

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Brian Baird for Congress

Report Covering the Period: From:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	48454.00	654037.14
(b) Total Contribution Refunds (from Line 20(d)).....	1000.01	7178.63
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	47453.99	646858.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	47672.84	362210.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8609.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47672.84	353601.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	910453.45	
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 Brian Baird for Congress

Report Covering the Period: From:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

6575.00

320909.09

(ii) Unitemized.....

3854.00

54034.00

(iii) TOTAL of contributions

10429.00

374943.09

from individuals..... ▶

0.00

2005.40

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

38025.00

277088.65

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

48454.00

654037.14

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

8609.32

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

3250.05

29751.65

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

51704.05

692398.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47672.84	362210.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	25000.00	125000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	6178.62
(b) Political Party Committees.....	1000.01	1000.01
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.01	7178.63
21. OTHER DISBURSEMENTS.....	10500.00	41900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	84172.85	536289.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	942922.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	51704.05
25. SUBTOTAL (add Line 23 and Line 24).....	994626.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	84172.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	910453.45

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial)
A Pierre Marchand, Jr.

Mailing Address Box 800

City Ilwaco State WA Zip Code 98624-

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

Name of Employer Jessie's Ilwaco Fish Co, Inc. Occupation Small business owner

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: CN091106115049A

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
A Pierre Marchand, Jr.

Mailing Address Box 800

City Ilwaco State WA Zip Code 98624-

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

Name of Employer Jessie's Ilwaco Fish Co, Inc. Occupation Small business owner

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1900.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: CN100606083837A

Amount of Each Receipt this Period
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
A Pierre Marchand, Jr.

Mailing Address Box 800

City Ilwaco State WA Zip Code 98624-

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

Name of Employer Jessie's Ilwaco Fish Co, Inc. Occupation Small business owner

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2500.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: CN091406142108A

Amount of Each Receipt this Period
600.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Edwin P. Mueller		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 5204 NW 141st St.		Transaction ID: CN092206124552Ed	
City Vancouver	State WA	Amount of Each Receipt this Period 100.00	
Zip Code 98685-1589		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Bill Anderson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 12920 NE 64th St		Transaction ID: CN091406124539Bi	
City Kirkland	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98033-8552		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer none	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Stephen D. Arnold		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 5895 Crystal Springs Dr. NE		Transaction ID: CN092206124643St	
City Bainbridge Island	State WA	Amount of Each Receipt this Period 250.00	
Zip Code 98110-		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Polaris Venture Partners	Occupation Venture capitalist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Betty Jo Brewer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006
Mailing Address 1240 Sycamore Pl.		Transaction ID: CN090106084211Be
City Longview	State WA	Zip Code 98632-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self/Brewer & Associates	Occupation CPA	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Lawrance L Paulson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 11017 NE Sherwood Dr.		Transaction ID: CN091406142023La
City Vancouver	State WA	Zip Code 98686-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Port of Vancouver	Occupation Port executive director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) C. Isidoros Garifalakis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 1708 NW Gregory Dr		Transaction ID: CN091406135024Is
City Vancouver	State WA	Zip Code 98665-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Omega Industries	Occupation Business owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial) Ray B Auel		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 2020 SW Market St. Dr, Apt. 102		Transaction ID: CN090106095544Ra	
City Portland	State OR	Zip Code 97201-7716	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00		

B. Full Name (Last, First, Middle Initial) Janice R Link		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1503 SE 113th Ct		Transaction ID: CN091406132058Ja	
City Vancouver	State WA	Zip Code 98664-5432	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) James M Petra		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 829 SE Adams Ave.		Transaction ID: CN092206124904Ja	
City Chehalis	State WA	Zip Code 98532-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Insurance agent		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional)	1525.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial)
Billie C Stiles

Mailing Address 7455 Willow Grove Rd

City State Zip Code
Longview WA 98632-

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

Name of Employer none Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: CN091406135944Bi

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Daniel M. Streissguth

Mailing Address 900 E Blaine St

City State Zip Code
Seattle WA 98102-

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: CN091406140639Da

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James W Warren

Mailing Address 10712 NW 11th Ave

City State Zip Code
Vancouver WA 98685-5117

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

Name of Employer none Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2006

Transaction ID: CN090906171531Ja

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. J Thomas Bradley		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 1201 11th Ct SW		Transaction ID: CN092206124619J	
City Olympia	State WA	Amount of Each Receipt this Period 250.00	
Zip Code 98502-		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Dentist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Paul W Wiseman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 115 18th Ave SE		Transaction ID: CN091406135126Pa	
City Olympia	State WA	Amount of Each Receipt this Period 100.00	
Zip Code 98501-2211		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer none		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Jane M Young		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 13717 NW 2nd Ave., #S160		Transaction ID: CN092206123914Ja	
City Vancouver	State WA	Amount of Each Receipt this Period 50.00	
Zip Code 98685-		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer none		Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	6575.00

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

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

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NAME OF COMMITTEE (In Full)
 Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. American Shipping Group-MRG PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 32001 32nd Ave. S		Transaction ID: CN092606164701Am
City State Zip Code Federal Way WA 98001-	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00411694		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. National Cmte to Preserve Social Security		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 10 G St NE, STE #600		Transaction ID: CN092606162533Na
City State Zip Code Washington DC 20002-	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00172296		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Hardwood Federation PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1111 19th St. NW Ste. 800		Transaction ID: CN092606163551Ha
City State Zip Code Washington DC 20036-3603	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00396671		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial) National Air Traffic Controllers Assn PAC Mailing Address 1325 Massachusetts Ave. NW City Washington State DC Zip Code 20005-		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Transaction ID: CN092606162605Na Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00238725		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) Union Pacific Corp. Fund for Effective Gov't. Mailing Address 600 13th St. NW Suite 340 City Washington State DC Zip Code 20005-		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Transaction ID: CN092006131739Un Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00010470		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00	

C. Full Name (Last, First, Middle Initial) National Tank Truck Carriers PAC Mailing Address 2200 Mill Road City Alexandria State VA Zip Code 22314-		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6 Transaction ID: CN092006131313Na Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00188011		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial)
GENCORP Political Action Committee (GENPAC)

Mailing Address P.O. Box 13222

City State Zip Code
Sacramento CA 95813-

FEC ID number of contributing federal political committee. **C** C00129122

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2006

Transaction ID: CN092006132814GE

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 West Walnut Street
T-1110

City State Zip Code
Pasadena CA 91124-

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2006

Transaction ID: CN092606162839PA

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Medical Assoc PAC

Mailing Address 1101 Vermont Ave NW

City State Zip Code
Washington DC 20005-

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: CN090106163259Am

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Dealers Election Action Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 8400 Westpark Dr.		Transaction ID: CN092006132841De	
City State Zip Code McLean VA 22102-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00040998	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00		

Full Name (Last, First, Middle Initial) B. Sheet Metal and Air Conditioning Contractors		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 4201 Lafayette Center Drive		Transaction ID: CN092006130944Sh	
City State Zip Code Chantilly VA 22021-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00013961	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. American Maritime Officers Voluntary PAF		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 490 L'Enfant Plaza East, SW Suite 7204		Transaction ID: CN092006131543Am	
City State Zip Code Washington DC 20024-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00027532	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

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NAME OF COMMITTEE (In Full)
 Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. American Maritime Officers Voluntary PAF		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 490 L'Enfant Plaza East, SW Suite 7204		Transaction ID: CN092606163028Am	
City Washington State DC Zip Code 20024-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00027532		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. National Venture Capital Assn. PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 1655 N Fort Myer Dr Ste 850		Transaction ID: CN092606164753Na	
City Arlington State VA Zip Code 22209-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00150367		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Community Action Program-PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6	
Mailing Address 810 First St. NE, Ste. 530		Transaction ID: CN090606160811Co	
City Washington State DC Zip Code 20002-4227	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00163048		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Community Action Program-PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 810 First St. NE, Ste. 530		Transaction ID: CN090606160756Co	
City Washington	State DC	Zip Code 20002-4227	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C C00163048		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) B. Community Action Program-PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 810 First St. NE, Ste. 530		Transaction ID: CN092906103025Co	
City Washington	State DC	Zip Code 20002-4227	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00163048		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00		

Full Name (Last, First, Middle Initial) C. Federal Express Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1980 Nonconnah Blvd		Transaction ID: CN092606163359Fe	
City Memphis	State TN	Zip Code 38132-	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00068692		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Carpenters' Legisl. Improvement Committee CLI		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 101 Constitution Ave NW		Transaction ID: CN091506202522Ca
City State Zip Code Washington DC 20001-	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00001016	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. American Postal Workers Union PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006
Mailing Address 1300 L Street NW		Transaction ID: CN090606160721Am
City State Zip Code Washington DC 20005-	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00010322	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5500.00		

Full Name (Last, First, Middle Initial) C. Association of Trial Lawyers of America		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006
Mailing Address 1050 31st St NW		Transaction ID: CN090606160558As
City State Zip Code Washington DC 20007-	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00024521	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 38
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Association of Trial Lawyers of America		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 1050 31st St NW		Transaction ID: CN092606162406As
City Washington State DC Zip Code 20007-	FEC ID number of contributing federal political committee. C C00024521	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	7500.00	

Full Name (Last, First, Middle Initial) B. Human Rights Campaign		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1640 Rhode Island Ave, NW		Transaction ID: CN100806160917Hu
City Washington State DC Zip Code 20036-	FEC ID number of contributing federal political committee. C C00235853	Amount of Each Receipt this Period 25.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-Kind: Web site endorsement <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	0.00	

Full Name (Last, First, Middle Initial) C. Preston Gates Ellis & Rouvelas Meeds LLP PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 1735 New York Ave NW Ste 500		Transaction ID: CN092606163131Pr
City Washington State DC Zip Code 20006-5209	FEC ID number of contributing federal political committee. C C00213173	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2000.00	

SUBTOTAL of Receipts This Page (optional)	3525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial)
UAW Voluntary Community Action Program (UAW V)

Mailing Address 8000 E Jefferson Ave

City State Zip Code
Detroit MI 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2006

Transaction ID: CN092006133009UA

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Committee for an Effective Congress

Mailing Address 122 C Street NW Ste 650

City State Zip Code
Washington DC 20001-

FEC ID number of contributing federal political committee. **C** C00003558

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: CN091306075930Na

Amount of Each Receipt this Period
3000.00

In-Kind: Voter targeting services
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	38025.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 38
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Morgan Stanley Dean Witter - WA		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address PO Box 548		Transaction ID: CN091806105514Mo	
City Olympia	State WA	Zip Code 98507-	Amount of Each Receipt this Period 2558.44
FEC ID number of contributing federal political committee. C		Bond fund income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 26840.16		

Full Name (Last, First, Middle Initial) B. Key Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 444 SW Fifth Ave.		Transaction ID: CN091506082302Ke	
City Portland	State OR	Zip Code 97204-	Amount of Each Receipt this Period 171.08
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1368.66		

Full Name (Last, First, Middle Initial) C. Key Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 444 SW Fifth Ave.		Transaction ID: CN100406085059Ke	
City Portland	State OR	Zip Code 97204-	Amount of Each Receipt this Period 485.53
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1854.19		

SUBTOTAL of Receipts This Page (optional) ▶	3215.05
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 38	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Brian Baird for Congress

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

Mailing Address 1517 Hwy 603

City State Zip Code
 Chehalis WA 98532-

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

Name of Employer Occupation
 Bowers Realty/Carpenters Union Real Estate Agent/Organizer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: CN091406125923Ca

Amount of Each Receipt this Period
 35.00

t-shirts
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	3250.05

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 38

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Witham & Dickey		Transaction ID: EX083106080558Wi Date of Disbursement 08 / 31 / 2006
Mailing Address PO Box 4625		Amount of Each Disbursement this Period 640.20
City Portland State OR Zip Code 97208-	Purpose of Disbursement Campaign buttons and stickers Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. KeyMerchants		Transaction ID: EX091506082441Ke Date of Disbursement 09 / 01 / 2006
Mailing Address 444 SW 5th Ave		Amount of Each Disbursement this Period 25.93
City Portland State OR Zip Code 97204-	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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. C&E Systems, LLC		Transaction ID: EX092506154240C& Date of Disbursement 09 / 25 / 2006
Mailing Address 921 SW Washington St. #810		Amount of Each Disbursement this Period 1090.99
City Portland State OR Zip Code 97205-	Purpose of Disbursement Bookkeeping & FEC reporting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1757.12
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. IRS/Washington State/Oregon State		Transaction ID: EX083006084608IR Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address c/o Paychex 7650 SW Beveland St. #100		Amount of Each Disbursement this Period 3208.52
City Tigard State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. IRS/Washington State/Oregon State		Transaction ID: EX100206081459IR Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address c/o Paychex 7650 SW Beveland St. #100		Amount of Each Disbursement this Period 4272.60
City Tigard State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: 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. Key Bank Business Card		Transaction ID: EX091506083635Ke Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 9004		Amount of Each Disbursement this Period 56.00
City Des Moines State IA Zip Code 50368-9004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card-see memo entries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7537.12
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Orchards Center #6030		Transaction ID: EX083106080338Or Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address c/o Norris, Beggs & Simpson PO Box 2725		Amount of Each Disbursement this Period 1924.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97208-	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Orchards Center #6030		Transaction ID: EX092906101053Or Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address c/o Norris, Beggs & Simpson PO Box 2725		Amount of Each Disbursement this Period 1924.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97208-	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: 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. Key Bank		Transaction ID: EX090106142724Ke Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 444 SW Fifth Ave.		Amount of Each Disbursement this Period 3.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97204-	Purpose of Disbursement Bank fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3851.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Key Bank		Transaction ID: EX100406113630Ke Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 444 SW Fifth Ave.		Amount of Each Disbursement this Period 3.50
City Portland State OR Zip Code 97204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Key Bank		Transaction ID: EX100406113658Ke Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 444 SW Fifth Ave.		Amount of Each Disbursement this Period 9.00
City Portland State OR Zip Code 97204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: 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. MacWilliams, Robinson & Partners		Transaction ID: EX083106103421Ma Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1660 L Street NW, Ste 301		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media consulting Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4012.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. George McCoy		Transaction ID: EX083006084316Ge Date of Disbursement 08 / 31 / 2006
Mailing Address 824 NW 7th Ave		Amount of Each Disbursement this Period 456.88
City Camas State WA Zip Code 98607-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. George McCoy		Transaction ID: EX100206081239Ge Date of Disbursement 09 / 29 / 2006
Mailing Address 824 NW 7th Ave		Amount of Each Disbursement this Period 1301.35
City Camas State WA Zip Code 98607-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: 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. Cingular		Transaction ID: EX083106092552Ci Date of Disbursement 08 / 31 / 2006
Mailing Address PO Box 6444		Amount of Each Disbursement this Period 369.81
City Carol Stream State IL Zip Code 60197-6444	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell phone service Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2128.04
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Cingular Full Name (Last, First, Middle Initial) Mailing Address PO Box 6444 City Carol Stream State IL Zip Code 60197-6444 Purpose of Disbursement Cell phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EX083106104024Ci Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 188.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Joel W. Staloch Full Name (Last, First, Middle Initial) Mailing Address 7819 Normandy St., SE City Olympia State WA Zip Code 98501- Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EX083006084342Jo Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 3768.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Joel W. Staloch Full Name (Last, First, Middle Initial) Mailing Address 7819 Normandy St., SE City Olympia State WA Zip Code 98501- Purpose of Disbursement Mileage reimb Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EX092906085007Jo Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 279.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	4236.65
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

<p>A. Full Name (Last, First, Middle Initial) Joel W. Staloch</p>		<p>Transaction ID: EX092906084901Jo Date of Disbursement</p>	
<p>Mailing Address 7819 Normandy St., SE</p>		<p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>City Olympia State WA Zip Code 98501-</p>	<p>Amount of Each Disbursement this Period <input type="text" value="1256.58"/></p>		
<p>Purpose of Disbursement Moving expenses, laptop computer Candidate Name</p>	<p><input type="text" value="001"/> Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Full Name (Last, First, Middle Initial) Joel W. Staloch</p>		<p>Transaction ID: EX092906084720Jo Date of Disbursement</p>	
<p>Mailing Address 7819 Normandy St., SE</p>		<p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>City Olympia State WA Zip Code 98501-</p>	<p>Amount of Each Disbursement this Period <input type="text" value="4727.90"/></p>		
<p>Purpose of Disbursement Mileage, computer equipment Candidate Name</p>	<p><input type="text" value="001"/> Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Full Name (Last, First, Middle Initial) Joel W. Staloch</p>		<p>Transaction ID: EX100206081305Jo Date of Disbursement</p>	
<p>Mailing Address 7819 Normandy St., SE</p>		<p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>City Olympia State WA Zip Code 98501-</p>	<p>Amount of Each Disbursement this Period <input type="text" value="3768.67"/></p>		
<p>Purpose of Disbursement Wages Candidate Name</p>	<p><input type="text" value="001"/> Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="9753.15"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Joel W. Staloch Full Name (Last, First, Middle Initial)		Transaction ID: EX092906084449Jo Date of Disbursement 09 / 29 / 2006	
Mailing Address 7819 Normandy St., SE		Amount of Each Disbursement this Period 292.00	
City Olympia State WA Zip Code 98501-	Purpose of Disbursement Mileage reimb Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Ian MacCormack Full Name (Last, First, Middle Initial)		Transaction ID: EX100206081718la Date of Disbursement 09 / 29 / 2006	
Mailing Address 3200 Capitol Mall Drive SW, #D301		Amount of Each Disbursement this Period 1325.15	
City Olympia State WA Zip Code 98502-	Purpose of Disbursement Wages Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Cindy S Gipson Full Name (Last, First, Middle Initial)		Transaction ID: EX083006084226Ci Date of Disbursement 08 / 31 / 2006	
Mailing Address PO Box 2111		Amount of Each Disbursement this Period 1756.98	
City Battle Ground State WA Zip Code 98604-2111	Purpose of Disbursement Wages Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

3374.13

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Cindy S Gipson		Transaction ID: EX100206081119Ci Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 2111		Amount of Each Disbursement this Period 1756.98	
City Battle Ground State WA Zip Code 98604-2111	Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Human Rights Campaign		Transaction ID: EX100806160917Hu Date of Disbursement 09 / 27 / 2006	
Mailing Address 1640 Rhode Island Ave, NW		Amount of Each Disbursement this Period 25.00	
City Washington State DC Zip Code 20036-	Purpose of Disbursement In-Kind: Web site endorsement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Thurston County Democratic Central Committee		Transaction ID: EX090106111555Th Date of Disbursement 09 / 01 / 2006	
Mailing Address PO Box 164		Amount of Each Disbursement this Period 39.01	
City Olympia State WA Zip Code 98507-	Purpose of Disbursement Office utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1820.99
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Thurston County Democratic Central Committee		Transaction ID: EX091806100719Th Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 164		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Olympia State WA Zip Code 98507-	Purpose of Disbursement Office space Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Barbara S Westrick		Transaction ID: EX083006084413Ba Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 936 23rd Ave		Amount of Each Disbursement this Period 1384.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Longview State WA Zip Code 98632-	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Barbara S Westrick		Transaction ID: EX100206081350Ba Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 936 23rd Ave		Amount of Each Disbursement this Period 1384.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Longview State WA Zip Code 98632-	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3018.54
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. National Committee for an Effective Congress		Transaction ID: EX091306075930Na Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 122 C Street NW Ste 650		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-Kind: Voter targeting services Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Qwest Communications		Transaction ID: EX083106104455Qw Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 12480		Amount of Each Disbursement this Period 45.42
City Seattle State WA Zip Code 98111-4480	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone service Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Qwest Communications		Transaction ID: EX083106103148Qw Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 12480		Amount of Each Disbursement this Period 394.31
City Seattle State WA Zip Code 98111-4480	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone service Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3439.73
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
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"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: EX083106104317Ve Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 99.43	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Grove Insight		Transaction ID: EX092006144545Gr Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 3835 NE Hancock #102		Amount of Each Disbursement this Period 2500.00	
City Portland State OR Zip Code 97212-	Purpose of Disbursement Polling & research	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 005		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

2599.43

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

47528.90

**SCHEDULE B (FEC Form 3)
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"/>	17	<input checked="" type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Unlimited transfer to Nat'l party cmte

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EX100406131049De

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

25000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00

SCHEDULE B (FEC Form 3) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

<p>A. Full Name (Last, First, Middle Initial) Darcy Burner for Congress</p>		<p>Transaction ID: EX092006122139Da Date of Disbursement</p> <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>0</td><td>9</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	0	9		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	0		2	0	0	6													
<p>Mailing Address PO Box 1090</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>500.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	500.00																			
500.00																						
<p>City Carnation State WA Zip Code 98014-</p>																						
<p>Purpose of Disbursement Political contribution</p>	<p>011 Category/ Type</p>																					
<p>Candidate Name Darcy Burner</p>																						
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 08</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>B. Full Name (Last, First, Middle Initial) Darcy Burner for Congress</p>		<p>Transaction ID: EX092906145810Da Date of Disbursement</p> <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>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	9		2	0	0	6													
<p>Mailing Address PO Box 1090</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>600.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	600.00																			
600.00																						
<p>City Carnation State WA Zip Code 98014-</p>																						
<p>Purpose of Disbursement Political contribution</p>	<p>011 Category/ Type</p>																					
<p>Candidate Name Darcy Burner</p>																						
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 08</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>C. Full Name (Last, First, Middle Initial) Committee to Bring Back Baron Hill</p>		<p>Transaction ID: EX092906145648Co Date of Disbursement</p> <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>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	9		2	0	0	6													
<p>Mailing Address PO Box 1071</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1000.00																			
1000.00																						
<p>City Seymour State IN Zip Code 47274-</p>																						
<p>Purpose of Disbursement Political contribution</p>	<p>011 Category/ Type</p>																					
<p>Candidate Name Baron Hill</p>																						
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 09</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2100.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) 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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

Full Name (Last, First, Middle Initial) A. CRANLEY FOR CONGRESS		Transaction ID: EX092906150152CR Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 37 W 7th St Suite 804		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45202-		
Purpose of Disbursement Political contribution Candidate Name John Cranley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	011 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ARCURI FOR CONGRESS		Transaction ID: EX090706174039AR Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 2617 Crestway		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13501-		
Purpose of Disbursement Political contribution Candidate Name Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	011 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Re-Elect Deb Wallace		Transaction ID: EX092006121843Re Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 872015		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vancouver State WA Zip Code 98687-		
Purpose of Disbursement Donation to state candidate Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	012 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) ▶	3200.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial)
Pat Gardner for Pacific County Auditor

Mailing Address 4201 Tresize Road

City Raymond State WA Zip Code 98577-

Purpose of Disbursement
Contribution to local campaign

Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: EX092006122058Pa
Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
CHRISTINE JENNINGS FOR CONGRESS

Mailing Address 8211 241st Street East

City Myakka City State FL Zip Code 34251-

Purpose of Disbursement
Political contribution

Candidate Name
Christine Jennings

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: FL District: 13

Transaction ID: EX092906145921CH
Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
MADRID FOR CONGRESS

Mailing Address PO Box 25626

City Albuquerque State NM Zip Code 87125-

Purpose of Disbursement
Political contribution

Candidate Name
Patricia Madrid

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: NM District: 01

Transaction ID: EX092906150014MA
Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

2200.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Baird for Congress

A. Full Name (Last, First, Middle Initial)
ANGIE PACCIONE FOR CONGRESS

Mailing Address PO Box 1292

City Ft. Collins State CO Zip Code 80522-

Purpose of Disbursement
Political contribution

Candidate Name
Angela Paccione

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 04

Transaction ID: EX092906150119AN
Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Darlene Hooley For Congress Committee

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308-

Purpose of Disbursement
Political contribution

Candidate Name
Darlene Hooley

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OR District: 05

Transaction ID: EX092906084328Da
Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

10500.00