Disbursement 10 / 20 / 2006
Mailing Address Atlantic City International Airpor Suite 112		Amount of Each Disbursement this Period 1221.60
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: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Welch for Congress		Transaction ID: D11336 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 1086		Amount of Each Disbursement this Period 2500.00
City Montpelier State VT Zip Code 05601	Purpose of Disbursement Contribution Candidate Name Peter Welch Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Welch for Congress		Transaction ID: D11335 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 1086		Amount of Each Disbursement this Period 2500.00
City Montpelier State VT Zip Code 05601	Purpose of Disbursement Contribution Candidate Name Peter Welch Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6221.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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.

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

/ /

Amount of Each Disbursement this Period

2500.00

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

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

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.

A. Citizens For Altmire Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement Contribution Candidate Name Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11343 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 2500.00 Category/Type
---	--	--

B. Lucas for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 175765 City Covington State KY Zip Code 41017 Purpose of Disbursement Contribution Candidate Name Ken Lucas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11363 Date of Disbursement 11 / 02 / 2006 Amount of Each Disbursement this Period 2500.00 Category/Type
---	--	--

C. Patrick Murphy for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 868 City Levittown State PA Zip Code 19058 Purpose of Disbursement Contribution Candidate Name Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11360 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 2500.00 Category/Type
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Patrick Murphy for Congress		Transaction ID: D11359 Date of Disbursement 11 / 02 / 2006
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 1000.00
City Levittown	State PA Zip Code 19058	
Purpose of Disbursement Contribution Candidate Name Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Angie Paccione for Congress		Transaction ID: D11392 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 1292		Amount of Each Disbursement this Period 1000.00
City Fort Collins	State CO Zip Code 80522	
Purpose of Disbursement Contribution Candidate Name Angie Paccione		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Castor for Congress		Transaction ID: D11544 Date of Disbursement 11 / 06 / 2006
Mailing Address P.O. Box 5419		Amount of Each Disbursement this Period 1000.00
City Tampa	State FL Zip Code 33675	
Purpose of Disbursement Contribution Candidate Name Katherine Castor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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. Democratic State Central Committee of Maryland		Transaction ID: D11403 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 188 Main Street Suite 1		Amount of Each Disbursement this Period 5000.00
City Annapolis State MD Zip Code 21401	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Goldmark for Congress		Transaction ID: D11399 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 1512		Amount of Each Disbursement this Period 1000.00
City Spokane State WA Zip Code 99210	Purpose of Disbursement Contribution Candidate Name Peter Goldmark Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carney for Congress		Transaction ID: D11370 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 38		Amount of Each Disbursement this Period 2500.00
City Dimock State PA Zip Code 18816	Purpose of Disbursement Contribution Candidate Name Chris Carney Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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. Carney for Congress		Transaction ID: D11369 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 38		Amount of Each Disbursement this Period 2500.00
City Dimock State PA Zip Code 18816	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Chris Carney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Christine Jennings for Congress		Transaction ID: D11391 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 8211 241st Street East		Amount of Each Disbursement this Period 2500.00
City Myakka City State FL Zip Code 34251	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Christine Jennings		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McNerney for Congress		Transaction ID: D11378 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 2500.00
City Sacramento State CA Zip Code 95841	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Jerry McNerney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. McNerney for Congress		Transaction ID: D11377 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 2500.00
City Sacramento	State CA	
Zip Code 95841		
Purpose of Disbursement Contribution		
Candidate Name Jerry McNerney		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 11		

Full Name (Last, First, Middle Initial) B. Friends of Jim Marshall		Transaction ID: D11332 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 125		Amount of Each Disbursement this Period 5000.00
City Macon	State GA	
Zip Code 31201		
Purpose of Disbursement Contribution		
Candidate Name Jim Marshall		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 08		

Full Name (Last, First, Middle Initial) C. Iowa Democratic Party		Transaction ID: D11401 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 5661 Fleur Drive		Amount of Each Disbursement this Period 5000.00
City Des Moines	State IA	
Zip Code 50321		
Purpose of Disbursement 2006 Contribution		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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. Madrid For Congress		Transaction ID: D11331 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 25626		Amount of Each Disbursement this Period 5000.00
City Albuquerque	State NM	
Zip Code 87125	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Patricia A. Madrid		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 01		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: D11384 Date of Disbursement 11 / 02 / 2006
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Disbursement this Period 10000.00
City Washington	State DC	
Zip Code 20003	Category/Type	
Purpose of Disbursement 2006 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sestak for Congress		Transaction ID: D11334 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 3500.00
City Media	State PA	
Zip Code 19063	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Joseph A. Sestak, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 07		

SUBTOTAL of Disbursements This Page (optional) ▶	18500.00
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. John Hall for Congress		Transaction ID: D11383 Date of Disbursement 11 / 02 / 2006
Mailing Address P.O. Box 377		Amount of Each Disbursement this Period 1000.00
City Dover Plains	State NY	
Zip Code 12522	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name John Hall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) B. Wetterling '06		Transaction ID: D11361 Date of Disbursement 11 / 02 / 2006
Mailing Address P.O. Box 2295		Amount of Each Disbursement this Period 2500.00
City Saint Cloud	State MN	
Zip Code 56302	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Patty Wetterling		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 06		

Full Name (Last, First, Middle Initial) C. Kellam for Congress		Transaction ID: D11375 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 56254		Amount of Each Disbursement this Period 1000.00
City Virginia Beach	State VA	
Zip Code 23456	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Phil Kellam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 02		

SUBTOTAL of Disbursements This Page (optional)	4500.00
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. Kellam for Congress		Transaction ID: D11376 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 56254		Amount of Each Disbursement this Period 2500.00
City Virginia Beach	State VA	
Zip Code 23456		
Purpose of Disbursement Contribution Candidate Name Phil Kellam Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 02		

Full Name (Last, First, Middle Initial) B. Farrell For Congress		Transaction ID: D11340 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 5136		Amount of Each Disbursement this Period 2500.00
City Westport	State CT	
Zip Code 06881		
Purpose of Disbursement Contribution Candidate Name Diane Goss Farrell Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 04		

Full Name (Last, First, Middle Initial) C. Farrell For Congress		Transaction ID: D11339 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 5136		Amount of Each Disbursement this Period 1500.00
City Westport	State CT	
Zip Code 06881		
Purpose of Disbursement Contribution Candidate Name Diane Goss Farrell Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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. Democratic Party of Virginia		Transaction ID: D11387 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1108 East Main Street 2nd Floor		Amount of Each Disbursement this Period 5000.00
City Richmond State VA Zip Code 23219	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Klein for Congress		Transaction ID: D11374 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 2500.00
City Boca Raton State FL Zip Code 33433	Purpose of Disbursement Contribution Candidate Name Ron Klein Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Klein for Congress		Transaction ID: D11373 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 2500.00
City Boca Raton State FL Zip Code 33433	Purpose of Disbursement Contribution Candidate Name Ron Klein Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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) 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. New Hampshire Democratic State Committee		Transaction ID: D11386 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2 1/2 Beacon Street		Amount of Each Disbursement this Period 5000.00
City State Zip Code Concord NH 03301	Purpose of Disbursement 2006 Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michigan Democratic State Central Committee		Transaction ID: D11388 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 606 Townsend		Amount of Each Disbursement this Period 5000.00
City State Zip Code Lansing MI 48933	Purpose of Disbursement 2006 Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Arcuri for Congress		Transaction ID: D11346 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 2500.00
City State Zip Code Utica NY 13505	Purpose of Disbursement Contribution	
Candidate Name Michael Arcuri	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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) 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. Arcuri for Congress		Transaction ID: D11345 Date of Disbursement 11 / 01 / 2006	
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 2500.00	
City Utica	State NY	Zip Code 13505	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Michael Arcuri			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 24			

Full Name (Last, First, Middle Initial) B. Georgia Federal Elections Committee		Transaction ID: D11396 Date of Disbursement 10 / 20 / 2006	
Mailing Address 1100 Spring Street		Amount of Each Disbursement this Period 5000.00	
City Atlanta	State GA	Zip Code 30309	
Purpose of Disbursement 2006 Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Nancy Boyda For Congress		Transaction ID: D11344 Date of Disbursement 11 / 01 / 2006	
Mailing Address 510 SW 10th Street		Amount of Each Disbursement this Period 2500.00	
City Topeka	State KS	Zip Code 66612	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Nancy Boyda			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS District: 02			

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) 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. Committee To Elect Chris Murphy		Transaction ID: D11342 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period 2500.00
City Cheshire State CT Zip Code 06410	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Christopher S. Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee To Elect Chris Murphy		Transaction ID: D11341 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period 1500.00
City Cheshire State CT Zip Code 06410	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Christopher S. Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Darcy Burner For Congress		Transaction ID: D11394 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 1090		Amount of Each Disbursement this Period 2500.00
City Carnation State WA Zip Code 98014	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Darcy Burner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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. Tim Walz for U.S. Congress		Transaction ID: D11379 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 938		Amount of Each Disbursement this Period 1000.00
City Mankato State MN Zip Code 56002	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tim Walz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tim Walz for U.S. Congress		Transaction ID: D11380 Date of Disbursement 11 / 02 / 2006
Mailing Address P.O. Box 938		Amount of Each Disbursement this Period 2500.00
City Mankato State MN Zip Code 56002	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tim Walz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Dan Maffei		Transaction ID: D11390 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 74		Amount of Each Disbursement this Period 2500.00
City Syracuse State NY Zip Code 13214	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Dan Maffei		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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) 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. Joe Donnelly for Congress		Transaction ID: D11366 Date of Disbursement 10 / 20 / 2006	
Mailing Address P.O. Box 1961		Amount of Each Disbursement this Period 2500.00	
City South Bend	State IN	Zip Code 46634	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Joe Donnelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 02			

Full Name (Last, First, Middle Initial) B. Joe Donnelly for Congress		Transaction ID: D11365 Date of Disbursement 11 / 02 / 2006	
Mailing Address P.O. Box 1961		Amount of Each Disbursement this Period 2500.00	
City South Bend	State IN	Zip Code 46634	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Joe Donnelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 02			

Full Name (Last, First, Middle Initial) C. Lois Murphy for Congress		Transaction ID: D11362 Date of Disbursement 11 / 02 / 2006	
Mailing Address P.O. Box 312		Amount of Each Disbursement this Period 2500.00	
City Narberth	State PA	Zip Code 19072	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Lois Murphy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 06			

SUBTOTAL of Disbursements This Page (optional) ▶	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. Friends of John Barrow		Transaction ID: D11364 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 8166		Amount of Each Disbursement this Period 2500.00
City Savannah State GA Zip Code 31412	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rhode Island Democratic State Committee		Transaction ID: D11438 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 6004		Amount of Each Disbursement this Period 5000.00
City Providence State RI Zip Code 02940	Category/ Type	
Purpose of Disbursement 2006 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nevada State Democratic Party		Transaction ID: D11545 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 409 Horn Street		Amount of Each Disbursement this Period 5000.00
City Las Vegas State NV Zip Code 89107	Category/ Type	
Purpose of Disbursement 2006 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
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.

A. Gillibrand for Congress Full Name (Last, First, Middle Initial) Gillibrand for Congress Mailing Address P.O. Box 1279 City Hudson State NY Zip Code 12534 Purpose of Disbursement Contribution Candidate Name Kirsten Gillibrand Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11354 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 2500.00
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B. Gillibrand for Congress Full Name (Last, First, Middle Initial) Gillibrand for Congress Mailing Address P.O. Box 1279 City Hudson State NY Zip Code 12534 Purpose of Disbursement Contribution Candidate Name Kirsten Gillibrand Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11353 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 2500.00
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C. Perlmutter for Congress Full Name (Last, First, Middle Initial) 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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11371 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 2500.00
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SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Perlmutter for Congress		Transaction ID: D11372 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 3440 Youngfield Street No. 264		Amount of Each Disbursement this Period 2500.00
City Wheat Ridge State CO Zip Code 80033		
Purpose of Disbursement Contribution Candidate Name Ed Perlmutter Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 07		

Full Name (Last, First, Middle Initial) B. Carol Shea-Porter for Congress		Transaction ID: D11385 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 453		Amount of Each Disbursement this Period 2500.00
City Rochester State NH Zip Code 03866		
Purpose of Disbursement Contribution Candidate Name Carol Shea-Porter Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 01		

Full Name (Last, First, Middle Initial) C. John Salazar for Congress		Transaction ID: D11395 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 534		Amount of Each Disbursement this Period 2500.00
City Pueblo State CO Zip Code 81002		
Purpose of Disbursement Contribution Candidate Name John Tony Salazar Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 03		

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.

A. Montana Democratic Party Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 802 City Helena State MT Zip Code 59624 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D11400 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 5000.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Jill Derby for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1901 City Minden State NV Zip Code 89423 Purpose of Disbursement Contribution Candidate Name Jill Derby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02		Transaction ID: D11348 Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 2500.00 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Jill Derby for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1901 City Minden State NV Zip Code 89423 Purpose of Disbursement Contribution Candidate Name Jill Derby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02		Transaction ID: D11347 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 2500.00 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) 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		Transaction ID: D11351 Date of Disbursement 10 / 20 / 2006	
Mailing Address P.O. Box 2006		Amount of Each Disbursement this Period 2500.00	
City Akron State NY Zip Code 14001	Purpose of Disbursement Contribution	Candidate Name Jack Davis	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Davis for Congress		Transaction ID: D11350 Date of Disbursement 11 / 01 / 2006	
Mailing Address P.O. Box 2006		Amount of Each Disbursement this Period 2500.00	
City Akron State NY Zip Code 14001	Purpose of Disbursement Contribution	Candidate Name Jack Davis	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Courtney For Congress		Transaction ID: D11338 Date of Disbursement 10 / 20 / 2006	
Mailing Address 38 Risley Road		Amount of Each Disbursement this Period 2500.00	
City Vernon State CT Zip Code 06066	Purpose of Disbursement Contribution	Candidate Name Joseph D. Courtney	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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.

A. Full Name (Last, First, Middle Initial)
Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement Contribution

Candidate Name Joseph D. Courtney

Office Sought: House Senate President

State: CT District: 02

Disbursement For: 2006 Primary General Other (specify) ▼

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

B. Full Name (Last, First, Middle Initial)
Kagen 4 Congress

Mailing Address 100 West Lawrence Street

City Appleton State WI Zip Code 54911

Purpose of Disbursement Contribution

Candidate Name Steven Kagen

Office Sought: House Senate President

State: WI District: 08

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: D11358

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) ►

4000.00

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

227664.76

Image# 26940827703

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

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