



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GOOD FUND, THE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 36743.23 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 43905.39                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 4500.00                 | 164505.45                         |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 48405.39                | 201248.68                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 16500.00                | 169343.29                         |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 31905.39                | 31905.39                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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  
GOOD FUND, THE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 0.00                          | 21750.00                          |
| (i) Itemized (use Schedule A) .....  | 0.00                          | 0.00                              |
| (ii) Unitemized .....  | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 21750.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 4500.00                       | 142755.45                         |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....    | 4500.00                       | 164505.45                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 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)) .....                          | 4500.00                       | 164505.45                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 4500.00                       | 164505.45                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 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.....   | 500.00                                | 94593.29                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 500.00                                | 94593.29                                  |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 16000.00                              | 73500.00                                  |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....   | 0.00                                  | 0.00                                      |
| 27. Loans Made.....   | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                                  | 0.00                                      |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....   | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....  | 0.00                                  | 1250.00                                   |
| 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))..        | 16500.00                              | 169343.29                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 16500.00                              | 169343.29                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 4500.00                       | 164505.45                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 4500.00                       | 164505.45                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 500.00                        | 94593.29                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 500.00                        | 94593.29                          |

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

|  |  |             |
|--|--|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 / 12 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
GOOD FUND, THE

**A.** Full Name (Last, First, Middle Initial)  
SUPERVALU INC POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 20

City State Zip Code  
BOISE ID 83726

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

Transaction ID: SA11C.4664

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
UNITED FRESH FRUIT AND VEGETABLE ASSOCIATION FRESH POLITICAL ACTION COMMITTEE (FRESH)

Mailing Address 1901 Pennsylvania Avenue NW  
Suite 1100

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00040725

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

Transaction ID: SA11C.4662

Amount of Each Receipt this Period  
2000.00

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 4500.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input 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)  
GOOD FUND, THE

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Political Compliance Services  |  | Transaction ID: SB21B.4670             |   |
| Mailing Address PO Box 373  |  | Date of Disbursement<br>10 / 18 / 2006 |   |
| City<br>Fairfax Station   | State<br>VA  | Zip Code<br>22039                      | Amount of Each Disbursement this Period<br>500.00 |
| Purpose of Disbursement<br>Accounting & Compliance Fees   |  | Category/<br>Type                      |   |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State:<br>District:   |  |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 500.00 |

# 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 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)  
GOOD FUND, THE

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ADRIAN SMITH FOR CONGRESS</b> |   | <b>Transaction ID: SB23.4685</b><br>Date of Disbursement<br>10 / 16 / 2006   |
| Mailing Address 3321 AVENUE I SUITE 6  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City SCOTTSBLUFF State NE Zip Code 69361                                       | Purpose of Disbursement <input type="checkbox"/> Category/Type  |  |
| Candidate Name<br>ADRIAN SMITH FOR CONGRESS                                    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NE District: 03 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BACHMANN FOR CONGRESS</b> |   | <b>Transaction ID: SB23.4681</b><br>Date of Disbursement<br>10 / 16 / 2006   |
| Mailing Address BOX 49756  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City BLAINE State MN Zip Code 55449  | Purpose of Disbursement <input type="checkbox"/> Category/Type  |  |
| Candidate Name<br>BACHMANN FOR CONGRESS                                    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MN District: 06 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BILIRAKIS FOR CONGRESS</b> |   | <b>Transaction ID: SB23.4684</b><br>Date of Disbursement<br>10 / 16 / 2006   |
| Mailing Address 610 S. Boulevard  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Tampa State FL Zip Code 33606  | Purpose of Disbursement <input type="checkbox"/> Category/Type  |  |
| Candidate Name<br>BILIRAKIS FOR CONGRESS                                    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 09 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> 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)  
GOOD FUND, THE

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID MCSWEENEY FOR CONGRESS 2006 INC</b>  |  | <b>Transaction ID: SB23.4673</b><br>Date of Disbursement  |
| Mailing Address 8 Hubbell Court   |  | <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> |
| City<br>Barrington  | State<br>IL  | Zip Code<br>60010   |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period<br><input type="text" value="1000.00"/>                       |
| Candidate Name<br>DAVID MCSWEENEY FOR CONGRESS 2006 INC   |  | Category/<br>Type   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: IL   | District: 8  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GARD FOR CONGRESS</b>  |  | <b>Transaction ID: SB23.4682</b><br>Date of Disbursement  |
| Mailing Address PO BOX 277  |  | <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> |
| City<br>GREEN BAY   | State<br>WI  | Zip Code<br>54305   |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period<br><input type="text" value="1000.00"/>                       |
| Candidate Name<br>GARD FOR CONGRESS   |  | Category/<br>Type   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: WI   | District: 08   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JIM GERLACH FOR CONGRESS COMMITTEE</b>   |  | <b>Transaction ID: SB23.4686</b><br>Date of Disbursement  |
| Mailing Address PO Box 87   |  | <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> |
| City<br>Uwchland  | State<br>PA  | Zip Code<br>19480   |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period<br><input type="text" value="1000.00"/>                       |
| Candidate Name<br>JIM GERLACH FOR CONGRESS COMMITTEE  |  | Category/<br>Type   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: PA   | District: 06   |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="3000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
GOOD FUND, THE

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JIM JORDAN FOR CONGRESS</b>  |  | <b>Transaction ID: SB23.4679</b><br>Date of Disbursement<br>10 / 16 / 2006 |
| Mailing Address 1709 State Route 560 South  |  | Amount of Each Disbursement this Period<br>1000.00                         |
| City Urbana State OH Zip Code 43078   | Purpose of Disbursement  |  |
| Candidate Name<br>JIM JORDAN FOR CONGRESS   | Category/Type  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 04 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LAMBERTI FOR CONGRESS</b>   |  | <b>Transaction ID: SB23.4677</b><br>Date of Disbursement<br>10 / 16 / 2006 |
| Mailing Address PO BOX 785   |  | Amount of Each Disbursement this Period<br>1000.00                         |
| City ANKENY State IA Zip Code 50021  | Purpose of Disbursement  |  |
| Candidate Name<br>LAMBERTI FOR CONGRESS  | Category/Type  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 3 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LAMBORN FOR CONGRESS</b>   |  | <b>Transaction ID: SB23.4671</b><br>Date of Disbursement<br>10 / 16 / 2006 |
| Mailing Address 5170 NORTH UNION BLVD   |  | Amount of Each Disbursement this Period<br>1000.00                         |
| City COLORADO SPRINGS State CO Zip Code 80918   | Purpose of Disbursement  |  |
| Candidate Name<br>LAMBORN FOR CONGRESS  | Category/Type  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: 05 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> 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 |

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)  
GOOD FUND, THE

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MAC COLLINS FOR CONGRESS</b>   |  | <b>Transaction ID:</b> SB23.4676                   |
| Mailing Address P O BOX 962   |  | Date of Disbursement<br>10 / 16 / 2006             |
| City JACKSON  | State GA   | Zip Code 30233                                     |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period<br>2000.00 |
| Candidate Name<br>MAC COLLINS FOR CONGRESS  |  | Category/Type                                      |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: GA   | District: 08   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MAX BURNS FOR CONGRESS</b>   |  | <b>Transaction ID:</b> SB23.4674                   |
| Mailing Address P.O. Box 1965   |  | Date of Disbursement<br>10 / 16 / 2006             |
| City Sylvania   | State GA   | Zip Code 30467                                     |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period<br>2000.00 |
| Candidate Name<br>MAX BURNS FOR CONGRESS  |  | Category/Type                                      |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: GA   | District: 12   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROSKAM FOR CONGRESS COMMITTEE</b>  |  | <b>Transaction ID:</b> SB23.4678                   |
| Mailing Address 141 SHELLEY LANE  |  | Date of Disbursement<br>10 / 16 / 2006             |
| City WHEATON  | State IL   | Zip Code 60187                                     |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period<br>1000.00 |
| Candidate Name<br>ROSKAM FOR CONGRESS COMMITTEE   |  | Category/Type                                      |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: IL   | District: 06   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>5000.00</b> |
| <b>TOTAL</b> 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)  
GOOD FUND, THE

**A. SALI FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
SALI FOR CONGRESS

Mailing Address PO Box 71

City KUNA State ID Zip Code 83634

Purpose of Disbursement  Category/Type

Candidate Name SALI FOR CONGRESS

Office Sought:  House  Senate  President  
State: ID District: 01

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.4688**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B. WHALEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
WHALEN FOR CONGRESS

Mailing Address P. O. Box 750

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement  Category/Type

Candidate Name WHALEN FOR CONGRESS

Office Sought:  House  Senate  President  
State: IA District: 01

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.4683**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

**16000.00**