

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

Hopefund, Inc.

ADDRESS (number and street)

607 14th Street, NW, Suite 800

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00409052

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2006

through

06

30

2006

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

Type or Print Name of Treasurer

Harvey Wineberg

Signature of Treasurer

Electronically Filed by Harvey Wineberg

Date

07

20

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
 Hopefund, Inc.

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		457884.03
(b) Cash on Hand at Beginning of Reporting Period	1149633.27	
(c) Total Receipts (from Line 19)	84618.98	1898327.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1234252.25	2356211.61
7. Total Disbursements (from Line 31)	199548.57	1321507.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1034703.68	1034703.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Hopefund, Inc.

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	30465.00	1274382.46
(i) Itemized (use Schedule A)	49268.62	578026.87
(ii) Unitemized	79733.62	1852409.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	5075.00
(b) Political Party Committees	3500.00	24500.00
(c) Other Political Committees (such as PACs)	83233.62	1881984.33
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	11156.75
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1385.36	5186.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	84618.98	1898327.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	84618.98	1898327.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	155548.57	1144207.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	155548.57	1144207.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	176800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	199548.57	1321507.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	199548.57	1321507.93

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	83233.62	1881984.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83233.62	1881984.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	155548.57	1144207.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	11156.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	155548.57	1133051.18

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

FOR LINE NUMBER: PAGE 6 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Mailing Address 7317 West Ridge Drive

City State Zip Code
Knoxville TN

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of TennesseeOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: C587955

Amount of Each Receipt this Period

265.00

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

Mailing Address 1864 Dalton Drive

City State Zip Code
Lady Lake FL 32162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C587660

Amount of Each Receipt this Period

100.00

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

Mailing Address 6807 Blue State Court

City State Zip Code
Alexandria VA 22306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588026

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 7 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Judy E. MacDonald

Mailing Address 50 McLaren Avenue

City	State	Zip Code
San Francisco	CA	94121

FEC ID number of contributing federal political committee.

CName of Employer
Blue Cake Children's PublishingOccupation
Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C586902

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter Chapin

Mailing Address 49 Calle San Martin

City	State	Zip Code
Santa Fe	NM	87506

FEC ID number of contributing federal political committee.

CName of Employer
Self EmployedOccupation
Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Craig R. Fox

Mailing Address 1309 Palisades Beach Road

City	State	Zip Code
Santa Monica	CA	90401

FEC ID number of contributing federal political committee.

CName of Employer
University of California
Los AngelesOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C586903

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 8 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Leo Rainer Mailing Address 1403 Unami Avenue City State Zip Code Ocean NJ 07712 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Transaction ID: C587795 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Robi Loerch Mailing Address 4408 Long Champ Drive Apartment 38 City State Zip Code Austin TX 78746 FEC ID number of contributing federal political committee. C Name of Employer Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: C588378 Amount of Each Receipt this Period 5000.00
C. Full Name (Last, First, Middle Initial) Carol Schmidt Mailing Address 13560 West Dakota Place City State Zip Code Lakewood CO 80228 FEC ID number of contributing federal political committee. C Name of Employer Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: C588198 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)**5350.00****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Kurt Rechner
Mailing Address 5908 Overlook Drive

City State Zip Code
Austin TX 78731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tejas Securities

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C586901

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Cheryl Mason
Mailing Address 1714 Shackelford Rd.

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: C587296

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)
Samuel Frankel
Mailing Address 3875 Lakeland Lane

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankel Associates

Occupation
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C587675

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Donald Johnson
Mailing Address 695 Clement Hill Road

City State Zip Code
Deering NH 03244

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: C587223

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
James A. Johnson
Mailing Address 3101 Woodland Dr NW

City State Zip Code
Washington DC 20008-3546

FEC ID number of contributing federal political committee.

C

Name of Employer
Perseus, LLC

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: C588376

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Maurice Jospe
Mailing Address 3 Thornton Lane

City State Zip Code
Concord MA 01742

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: C587731

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Anna Timmons

Mailing Address P.O. Box 428

City State Zip Code
Mackinac Island MI 49757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sammy Loerch

Mailing Address 4408 Long Champ Drive
Apartment 38

City State Zip Code
Austin TX 78746-1172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tejas Securities

Occupation

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C588377

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Melinda Schibner

Mailing Address 171 Cognewaugh Rd.

City State Zip Code
Cos Cob CT 06807-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Coach-Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C588343

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 12 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Helen H. Bacon

Mailing Address P.O. Box 169

City	State	Zip Code
Williamsburg	MA	01096-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Transaction ID: C587608

Amount of Each Receipt this Period

50.00

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

Antonia K Fondaras

Mailing Address 3550 Tilden Street, NW

City	State	Zip Code
Washington	DC	20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C587954

Amount of Each Receipt this Period

400.00

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

Stephen Mack

Mailing Address 1995 Selkirk Court

City	State	Zip Code
Inverness	IL	60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Certified Public Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Transaction ID: C587760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Gordon Asselstine
Mailing Address 4408 Country Club Road

City State Zip Code
Minneapolis MN 55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C582419

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Gloria Daviston
Mailing Address 408 Sanibelle Circle Unit 50

City State Zip Code
Chula Vista CA 91910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588019

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Deeann Grummett
Mailing Address 316 Coleman St.

City State Zip Code
Juneau AK 99801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 14 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Martin J. Koldyke

Mailing Address 1500 N Lake Shore Dr

City State Zip Code
Chicago IL 60610-6686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frontenac CompanyOccupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C582474

Amount of Each Receipt this Period

2500.00

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

Mailing Address 18 Ridge Road

City State Zip Code
Glen Cove NY 11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Transaction ID: C587618

Amount of Each Receipt this Period

300.00

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

Mailing Address 4966 Powers Ferry Rd.

City State Zip Code
Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Transaction ID: C587467

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

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

Jeh C. Johnson

Mailing Address 30 Porter Place

City State Zip Code
 Montclair NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Busby Holdings

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C586897

Amount of Each Receipt this Period

1000.00

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

Clayton Timmons

Mailing Address P.O. Box 428

City State Zip Code
 Mackinac Island MI 49757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588361

Amount of Each Receipt this Period

250.00

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

Ruth C. Magar

Mailing Address 4226 Mathews Way

City State Zip Code
 Salt Lake City UT 84124-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C587761

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
Louise Roberts
Mailing Address 1703 Hollister Road

City State Zip Code
Signal Mountain TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588183

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Larry Grote
Mailing Address 2501 Central Street

City State Zip Code
Evanston IL 60201-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: C587894

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Stephanie Ellis-Smith
Mailing Address 407 W Prospect St.

City State Zip Code
Seattle WA 98119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588035

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. T.J. Dunphy

Mailing Address PO Box 669

City State Zip Code
 Far Hills NJ 07931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C588030

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Gelfand

Mailing Address 365 North Orange Drive

City State Zip Code
 Los Angeles CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 8 / 2 0 0 6

Transaction ID: C587134

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Carolyn Casillo

Mailing Address 38 Old Farm Hill Road

City State Zip Code
 Newtown CT 06470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C582475

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A.

Full Name (Last, First, Middle Initial)

Claire D. Lincoln

Mailing Address 200 Leeder Hill Drive
Apt. 421

City State Zip Code
Hamden CT 06517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C582420

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

30465.00

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

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

FOR LINE NUMBER: PAGE 19 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A.

Full Name (Last, First, Middle Initial)

DLA Piper PAC

Mailing Address 1200 19th Street, NW
Suite 700

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00151340

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C586898

Amount of Each Receipt this Period

3500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

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

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

FOR LINE NUMBER: PAGE 20 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

A.

Full Name (Last, First, Middle Initial)

Citibank FSB

Mailing Address P.O. Box 18967

City

Washington

State

DC

Zip Code

20036-0967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5186.50

Date of Receipt

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

Transaction ID: C588380

Amount of Each Receipt this Period

1385.36

* Interest Income

SUBTOTAL of Receipts This Page (optional)

1385.36

TOTAL This Period (last page this line number only)

1385.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. 235 Massachusetts Avenue LLC

Mailing Address 235 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10755

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

2155.70

Full Name (Last, First, Middle Initial)

B. Perkins Coie, LLP

Mailing Address 1201 3rd Avenue, 40th Floor

City Seattle State WA Zip Code 98101

Purpose of Disbursement
Legal & Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10756

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

2095.38

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Petty Cash

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10753

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

4651.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 57

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

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Fidelity Investments

Mailing Address P.O. Box 145421

City Cincinnati State OH Zip Code 45250-5421

Purpose of Disbursement
Employee Retirement Plan

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10790

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

B. Alyssa Mastromonaco

Mailing Address 19 5th Street SE
 Floor 2

City Washington State DC Zip Code 20003

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10798

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

390.54

Full Name (Last, First, Middle Initial)

C. Alyssa Mastromonaco

Mailing Address 19 5th Street SE
 Floor 2

City Washington State DC Zip Code 20003

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10762

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

390.54

SUBTOTAL of Disbursements This Page (optional)

2181.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 57

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Reimbursement - Telephone & Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10779

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

363.77

Full Name (Last, First, Middle Initial)

B. Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10797

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1070.56

Full Name (Last, First, Middle Initial)

C. Jordan Kaplan

Mailing Address 2301 Champlain Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10761

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1070.56

SUBTOTAL of Disbursements This Page (optional)

2504.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 57

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Robert Gibbs

Mailing Address 3737 Keller Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10796

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1711.46

Full Name (Last, First, Middle Initial)

B. Robert Gibbs

Mailing Address 3737 Keller Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10760

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1711.46

Full Name (Last, First, Middle Initial)

C. SunTrust

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10861

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

28.80

SUBTOTAL of Disbursements This Page (optional)

3451.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. SunTrust

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

272.23

Full Name (Last, First, Middle Initial)

B. SunTrust

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.37

Full Name (Last, First, Middle Initial)

C. Associated Bank

Mailing Address PO Box 19006

City
Green Bay

State
WI

Zip Code
54307-9006

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10860

Date of Disbursement

/ /

Amount of Each Disbursement this Period

274.36

SUBTOTAL of Disbursements This Page (optional)

591.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Reimbursement - Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10784

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2006

Amount of Each Disbursement this Period

26.00

Full Name (Last, First, Middle Initial)

B. Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10800

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2006

Amount of Each Disbursement this Period

1206.14

Full Name (Last, First, Middle Initial)

C. Jennifer F. Yeager

Mailing Address 1501 Caroline Street NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10764

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2006

Amount of Each Disbursement this Period

1206.14

SUBTOTAL of Disbursements This Page (optional)

2438.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement
Direct Mail Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10736

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10737

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

1329.77

Full Name (Last, First, Middle Initial)

C. A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10738

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

2590.20

SUBTOTAL of Disbursements This Page (optional)

6919.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10740

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

11130.00

Full Name (Last, First, Middle Initial)

B. A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10739

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

19740.00

Full Name (Last, First, Middle Initial)

C. A.B. Data

Mailing Address 8050 N. Port Washington Road

City Milwaukee State WI Zip Code 53217-2600

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10741

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

43200.00

SUBTOTAL of Disbursements This Page (optional)

74070.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. AKP Message & Media

Mailing Address 730 North Franklin Street
Suite 404

City Chicago State IL Zip Code 60610

Purpose of Disbursement
General Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10765

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

22538.08

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10751

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

3137.41

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10752

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

171.31

SUBTOTAL of Disbursements This Page (optional)

25846.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D10794

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

3155.42

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address 3060 Williams Drive
Suite 200

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D10757

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

3155.42

Full Name (Last, First, Middle Initial)

C. Lexis Nexis

Mailing Address P.O. Box 7247-7090

City State Zip Code
Philadelphia PA 19170-7090

Purpose of Disbursement

Research

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D10781

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

158.62

SUBTOTAL of Disbursements This Page (optional)

6469.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Merry Maids

Mailing Address 4900 Leesburg Pike
Suite 409

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Cleaning Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10734

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Damilic Corporation

Mailing Address 14670 Southtown Lane

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Office Equipment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10780

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

1292.50

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10789

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

33.00

SUBTOTAL of Disbursements This Page (optional)

1625.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Deer Park

Mailing Address PO Box 856192

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Water

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.64

Full Name (Last, First, Middle Initial)

B. Consolidated Printing Company, Inc.

Mailing Address 4042 N Nashville Ave

City
Chicago

State
IL

Zip Code
60634-1427

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1175.49

Full Name (Last, First, Middle Initial)

C. Lorrie Nash

Mailing Address 8227 S. Octavia

City
Bridgeview

State
IL

Zip Code
60455

Purpose of Disbursement
Reimbursement - Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10754

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2643.30

SUBTOTAL of Disbursements This Page (optional)

3849.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 57

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement
Reimbursement - Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10785

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

13.00

Full Name (Last, First, Middle Initial)

B. Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10799

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1083.16

Full Name (Last, First, Middle Initial)

C. Tori L. Scarborough

Mailing Address 1042 Spring Valley Court

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10763

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1083.16

SUBTOTAL of Disbursements This Page (optional)

2179.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. James D. Brayton

Mailing Address 2175 Jennings Road

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

782.22

Full Name (Last, First, Middle Initial)

B. James D. Brayton

Mailing Address 2175 Jennings Road

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10759

Date of Disbursement

/ /

Amount of Each Disbursement this Period

782.22

Full Name (Last, First, Middle Initial)

C. Citibank FSB

Mailing Address P.O. Box 18967

City
Washington

State
DC

Zip Code
20036-0967

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

1574.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 57

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. JMT Associates Inc.

Mailing Address 400 West Cummings Park, Suite 2450

City Woburn State MA Zip Code 01801

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10768

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

710.00

Full Name (Last, First, Middle Initial)

B. CareFirst Blue Cross Blue Shield

Mailing Address 840 First Street, NE

City Washington State DC Zip Code 20065

Purpose of Disbursement

Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10766

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

2098.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10786

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

668.82

SUBTOTAL of Disbursements This Page (optional)

3476.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. WMATA

Mailing Address 600 Fifth Street NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D10788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address P.O. Box 17577

City
Baltimore

State
MD

Zip Code
21297-0513

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D10783

Date of Disbursement

/ /

Amount of Each Disbursement this Period

346.76

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 260002

City
Fort Lauderdale

State
FL

Zip Code
33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D10743

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3459.53

SUBTOTAL of Disbursements This Page (optional)

3851.29

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Rosa Mexicano

Mailing Address 575 Seventh Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10820

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

469.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Damilic Corporation

Mailing Address 14670 Southtown Lane

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Office Equipment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10808

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

1292.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10812

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

162.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10811

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

432.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10809

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

720.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10810

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

234.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10750

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

96.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 260002

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10744

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

3040.71

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address P.O. Box 920041

City Dallas State TX Zip Code 75392

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10813

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

192.64

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3040.71

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. T-Mobile

Mailing Address 233 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10815

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

41.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Four Seasons Hotel Philadelphia

Mailing Address One Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement

Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10816

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

2799.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 260002

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement

Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10745

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

6785.89

SUBTOTAL of Disbursements This Page (optional)

6785.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10829

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

246.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10836

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

133.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631-3200

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10837

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

133.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City
Chicago

State
IL

Zip Code
60631-3200

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10839

Date of Disbursement

/ /

Amount of Each Disbursement this Period

298.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 8550 W Bryn Mawr Ave

City
Chicago

State
IL

Zip Code
60631-3200

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

229.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Creative Travel, Inc.

Mailing Address 530 Duane Street

City
Glen Ellyn

State
IL

Zip Code
60137

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10844

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Creative Travel, Inc.

Mailing Address 530 Duane Street

City
Glen Ellyn

State
IL

Zip Code
60137

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Creative Travel, Inc.

Mailing Address 530 Duane Street

City
Glen Ellyn

State
IL

Zip Code
60137

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10847

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Creative Travel, Inc.

Mailing Address 530 Duane Street

City
Glen Ellyn

State
IL

Zip Code
60137

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Creative Travel, Inc.

Mailing Address 530 Duane Street

City
Glen Ellyn

State
IL

Zip Code
60137

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10843

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Creative Travel, Inc.

Mailing Address 530 Duane Street

City
Glen Ellyn

State
IL

Zip Code
60137

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10846

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hilton Austin

Mailing Address 500 East 4th Street

City
Austin

State
TX

Zip Code
78701

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10821

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

224.76

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address National Capitol Station
2 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10842

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

110.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Trans Air

Mailing Address 7337 West Washington Street

City Indianapolis State IN Zip Code 46231-1328

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10840

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

89.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Trans Air

Mailing Address 7337 West Washington Street

City Indianapolis State IN Zip Code 46231-1328

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10841

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

232.10

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address PO Box 619612

City
Dallas

State
TX

Zip Code
75261-9612

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

239.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address PO Box 619612

City
Dallas

State
TX

Zip Code
75261-9612

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10833

Date of Disbursement

/ /

Amount of Each Disbursement this Period

239.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address PO Box 619612

City
Dallas

State
TX

Zip Code
75261-9612

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

421.29

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address PO Box 619612

City
Dallas

State
TX

Zip Code
75261-9612

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10832

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

685.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Aventura Limousine, Inc.

Mailing Address 20251 NE 15th Court

City
Miami

State
FL

Zip Code
33179

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10828

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

381.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Aventura Limousine, Inc.

Mailing Address 20251 NE 15th Court

City
Miami

State
FL

Zip Code
33179

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10826

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

119.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Hyatt Regency Pier 66

Mailing Address 2301 S.E. 17th Street

City Fort Lauderdale State FL Zip Code 33316

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10825

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

269.67

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hyatt Regency Pier 66

Mailing Address 2301 S.E. 17th Street

City Fort Lauderdale State FL Zip Code 33316

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10824

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

257.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hyatt Regency Pier 66

Mailing Address 2301 S.E. 17th Street

City Fort Lauderdale State FL Zip Code 33316

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10827

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

70.97

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Marriott Hartford

Mailing Address 200 Columbus Boulevard

City Hartford State CT Zip Code 06103

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10858

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

1165.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Taxi

Mailing Address 834 Rand Road

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10852

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

37.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Taxi

Mailing Address 834 Rand Road

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D10851

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

45.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. American Taxi

Mailing Address 834 Rand Road

City
Mount Prospect

State
IL

Zip Code
60056

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10850

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

45.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address Post Office Box 20537

City
Atlanta

State
GA

Zip Code
30320

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10864

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

314.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mears Transportation Group

Mailing Address 324 West Gore Street

City
Orlando

State
FL

Zip Code
32806

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D10857

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2006

Amount of Each Disbursement this Period

264.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 2345 Crystal Drive

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D10854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

314.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

155508.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Lucas For Congress

Mailing Address P.O. Box 175765

City
Covington

State
KY

Zip Code
41017

Purpose of Disbursement
Contribution

Candidate Name
Kenneth Ray Lucas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 08

Transaction ID: D10773

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Sestak for Congress

Mailing Address P.O. Box 16

City
Media

State
PA

Zip Code
19063

Purpose of Disbursement
Contribution

Candidate Name
Joseph A. Sestak, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 07

Transaction ID: D10801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. James Webb for U.S. Senate

Mailing Address 1960 Wilson Boulevard

City
Arlington

State
VA

Zip Code
22216

Purpose of Disbursement
Contribution

Candidate Name
James H. Webb, Jr.

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: VA District:

Transaction ID: D10769

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Patrick Murphy for Congress

Mailing Address P.O. Box 868

City
Levittown

State
PA

Zip Code
19058

Purpose of Disbursement
Contribution

Candidate Name
Patrick Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 08

Transaction ID: D10802

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Charlie Melancon Campaign Committee

Mailing Address P.O. Box 549

City
Napoleonville

State
LA

Zip Code
70390

Purpose of Disbursement
Contribution

Candidate Name
Charlie Melancon

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: LA District: 03

Transaction ID: D10774

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ellsworth for Congress Committee

Mailing Address P.O. Box 62

City
Evansville

State
IN

Zip Code
47708

Purpose of Disbursement
Contribution

Candidate Name
Brad Ellsworth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IN District: 08

Transaction ID: D10772

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Friends of Phil Hare

Mailing Address P.O. Box 4183

City State Zip Code
 Rock Island IL 61204

Purpose of Disbursement
 Contribution

Candidate Name
 Phil G. Hare

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 17

Transaction ID: D10777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Braley For Congress

Mailing Address P.O. Box 390

City State Zip Code
 Waterloo IA 50704

Purpose of Disbursement
 Contribution

Candidate Name
 Bruce L. Braley

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IA District: 06

Transaction ID: D10771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Chet Edwards for Congress

Mailing Address P.O. Box 23273

City State Zip Code
 Waco TX 76702

Purpose of Disbursement
 Contribution

Candidate Name
 Chet Edwards

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 17

Transaction ID: D10865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address 677 South 200 West
Suite A

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Contribution

Candidate Name
James David Matheson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: UT District: 02

Transaction ID: D10804

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Mailing Address P.O. Box 1248

City State Zip Code
Big Sandy MT 59520

Purpose of Disbursement
Contribution

Candidate Name
Jon Tester

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: MT District:

Transaction ID: D10778

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lois Murphy for Congress

Mailing Address P.O. Box 312

City State Zip Code
Narberth PA 19072

Purpose of Disbursement
Contribution

Candidate Name
Lois Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 06

Transaction ID: D10776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Courtney For Congress

Mailing Address 38 Risley Road

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Contribution

Candidate Name
Joseph D. Courtney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CT District: 02

Transaction ID: D10805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wetterling for Congress

Mailing Address P.O. Box 3985

City
Minneapolis

State
MN

Zip Code
55403

Purpose of Disbursement
Contribution

Candidate Name
Patty Wetterling

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MN District: 06

Transaction ID: D10775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Contribution

Candidate Name
Christopher S. Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CT District: 05

Transaction ID: D10807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. Farrell For Congress

Mailing Address P.O. Box 5136

City
Westport

State
CT

Zip Code
06881

Purpose of Disbursement
Contribution

Candidate Name
Diane Goss Farrell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CT District: 04

Transaction ID: D10806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Salazar for Congress

Mailing Address PO Box 534

City
Pueblo

State
CO

Zip Code
81002

Purpose of Disbursement
Contribution

Candidate Name
John Tony Salazar

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CO District: 03

Transaction ID: D10770

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

44000.00