

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

Baird for Congress

ADDRESS (number and street)

PO Box 5016

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

Vancouver

WA

98668

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00310904

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

WA

03

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 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on 11 04 2008 in the State of WA

5. Covering Period

10

16

2008

through

11

24

2008

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 Chris Crowley

Signature of Treasurer Electronically Filed by Chris Crowley

Date

01

31

2009

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 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Baird for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	68505.00	680970.05
(b) Total Contribution Refunds (from Line 20(d)).....	750.00	6350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67755.00	674620.05
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	77755.88	636833.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8863.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77755.88	627970.45
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	623075.19	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Baird for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
12900.00	272060.00	0.00																																																
(ii) Unitemized																																																		
1280.00	19949.41	0.00																																																
(iii) Total of contributions from individuals																																																		
14180.00	292009.41	0.00																																																
(b) Political Party Committees																																																		
0.00	4683.45	0.00																																																
(c) Other Political Committees																																																		
54325.00	384277.19	0.00																																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
68505.00	680970.05	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	8863.50	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
421.49	64818.83	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
68926.49	754652.38	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Baird for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
77755.88	636833.95	11398.00
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	600.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

750.00	5750.00	0.00
--------	---------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

750.00	6350.00	0.00
--------	---------	------

21. OTHER DISBURSEMENTS

4000.00	279710.00	1000.00
---------	-----------	---------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

82505.88	922893.95	12398.00
----------	-----------	----------

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

67755.00	674620.05	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

77755.88	627970.45	11398.00
----------	-----------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	636654.58
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	68926.49
25. SUBTOTAL(add Line 23 and Line 24) .....	705581.07
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	82505.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	623075.19

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 41

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mark Allen

Mailing Address 716 Sherman Street N. W.

City Olympia State WA Zip Code 98502

FEC ID number of contributing federal political committee. C

Name of Employer Wash. St. Assn. of Broadcasters  
Occupation Trade Assn. Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2008

**Transaction ID:** C17832076

Amount of Each Receipt this Period 250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
William M Black

Mailing Address 3800 E McGilvra St

City Seattle State WA Zip Code 98112-2427

FEC ID number of contributing federal political committee. C

Name of Employer n/a  
Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2008

**Transaction ID:** C17819378

Amount of Each Receipt this Period 300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Dan Braun

Mailing Address 400 West 8th Street # 316

City Vancouver State WA Zip Code 98660

FEC ID number of contributing federal political committee. C

Name of Employer Quinicunx of Washington, LLC  
Occupation Entertainment management

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2008

**Transaction ID:** C17873963

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Paul L. Craig

Mailing Address 2440 E. Tudor Rd, #230

City Anchorage State AK Zip Code 99507

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

Name of Employer Self-Employed Occupation Neuropsychologist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3800.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C17842639

Amount of Each Receipt this Period 2300.00

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

**B.**

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

Mailing Address 8005 Lewinsville Road

City Mc Lean State VA Zip Code 22102-2435

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

Name of Employer The Crane Group Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2008

Transaction ID: C17822526

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Robert T. Durgan

Mailing Address 12204 NW 15th Ave.

City Vancouver State WA Zip Code 98685

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

Name of Employer Anderson Construction Occupation VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2008

Transaction ID: C17878516

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 41  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hernan Garcia Etcheto

Mailing Address 6736 78th Ave NE

City Olympia State WA Zip Code 98516-9571

FEC ID number of contributing federal political committee. C

Name of Employer NUTRIOM, LLC Occupation Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt MM / DD / YYYY  
11 / 01 / 2008

**Transaction ID:** C17869537

Amount of Each Receipt this Period 2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lucie K. Gikovich

Mailing Address 514 Seward Square, SE

City Washington State DC Zip Code 20003-1114

FEC ID number of contributing federal political committee. C

Name of Employer Platinum Advisors Occupation Consultant

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 21 / 2008

**Transaction ID:** C17822518

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kenton Gregory

Mailing Address 10575 SW Cascade Ave

City Portland State OR Zip Code 97223

FEC ID number of contributing federal political committee. C

Name of Employer Hemcon Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
10 / 30 / 2008

**Transaction ID:** C17855889

Amount of Each Receipt this Period 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 5300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 41  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
Leland H. Hartwell

Mailing Address 6206 17th Ave NE

City State Zip Code  
Seattle WA 98115-6807

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

Name of Employer Fred Hutchinson Cancer Center  
Occupation Pres. & Dir.

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2008

Transaction ID: C17819404

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sally T. Hertz

Mailing Address 5815 Strasbourg Ct

City State Zip Code  
Reno NV 89511-5023

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

Transaction ID: C17801393

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Brad W. Jensen

Mailing Address 2449 NW 15th Circle

City State Zip Code  
Camas WA 98607-9389

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

Name of Employer Southwest Washington Medical Center  
Occupation Pathologist-Lab Director

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2008

Transaction ID: C17806689

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.

Full Name (Last, First, Middle Initial)  
Arthur L Knight  
Mailing Address 250 Pier Rd

City State Zip Code  
Chehalis WA 98532-8702

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: C17819395

Amount of Each Receipt this Period  
500.00

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

B.

Full Name (Last, First, Middle Initial)  
Douglas L. Miller  
Mailing Address PO Box 422

City State Zip Code  
Raymond WA 98577-0422

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

Name of Employer Occupation  
PUD No.2 of Pacific Co. Engineer

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: C17878497

Amount of Each Receipt this Period  
250.00

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

C.

Full Name (Last, First, Middle Initial)  
Randall B. Printz  
Mailing Address 805 Broadway St.  
#1000

City State Zip Code  
Vancouver WA 98660

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

Name of Employer Occupation  
Landerholm, Memovich, Lansverk & White Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: C17878523

Amount of Each Receipt this Period  
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

12900.00

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

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

FOR LINE NUMBER: PAGE 12 / 41  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street NW  
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 31 / 2008  
**Transaction ID:** C17860863  
 Amount of Each Receipt this Period 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
ARAB AMERICAN LEADERSHIP COUNCIL PAC

Mailing Address 1600 K STREET NW SUITE 601

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00194225

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2008  
**Transaction ID:** C17887459  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 10 / 27 / 2008  
**Transaction ID:** C17841490  
 Amount of Each Receipt this Period 4000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 41  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
BECHTEL PAC COMMITTEE

Mailing Address 50 BEALE STREET

City State Zip Code  
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C** C00103697

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

**Transaction ID:** C17801391

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
CAREER COLLEGE ASSOCIATION POLITICAL ACTION COMMIT

Mailing Address 1101 Connecticut Avenue, NW  
Suite 900

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00213066

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 8

**Transaction ID:** C17887451

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITE

Mailing Address 101 Constitution Ave NW  
Tenth Floor West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 8

**Transaction ID:** C17887463

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 41  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
Communication Workers of America

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 11 / 03 / 2008  
Transaction ID: C17887469  
Amount of Each Receipt this Period: 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATIO

Mailing Address P O BOX 909700

City KANSAS CITY State MO Zip Code 64190

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 27 / 2008  
Transaction ID: C17841449  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 10 / 24 / 2008  
Transaction ID: C17829769  
Amount of Each Receipt this Period: 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 41  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 8

**Transaction ID:** C17878501

Amount of Each Receipt this Period  
25.00

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

\* In-Kind: website advocacy

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL

Mailing Address 1615 L Street NW  
Suite 900

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** C17822599

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENT

Mailing Address 1750 New York Ave. NW  
Suite 400

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** C17822603

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2525.00**

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTEREST  
 Mailing Address 1750 New York Ave NW  
 City State Zip Code  
 Washington DC 20006  
 FEC ID number of contributing federal political committee. **C** C00029447  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8  
**Transaction ID:** C17801390  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES  
 Mailing Address 1750 New York Avenue, NW  
 City State Zip Code  
 Washington DC 20006  
 FEC ID number of contributing federal political committee. **C** C00000885  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8  
**Transaction ID:** C17801399  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
KROGER POLITICAL ACTION COMMITTEE  
 Mailing Address 1014 Vine Street  
 City State Zip Code  
 Cincinnati OH 45202  
 FEC ID number of contributing federal political committee. **C** C00059238  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 4 / 2 0 0 8  
**Transaction ID:** C17878500  
 Amount of Each Receipt this Period  
 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s)  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36th Way  
Box 97017

City State Zip Code  
Redmond WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** C17829762

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** C17812595

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ATHLETIC TRAINERS' ASSOCIATION INC POLITI

Mailing Address 2952 STEMMONS FREEWAY

City State Zip Code  
DALLAS TX 75247

FEC ID number of contributing federal political committee. **C** C00408518

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 0 8

**Transaction ID:** C17869535

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 N. Fort Myer Dr.  
Suit 850

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** C17829658

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address 3 Commercial Place  
Suite 375

City Norfolk State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** C17829670

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE/PREM

Mailing Address 7001 220TH STREET SW MS355

City MOUNTLAKE TERRACE State WA Zip Code 98043

FEC ID number of contributing federal political committee. **C** C00409227

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

**Transaction ID:** C17822598

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 41  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
PUGET SOUND ENERGY INC PAC FOR GOOD GOVERNMENT

Mailing Address P.O. BOX 90868

City State Zip Code  
BELLEVUE WA 98009

FEC ID number of contributing federal political committee. **C** C00101592

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** C17831809

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
SHEET METAL AND AIR CONDITIONING CONTRACTORS POLIT

Mailing Address 4201 Lafayette Center Drive

City State Zip Code  
Chantilly VA 20151

FEC ID number of contributing federal political committee. **C** C00013961

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

**Transaction ID:** C17806594

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROG

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 0 8

**Transaction ID:** C17869538

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 41  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.**

Full Name (Last, First, Middle Initial)  
UNITED STEELWORKERS POLITICAL ACTION FUND

Mailing Address Five Gateway Center

City State Zip Code  
Pittsburgh PA 15222

FEC ID number of contributing federal political committee. **C** C00003590

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: C17801395

Amount of Each Receipt this Period  
5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
VFW POLITICAL ACTION COMMITTEE

Mailing Address 200 Maryland Avenue NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00113001

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	8

Transaction ID: C17822577

Amount of Each Receipt this Period  
1300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	54325.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of Clark County		Date of Receipt
	Mailing Address PO Box 61725		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Vancouver	WA	98666
	FEC ID number of contributing federal political committee.		Transaction ID: C17887082
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="421.49"/>
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="35562.95"/>	
<input type="checkbox"/> Other (specify) ▼			* Interest income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="421.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="421.49"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.	Full Name (Last, First, Middle Initial) Davey Consulting, LLC	Transaction ID: D347419 Date of Disbursement 11 / 03 / 2008
	Mailing Address 236 Massachusetts Ave NE Ste 508	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20002-4980	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising consulting fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Davey Consulting, LLC	Transaction ID: D347420 Date of Disbursement 11 / 03 / 2008
	Mailing Address 236 Massachusetts Ave NE Ste 508	Amount of Each Disbursement this Period 13.73
	City Washington State DC Zip Code 20002-4980	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Department of Labor & Industries	Transaction ID: D347425 Date of Disbursement 11 / 06 / 2008
	Mailing Address PO Box 34022	Amount of Each Disbursement this Period 60.48
	City Seattle State WA Zip Code 98124-1022	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Workmen's Compensation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3074.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Dohrmann Mailing Address 309 Constitution Avenue, NE Apt. 2 City Washington State DC Zip Code 20002 Purpose of Disbursement Website support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347429 Date of Disbursement 11 / 13 / 2008 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Express EMPS Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347423 Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 404.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Cindy W. Gipson Mailing Address PO Box 2823 City Battle Ground State WA Zip Code 98604 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347422 Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 454.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**3358.90**

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

.....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.

Full Name (Last, First, Middle Initial)  
Cindy W. Gipson

Transaction ID: D347417  
Date of Disbursement

Mailing Address PO Box 2823

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

City State Zip Code  
Battle Ground WA 98604

Amount of Each Disbursement this Period

4581.62
---------

Purpose of Disbursement  
Salary

--

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

Candidate Name

--

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Cindy W. Gipson

Transaction ID: D347432  
Date of Disbursement

Mailing Address PO Box 2823

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	8

City State Zip Code  
Battle Ground WA 98604

Amount of Each Disbursement this Period

161.70
--------

Purpose of Disbursement  
Mileage reimbursement

--

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

Candidate Name

--

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Cindy W. Gipson

Transaction ID: D347428  
Date of Disbursement

Mailing Address PO Box 2823

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	8

City State Zip Code  
Battle Ground WA 98604

Amount of Each Disbursement this Period

1647.56
---------

Purpose of Disbursement  
Salary

--

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

Candidate Name

--

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

6390.88
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Grove Insight  Mailing Address 3835 NE Hancock St Ste 102  City Portland State OR Zip Code 97212-5319  Purpose of Disbursement Media consulting fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D347418 Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 2500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) MacWilliams Kirchner Sanders & Partners, Inc.  Mailing Address 1660 L Street, NW Suite 301  City Washington State DC Zip Code 20036  Purpose of Disbursement Media buys Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D347397 Date of Disbursement 10 / 16 / 2008  Amount of Each Disbursement this Period 47459.44  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) NAI Norris, Beggs & Simpson  Mailing Address 700 Washington Street Suite 608  City Vancouver State WA Zip Code 98660  Purpose of Disbursement Office rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D347440 Date of Disbursement 11 / 17 / 2008  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**50459.44**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.	Full Name (Last, First, Middle Initial) Qwest	Transaction ID: D347408 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO Box 91155	Amount of Each Disbursement this Period 366.56
	City Seattle State WA Zip Code 98111-9255	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Qwest	Transaction ID: D347404 Date of Disbursement 10 / 21 / 2008
	Mailing Address PO Box 91155	Amount of Each Disbursement this Period 83.56
	City Seattle State WA Zip Code 98111-9255	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Reflector	Transaction ID: D347414 Date of Disbursement 10 / 27 / 2008
	Mailing Address 20 NW 20th Ave	Amount of Each Disbursement this Period 1046.00
	City Battle Ground State WA Zip Code 98604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1496.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) United States Treasury		<b>Transaction ID:</b> D347426	
	Mailing Address IRS		Date of Disbursement MM / DD / YYYY 11 / 06 / 2008	
	City Ogden	State UT	Zip Code 84201	Amount of Each Disbursement this Period 1946.10
	Purpose of Disbursement Payroll Tax		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
<b>B.</b>	Full Name (Last, First, Middle Initial) UPS		<b>Transaction ID:</b> D347405	
	Mailing Address PO Box 894820		Date of Disbursement MM / DD / YYYY 10 / 21 / 2008	
	City Los Angeles	State CA	Zip Code 90189-4820	Amount of Each Disbursement this Period 30.06
	Purpose of Disbursement Shipping		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
<b>C.</b>	Full Name (Last, First, Middle Initial) UPS		<b>Transaction ID:</b> D347409	
	Mailing Address PO Box 894820		Date of Disbursement MM / DD / YYYY 10 / 24 / 2008	
	City Los Angeles	State CA	Zip Code 90189-4820	Amount of Each Disbursement this Period 1.80
	Purpose of Disbursement Shipping		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

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

1977.96

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Barbara S. Westrick</p> <p>Mailing Address 936 23rd Avenue</p> <p>City Longview State WA Zip Code 98632</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347416</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1712.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Barbara S. Westrick</p> <p>Mailing Address 936 23rd Avenue</p> <p>City Longview State WA Zip Code 98632</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347427</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 615.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Winpisinger &amp; Associates, Inc.</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Administration/Compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347421</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1564.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**3892.54**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 61725

City Vancouver State WA Zip Code 98666-1725

Purpose of Disbursement  
Credit card (see below)

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D347391  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

315.74

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

B.

Full Name (Last, First, Middle Initial)  
Cash & Carry

Mailing Address 10611 NE 53rd Street

City Vancouver State WA Zip Code 98662

Purpose of Disbursement  
Parade candy

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D347393  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

57.48

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Cash & Carry

Mailing Address 10611 NE 53rd Street

City Vancouver State WA Zip Code 98662

Purpose of Disbursement  
Parade candy

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D347396  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

120.36

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

[MEMO ITEM]

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

315.74

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D347394 Date of Disbursement
	Mailing Address 11505 NE Fourth Plain Rd.	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Vancouver State WA Zip Code 98662	Amount of Each Disbursement this Period
	Purpose of Disbursement Office supplies	<input type="text" value="57.84"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D347395 Date of Disbursement
	Mailing Address 11505 NE Fourth Plain Rd.	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Vancouver State WA Zip Code 98662	Amount of Each Disbursement this Period
	Purpose of Disbursement Office supplies	<input type="text" value="80.06"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D347392 Date of Disbursement
	Mailing Address PO Box 61725	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Vancouver State WA Zip Code 98666-1725	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card (see below)	<input type="text" value="2782.81"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2782.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.	Full Name (Last, First, Middle Initial) Dollar Rent A Center Denver Mailing Address 8500 Pena Blvd. City Denver State CO Zip Code 80249 Purpose of Disbursement Democratic convention expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347402 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period 320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Hyatt Hotel Denver Tech Mailing Address 7800 East Tufts Avenue City Denver State CO Zip Code 80237 Purpose of Disbursement Democratic Convention/Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347400 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period 1242.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Hyatt Hotel Denver Tech Mailing Address 7800 East Tufts Avenue City Denver State CO Zip Code 80237 Purpose of Disbursement Democratic Convention/Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347401 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period 1220.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.	Full Name (Last, First, Middle Initial) Visa	<b>Transaction ID:</b> D347430 Date of Disbursement
	Mailing Address PO Box 61725	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Vancouver State WA Zip Code 98666-1725	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card (see below)	<input type="text" value="1321.13"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hyatt Hotel Denver Tech	<b>Transaction ID:</b> D347433 Date of Disbursement
	Mailing Address 7800 East Tufts Avenue	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Denver State CO Zip Code 80237	Amount of Each Disbursement this Period
	Purpose of Disbursement Democratic Convention/Lodging	<input type="text" value="1006.08"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**

C.	Full Name (Last, First, Middle Initial) Visa	<b>Transaction ID:</b> D347439 Date of Disbursement
	Mailing Address PO Box 61725	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Vancouver State WA Zip Code 98666-1725	Amount of Each Disbursement this Period
	Purpose of Disbursement Service fee	<input type="text" value="29.94"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1321.13"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 61725 City Vancouver State WA Zip Code 98666-1725 Purpose of Disbursement Credit card (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D347431 Date of Disbursement 11 / 13 / 2008
	Amount of Each Disbursement this Period 2598.24
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 11505 NE Fourth Plain Rd. City Vancouver State WA Zip Code 98662 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D347437 Date of Disbursement 11 / 13 / 2008
	Amount of Each Disbursement this Period 105.99
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2598.24
<b>TOTAL</b> This Period (last page this line number only) .....	77667.97

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 41

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

A.

Full Name (Last, First, Middle Initial)  
Cowlitz County Democratic Women

Mailing Address 6801 Willow Grove Rd

City Longview State WA Zip Code 98632-9235

Purpose of Disbursement  
Contribution Refund

Candidate Name  
Cowlitz County Democratic Women

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D347403

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	8

Amount of Each Disbursement this Period

750.00
--------

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

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

750.00
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TOTAL This Period (last page this line number only) ..... ►

750.00
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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
**CARMOUCHE FOR CONGRESS INC**

Mailing Address 912 KINGS HIGHWAY

City SHREVEPORT State LA Zip Code 71104

Purpose of Disbursement  
Contribution

Candidate Name  
Paul J. Carmouche

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Transaction ID: D347441

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

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

**B.** Full Name (Last, First, Middle Initial)  
**CARNEY FOR CONGRESS**

Mailing Address P.O. Box A

City Clarks Summit State PA Zip Code 18411

Purpose of Disbursement  
10/13/08 check returned

Candidate Name  
Christopher P. Carney

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Transaction ID: D343335

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Amount of Each Disbursement this Period

-1000.00
----------

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

**C.** Full Name (Last, First, Middle Initial)  
**DINA TITUS FOR CONGRESS**

Mailing Address 3711 East Sunset Road  
Suite C5

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement  
Contribution

Candidate Name  
Dina Titus

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Transaction ID: D347412

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

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

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

1000.00
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DRIEHAUS FOR CONGRESS</b></p> <p>Mailing Address 1018 BENZ AVENUE</p> <p>City CINCINNATI State OH Zip Code 45238</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Steven Leo Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347410</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF GLENN NYE</b></p> <p>Mailing Address PO BOX 68444</p> <p>City VIRGINIA BEACH State VA Zip Code 23471</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Glenn Carlyle Nye, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347411</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>HARRY MITCHELL FOR CONGRESS</b></p> <p>Mailing Address PO Box 23748</p> <p>City Tempe State AZ Zip Code 85285-3748</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Harry E. Mitchell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347413</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Pam Brokaw</p> <p>Mailing Address 1111 Main Street Suite 400</p> <p>City Vancouver State WA Zip Code 98660</p> <p>Purpose of Disbursement Non-Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347415 <b>Date of Disbursement</b> 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CAMPAIGN TO ELECT MARK MAYS</p> <p>Mailing Address PO BOX 30607</p> <p>City SPOKANE State WA Zip Code 99223</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Roy Mark Mays, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347399 <b>Date of Disbursement</b> 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TINKLENBERG FOR CONGRESS</p> <p>Mailing Address 9298 CENTRAL AVE NE</p> <p>City BLAINE State MN Zip Code 55434</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Elwyn Glenn Tinklenberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347407 <b>Date of Disbursement</b> 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MINNICK FOR CONGRESS</b></p> <p>Mailing Address 8150 W EMERALD STREET SUITE 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> Category/Type</p> <p>Candidate Name Walter C. Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District: 01</p>	<p><b>Transaction ID:</b> D347406 <b>Date of Disbursement:</b> 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>KILROY FOR CONGRESS</b></p> <p>Mailing Address 3391 N High St</p> <p>City Columbus State OH Zip Code 43202-1140</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> Category/Type</p> <p>Candidate Name Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 15</p>	<p><b>Transaction ID:</b> D356010 <b>Date of Disbursement:</b> 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MASSA FOR CONGRESS</b></p> <p>Mailing Address 60 EAST MARKET STREET SUITE 244</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> Category/Type</p> <p>Candidate Name Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 29</p>	<p><b>Transaction ID:</b> D356009 <b>Date of Disbursement:</b> 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Baird for Congress

**A.** Full Name (Last, First, Middle Initial)  
PERRIELLO FOR CONGRESS

Mailing Address PO BOX 306

City IVY State VA Zip Code 22945

Purpose of Disbursement Contribution  Category/Type

Candidate Name Thomas Stuart Price Perriello

Office Sought:  House  Senate  President  
State: VA District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D356008  
Date of Disbursement: 10 / 31 / 2008

Amount of Each Disbursement this Period: 1000.00

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement Contribution  Category/Type

Candidate Name Timothy H. Bishop

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D356011  
Date of Disbursement: 11 / 04 / 2008

Amount of Each Disbursement this Period: 1000.00

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

**[MEMO ITEM]**

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

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

**Image# 29990933883**

Form/Schedule: **SB21**  
Transaction ID: **D356008**

This contribution was posted on credit card statement on 10/31/08. The credit card statement was not paid until 12/8/08.

Form/Schedule: **SB21**  
Transaction ID: **D356009**

This contribution was posted on credit card statement on 10/30/08. The credit card statement was not paid until 12/8/08.

\*\*\*\*\*



**Image# 29990933884**

Form/Schedule: **SB21**  
Transaction ID: **D356010**

This contribution was posted on credit card statement on 10/31/08. The credit card statement was not paid until 12/8/08.

Form/Schedule: **SB21**  
Transaction ID: **D356011**

This contribution was posted on credit card statement on 11/4/08. The credit card statement was not paid until 12/8/08.

\*\*\*\*\*