



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Earl Pomeroy for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	74628.27	1572577.60
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	15700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	74628.27	1556877.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	236591.06	1159157.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	718.54	13704.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	235872.52	1145453.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	382943.23	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
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**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

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

Earl Pomeroy for Congress

Report Covering the Period: From:    To:

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)
<input type="text" value="9244.27"/>		through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
(ii) Unitemized		
<input type="text" value="5022.00"/>		
(iii) Total of contributions from individuals		
<input type="text" value="14266.27"/>	<input type="text" value="375540.54"/>	<input type="text" value="50.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="100.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="60362.00"/>	<input type="text" value="1196937.06"/>	<input type="text" value="500.00"/>

**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))		
74628.27	1572577.60	550.00
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)		
718.54	13704.10	62.92
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	77101.64	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
75346.81	1663383.34	612.92

**POST ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Earl Pomeroy for Congress

Report the covering period

From:

MM  
10

DD  
19

YYYY  
2006

To:

MM  
11

DD  
27

YYYY  
2006

**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)
17. OPERATING EXPENDITURES		
236591.06	1159157.29	19833.43
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	25000.00	0.00
19. LOAN PAYMENTS		
(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
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	4800.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

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)

0.00	10900.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

0.00	15700.00	0.00
------	----------	------

21. OTHER DISBURSEMENTS

80750.00	252570.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

317341.06	1452427.29	19833.43
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**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))

74628.27	1556877.60	550.00
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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)

235872.52	1145453.19	19770.51
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	624937.48
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	75346.81
25. SUBTOTAL(add Line 23 and Line 24) .....	700284.29
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	317341.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	382943.23

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Terry Aronson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 833		<b>Transaction ID: C46723</b>
City State Zip Code Devils Lake ND 58301-0833	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Farmers Union Insurance Insurance/Farmer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Barber</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 906 3rd Street, NW		<b>Transaction ID: C46610</b>
City State Zip Code Mandan ND 58554	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Chairman District 34 Democrats		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. James Bigham</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1545 Long Lake Blvd.		<b>Transaction ID: C46695</b>
City State Zip Code Long Lake MN 55356	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation SMARCA of MN President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. David Borlaug</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address PO Box 492		Transaction ID: C46613	
City Washburn	State ND	Zip Code 58577	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer LCFM Foundation	Occupation Resident		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>B. John Breen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 717 Williams St		Transaction ID: C46612	
City Bismarck	State ND	Zip Code 58501	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Alan D. Christianson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address P.O. Box 279		Transaction ID: C46614	
City Washburn	State ND	Zip Code 58577	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Arent River Energy	Occupation Utility worker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 385.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Carol A. Christianson

Mailing Address 1731 Hamburg Dr.

City Bismarck State ND Zip Code 58504

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2006

Transaction ID: C46609

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Leon Comeau

Mailing Address 1015 11th St

City Thompson State ND Zip Code 58278-9750

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

Name of Employer Comeau Electric, Inc. Occupation Electrical Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: C46693

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)  
James Cooper

Mailing Address 1940 Harbor Dr

City Bismarck State ND Zip Code 58504

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

Name of Employer Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2006

Transaction ID: C46621

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) L. Cordial		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1731 Grove St		<b>Transaction ID:</b> C46716	
City Glenview	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60025		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Dickson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 9922 Island Rd		<b>Transaction ID:</b> C46624	
City Bismarck	State ND	Amount of Each Receipt this Period 124.27	
Zip Code 58501-9226		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Dickson & Purdon	Occupation Attorney	* In-Kind: Catering	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1124.27		

<b>C.</b> Full Name (Last, First, Middle Initial) Lawrence Dopson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2001 S. Grandview Lane		<b>Transaction ID:</b> C46619	
City Bismarck	State ND	Amount of Each Receipt this Period 150.00	
Zip Code 58503-0852		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	524.27
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Shirley Dykshoorn</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 301 3rd Ave NW		<b>Transaction ID: C46611</b>	
City State Zip Code Mandan ND 58554-3016		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fannie Mae	Occupation Director of Programs		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. Dwight Fettig</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 8506 Postoak Road		<b>Transaction ID: C46632</b>	
City State Zip Code Potomac MD 20854		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Freddie Mac	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Allan Fry</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 15112 Lima Road		<b>Transaction ID: C46635</b>	
City State Zip Code Huntertown IN 46748		Amount of Each Receipt this Period 215.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation CLU		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 215.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	565.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bruce Bruce Hagen

Mailing Address 108 Riverside Park Rd

City Bismarck State ND Zip Code 58504-5331

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

Name of Employer Self Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

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

**Transaction ID: C46617**

Amount of Each Receipt this Period  
 75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Niles Hushka

Mailing Address 2634 Square Butte Ln N

City Mandan State ND Zip Code 58554-5439

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

Name of Employer Kadrmias, Lee & Jackson Occupation Consulting Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

**Transaction ID: C46616**

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)  
Tim Kingstad

Mailing Address 1032 Crescent Ln

City Bismarck State ND Zip Code 58501-2463

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

Name of Employer self Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID: C46697**

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Darrell Larson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 397 Woodland Cir		Transaction ID: C46646
City State Zip Code Grand Forks ND 58201-8000	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 350.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Arthur Link</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2001 Grimsrud Dr		Transaction ID: C46618
City State Zip Code Bismarck ND 58501-1317	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 2300.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. T.J. Mahoney</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 4628 Timberline Dr.		Transaction ID: C46709
City State Zip Code Fargo ND 58104	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Dakota Clinic Occupation Physician	Election Cycle-to-Date 400.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donald Marshall

Mailing Address 3205 Porter St. N.W.

City Washington State DC Zip Code 20008-3212

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

Name of Employer Rational PR Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

**Transaction ID: C46649**

Amount of Each Receipt this Period  
 300.00

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

**B.** Full Name (Last, First, Middle Initial)  
John McDonald

Mailing Address 208 E Divide Ave

City Bismarck State ND Zip Code 58501-2650

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

Name of Employer Wheeler Wolf Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

**Transaction ID: C46622**

Amount of Each Receipt this Period  
 150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dave McFarlane

Mailing Address 808 Oak Field

City Grand Forks State ND Zip Code 58208-2095

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

Name of Employer McFarlane Sheet Metal Company Occupation Construction

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

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

**Transaction ID: C46677**

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) ..... ► **1450.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Larry McGillis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 35010 Trail Viking		<b>Transaction ID: C46600</b>	
City Portland	State ND	Zip Code 58274	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation insurance agent		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. David Middaugh</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address PO Box 2543		<b>Transaction ID: C46602</b>	
City Fargo	State ND	Zip Code 58108	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Insurance agent		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ryan Offutt</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 624 S. 9th St.		<b>Transaction ID: C46698</b>	
City Fargo	State ND	Zip Code 58103	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer RDO Equipment	Occupation Corp. Communications Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Plybon Mailing Address PO Box 35485 City Greensboro State NC Zip Code 27425-5485 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C46650 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	6		2	0	0	6														
1000.00																							
Name of Employer: Plybon & Associates, Inc Occupation: Owner, Underwriter Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Purdon Mailing Address 1243 E Highland Acres Rd City Bismarck State ND Zip Code 58501-1253 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C46607 Amount of Each Receipt this Period <table border="1"> <tr> <td>150.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6	150.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	6														
150.00																							
Name of Employer: Vogel Law Firm Occupation: Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>550.00</td> </tr> </table>		550.00																					
550.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Jay Seeger Mailing Address 3021 West Elmwood Drive City Grand Forks State ND Zip Code 58201 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C46688 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	0	6														
250.00																							
Name of Employer: Business Owner Occupation: Video Store Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>400.00</td> </tr> </table>		400.00																					
400.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 114
	<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Jeffery Trinca		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 815 North Carolina Ave., SE		Transaction ID: C46627	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Van Scoyoc	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dan Ulmer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 707 Paulson Dr		Transaction ID: C46606	
City State Zip Code Mandan ND 58554-2372	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Blue Cross and Blue Shield	Occupation Gov't Relations		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lyle Waswick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 18310 135th Ave SW		Transaction ID: C46597	
City State Zip Code Des Lacs ND 58733-9619	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation farmer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	730.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 18 / 114  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard Weber

Mailing Address PO Box 2733

City State Zip Code  
Bismarck ND 58502

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

Name of Employer self Occupation retired

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

300.00

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

Transaction ID: C46620

Amount of Each Receipt this Period  
 150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9244.27

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

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

Mailing Address 1111 North Charles Street

City State Zip Code  
Baltimore MD 21201

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**Transaction ID:** C46629

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)  
AEGON USA INC POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Charles Street

City State Zip Code  
Baltimore MD 21201

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**Transaction ID:** C46630

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)  
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Ave. NW  
8th Floor

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

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

**Transaction ID:** C46700

Amount of Each Receipt this Period  
2500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 114
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. American Academy of Nurse Practitioners</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 40473		<b>Transaction ID: C46683</b>
City Washington	State DC	Zip Code 20016
FEC ID number of contributing federal political committee. <b>C C00358903</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN ACADEMY OF OTOLARYNGOLOGY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address One Prince Street		<b>Transaction ID: C46584</b>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C C00306449</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 401 N. Lindbergh Blvd		<b>Transaction ID: C46725</b>
City St. Louis	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. <b>C C00293910</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE (AXPPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 801 Pennsylvania Ave. NW Suite 650		<b>Transaction ID: C46676</b>
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> C00040535	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN QUARTER HORSE ASSOCIATION PAC AKA AMERICAN QUARTER HORSE PAC (AQHPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO BOX 200		<b>Transaction ID: C46713</b>
City AMARILLO State TX Zip Code 79168	FEC ID number of contributing federal political committee. <b>C</b> C00409102	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 601 Penn. Avenue NW #500 South Bldg.		<b>Transaction ID: C46580</b>
City WASHINGTON State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> C00106740	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Ameriprise Financial PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 101 Constitution Avenue, NW Suite 816W		Transaction ID: C46582
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b> C00414474	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. AMGEN INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1300 Eye Street NW Suite 470 East		Transaction ID: C46702
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00251876	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. ANHEUSER-BUSCH COMPANIES INC POLITICAL ACTION COMMITTEE (AB-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address ONE BUSCH PLACE		Transaction ID: C46664
City ST. LOUIS State MO Zip Code 63118	FEC ID number of contributing federal political committee. <b>C</b> C00034488	Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. CHS INC. - AGRILIANCE LLC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 5500 Cenex Drive		<b>Transaction ID: C46692</b>
City State Zip Code Inver Grove Height MN 55077	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00149104		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. CME/PAC CHICAGO MERCANTILE EXCHANGE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 20 SOUTH WACKER DRIVE		<b>Transaction ID: C46699</b>
City State Zip Code CHICAGO IL 60606	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00076299		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 501 Third Street NW		<b>Transaction ID: C46722</b>
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1912.00	
FEC ID number of contributing federal political committee. <b>C</b> C00002089		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5962.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4412.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 24 / 114  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A. DOMINION POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE JAMES RIVER PLAZA 20TH FLOOR  
 P.O. BOX 26666  
 City RICHMOND State VA Zip Code 23261  
 FEC ID number of contributing federal political committee. **C** C00108209  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6  
**Transaction ID: C46672**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B. DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Louisiana Ave. NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00032979  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6  
**Transaction ID: C46721**  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C. Edwards Lifesciences PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Edwards Way  
 City Irvine State CA Zip Code 92614  
 FEC ID number of contributing federal political committee. **C** C00411900  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 6  
**Transaction ID: C46581**  
 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) ..... ► 4500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECCAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3 BETHESDA METRO CENTER SUITE 1100		Transaction ID: C46673
City State Zip Code BETHESDA MD 20814	FEC ID number of contributing federal political committee. <b>C</b> C00113811	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 50 F Street NW Suite 900		Transaction ID: C46631
City State Zip Code Washington DC 20001	FEC ID number of contributing federal political committee. <b>C</b> C00193631	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. FPL PAC FLORIDA POWER &amp; LIGHT CO EMPLOYEES POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 700 Universe Blvd. P.O. BOX 14000		Transaction ID: C46651
City State Zip Code Juno Beach FL 33408	FEC ID number of contributing federal political committee. <b>C</b> C00064774	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 114
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
GENERAL MILLS POLITICAL ACTION COMMITTEE

Mailing Address #1 General Mills Boulevard

City State Zip Code  
Minneapolis MN 55426

FEC ID number of contributing federal political committee. **C** C00062646

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** C46583

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)  
GENZYME CORPORATION POLITICAL ACTION COMMITTEE (GENZ-PAC)

Mailing Address 1020 19TH STREET NW SUITE 550

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00393736

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C46678

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)  
KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 18254

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C46701

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1550 Crystal Drive Suite 300		<b>Transaction ID: C46585</b>
City Arlington State VA Zip Code 22202	FEC ID number of contributing federal political committee. <b>C</b> C00303024	Amount of Each Receipt this Period 850.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT INTERNATIONAL INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 10400 Fernwood Road		<b>Transaction ID: C46586</b>
City Bethesda State MD Zip Code 20817	FEC ID number of contributing federal political committee. <b>C</b> C00284810	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. National Association of Enrolled Agents PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address PO Box 65071		<b>Transaction ID: C46579</b>
City Washington State DC Zip Code 20035	FEC ID number of contributing federal political committee. <b>C</b> C00415372	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. North Dakota Association of Builders PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 301 East Front Ave		Transaction ID: C46625	
City State Zip Code Bismarck ND 58504	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. NORTHWEST AIRLINES POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 901 15th Street NW Suite 310		Transaction ID: C46666	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00104802		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>C. Penguin PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 80 F Street, NW Suite 804		Transaction ID: C46671	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00417584		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 29 / 114  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)

Mailing Address 751 Broad Street  
3RD FLOOR PRUDENTIAL PLAZA

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

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

**Transaction ID:** C46668

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)  
QWEST COMMUNICATIONS INTERNATIONAL INC POLITICAL ACTION COMMITTEE

Mailing Address 607 14th Street N.W.  
Suite 950

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5750.00

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

**Transaction ID:** C46623

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)  
SHEET METAL AND AIR CONDITIONING CONTRACTORS' POLITICAL ACTION COMMITTEE

Mailing Address 4201 LAFAYETTE CENTER DRIVE

City CHANTILLY State VA Zip Code 22021

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

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

**Transaction ID:** C46674

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) ..... ▶ **6300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address 22 CALENDAR COURT SECOND FLOOR

City LAGRANGE State IL Zip Code 60525

FEC ID number of contributing federal political committee. **C** C00349225

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C46667

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)  
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMM

Mailing Address 300 CONCORD PLAZA DRIVE

City SAN ANTONIO State TX Zip Code 78216

FEC ID number of contributing federal political committee. **C** C00358366

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C46679

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)  
UNITED STEELWORKERS OF AMERICA POLITICAL ACTION FUND

Mailing Address FIVE GATEWAY CENTER

City PITTSBURGH State PA Zip Code 15222

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

**Transaction ID:** C46720

Amount of Each Receipt this Period  
 2500.00

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 114  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial)  
**A. WATERPAC - NATIONAL RURAL WATER ASSOCIATION POLITICAL COMMITTEE**

Mailing Address 2915 SOUTH 13TH

City State Zip Code  
**DUNCAN OK 73533**

FEC ID number of contributing federal political committee. **C C00202184**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID: C46727**

Amount of Each Receipt this Period  
500.00

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

Full Name (Last, First, Middle Initial)  
**B. WELLPOINT INC. WELLPAC**

Mailing Address 120 Monument Circle

City State Zip Code  
**Indianapolis IN 46204**

FEC ID number of contributing federal political committee. **C C00197228**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	6

**Transaction ID: C46714**

Amount of Each Receipt this Period  
2000.00

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

Full Name (Last, First, Middle Initial)  
**C. WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)**

Mailing Address Sixth and Marquette  
**SIXTH AND MARQUETTE**

City State Zip Code  
**Minneapolis MN 55479**

FEC ID number of contributing federal political committee. **C C00034595**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  

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

**Transaction ID: C46665**

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) ..... ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial)  
**A. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: C46718

Amount of Each Receipt this Period  
2000.00

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

Full Name (Last, First, Middle Initial)  
**B. XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)**

Mailing Address 1225 17th Street Suite 900 Suite 900

City State Zip Code  
Denver CO 80202

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

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

Transaction ID: C46675

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	60362.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Bank Center(formerly Bank Center First)

Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10956.18

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

**Transaction ID: C46717**

Amount of Each Receipt this Period  
655.62

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

**B.** Full Name (Last, First, Middle Initial)  
American Bank Center(formerly Bank Center First)

Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
62.92

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

**Transaction ID: C46728**

Amount of Each Receipt this Period  
62.92

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>718.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>718.54</b>

# 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)  
Earl Pomeroy for Congress

<p><b>A. Stacy Austad</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1118 F Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: D8139</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.64"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B. Avenet</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1380 Energy Lane Suite 206</p> <p>City Saint Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Credit Card Fee</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><b>Transaction ID: D7859</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C. Avenet</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1380 Energy Lane Suite 206</p> <p>City Saint Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Credit Card Fee</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><b>Transaction ID: D7860</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="378.14"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7852</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 1.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7853</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period .50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7854</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 1.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Avenet		<b>Transaction ID:</b> D7855 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1380 Energy Lane Suite 206		<b>Amount of Each Disbursement this Period</b> 5.00	
City Saint Paul State MN Zip Code 55108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Avenet		<b>Transaction ID:</b> D7856 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1380 Energy Lane Suite 206		<b>Amount of Each Disbursement this Period</b> 5.00	
City Saint Paul State MN Zip Code 55108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Avenet		<b>Transaction ID:</b> D7851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1380 Energy Lane Suite 206		<b>Amount of Each Disbursement this Period</b> 1.25	
City Saint Paul State MN Zip Code 55108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11.25
<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)  
Earl Pomeroy for Congress

<b>A. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7861</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 12.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7862</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 2.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7863</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7864</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7865</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 10.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7866</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 7.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	23.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Avenet</b>		Transaction ID: D7857 Date of Disbursement 10 / 25 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period .50
City Saint Paul State MN Zip Code 55108	Purpose of Disbursement Credit Card Fee	
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Avenet</b>		Transaction ID: D7858 Date of Disbursement 10 / 31 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 5.00
City Saint Paul State MN Zip Code 55108	Purpose of Disbursement Credit Card Fee	
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Avenet</b>		Transaction ID: D8043 Date of Disbursement 11 / 06 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 5.00
City Saint Paul State MN Zip Code 55108	Purpose of Disbursement Credit Card Fee	
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10.50
<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)

PAGE 40 / 114

<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)  
Earl Pomeroy for Congress

<b>A. Avenet</b> Full Name (Last, First, Middle Initial) Avenet Mailing Address 1380 Energy Lane Suite 206 City Saint Paul State MN Zip Code 55108 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8068</b> Date of Disbursement 11 / 14 / 2006 Amount of Each Disbursement this Period 12.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>B. Amy Bjornson</b> Full Name (Last, First, Middle Initial) Amy Bjornson Mailing Address 829 N Buchanon St City Arlington State VA Zip Code 22203 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7848</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 2063.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>C. Amy Bjornson</b> Full Name (Last, First, Middle Initial) Amy Bjornson Mailing Address 829 N Buchanon St City Arlington State VA Zip Code 22203 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8042</b> Date of Disbursement 11 / 06 / 2006 Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3326.02</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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Campaign Compliance, LLC</b>		<b>Transaction ID: D8073</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 3615 Fels Lane		Amount of Each Disbursement this Period 2006.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ellicott City State MD Zip Code 21043	Purpose of Disbursement Accounting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CD Communications, Inc.</b>		<b>Transaction ID: D7873</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 5606 1st Avenue North		Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Forks State ND Zip Code 58203	Purpose of Disbursement Office Equipment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CD Communications, Inc.</b>		<b>Transaction ID: D8045</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 5606 1st Avenue North		Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Forks State ND Zip Code 58203	Purpose of Disbursement Office Equipment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2256.63
<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. John Erickson</b>		<b>Transaction ID: D7957</b> Date of Disbursement 10 / 19 / 2006
Mailing Address 3090 Central Court		Amount of Each Disbursement this Period 250.00
City Grand Forks State ND Zip Code 58201	Purpose of Disbursement Event expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Fargo Housing Redevelopment Authority</b>		<b>Transaction ID: D8080</b> Date of Disbursement 11 / 10 / 2006
Mailing Address PO Box 430		Amount of Each Disbursement this Period 157.50
City Fargo State ND Zip Code 58107-0430	Purpose of Disbursement Rent Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Fraioli and Associates</b>		<b>Transaction ID: D7932</b> Date of Disbursement 10 / 31 / 2006
Mailing Address 80 F Street NW # 804		Amount of Each Disbursement this Period 2196.64
City Washington State DC Zip Code 20001	Purpose of Disbursement Fundraising consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2604.14</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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Berrett Gall</b>		<b>Transaction ID: D7869</b> Date of Disbursement 10 / 31 / 2006	
Mailing Address 705 13th Ave N #315		Amount of Each Disbursement this Period 935.27	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Berrett Gall</b>		<b>Transaction ID: D8044</b> Date of Disbursement 11 / 06 / 2006	
Mailing Address 705 13th Ave N #315		Amount of Each Disbursement this Period 750.00	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kranzler Kingsley</b>		<b>Transaction ID: D7961</b> Date of Disbursement 10 / 19 / 2006	
Mailing Address PO Box 693		Amount of Each Disbursement this Period 63203.00	
City Bismarck State ND Zip Code 58502-0693	Purpose of Disbursement Advertising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	64888.27
<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)  
Earl Pomeroy for Congress

<b>A. Kranzler Kingsley</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 693 City Bismarck State ND Zip Code 58502-0693 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7962</b> Date of Disbursement 10 / 27 / 2006 Amount of Each Disbursement this Period 90000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Kranzler Kingsley</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 693 City Bismarck State ND Zip Code 58502-0693 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8048</b> Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 215.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. MCI</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 3160 City Cedar Rapids State IA Zip Code 52401 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8049</b> Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 146.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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**SUBTOTAL** of Disbursements This Page (optional) .....

**90361.47**

**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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Dianne Mondry</b>		<b>Transaction ID: D7883</b> Date of Disbursement 10 / 31 / 2006
Mailing Address 3150 32nd St SW #5		Amount of Each Disbursement this Period 3438.92
City Fargo State ND Zip Code 58103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		<b>Transaction ID: D8050</b> Date of Disbursement 11 / 07 / 2006
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 3090.08
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ND Democratic NPL Coordinated Campaign</b>		<b>Transaction ID: D7968</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 1902 E. Divide Avenue		Amount of Each Disbursement this Period 134.73
City Bismarck State ND Zip Code 58501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6663.73</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. ND Democratic NPL Coordinated Campaign</b>		<b>Transaction ID: D8114</b> Date of Disbursement 11 / 10 / 2006	
Mailing Address 1902 E. Divide Avenue		Amount of Each Disbursement this Period 64.70	
City Bismarck State ND Zip Code 58501	Purpose of Disbursement Rent	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. North Dakota Newspaper Association</b>		<b>Transaction ID: D8118</b> Date of Disbursement 11 / 21 / 2006	
Mailing Address 1435 Interstate Lp		Amount of Each Disbursement this Period 5635.35	
City Bismarck State ND Zip Code 58501	Purpose of Disbursement Advertising	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Parking Service</b>		<b>Transaction ID: D8052</b> Date of Disbursement 11 / 07 / 2006	
Mailing Address 222 5th Street North		Amount of Each Disbursement this Period 120.00	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Rent	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5820.05</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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Transaction ID: D7998 Date of Disbursement 10 / 31 / 2006	
Mailing Address PO Box 2950		Amount of Each Disbursement this Period 3063.33	
City Merrifield State VA Zip Code 22116-2950	Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Transaction ID: D8053 Date of Disbursement 11 / 06 / 2006	
Mailing Address PO Box 2950		Amount of Each Disbursement this Period 681.03	
City Merrifield State VA Zip Code 22116-2950	Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Transaction ID: D8124 Date of Disbursement 11 / 10 / 2006	
Mailing Address PO Box 2950		Amount of Each Disbursement this Period 80.73	
City Merrifield State VA Zip Code 22116-2950	Purpose of Disbursement Payroll Expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3825.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<p><b>A. Perkins Coie</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1201 Third Avenue 40th FL</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Fees</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><b>Transaction ID: D8054</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1412.30"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B. Peter Hart Research Associates</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1724 Connecticut Avenue NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Research</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><b>Transaction ID: D7999</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C. Printers, Inc.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 311 South 8th Street</p> <p>City Bismarck State ND Zip Code 58504</p> <p>Purpose of Disbursement Printing</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><b>Transaction ID: D8055</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="308.46"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="22720.76"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Qwest</b>		<b>Transaction ID:</b> D8001 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address PO Box 1301		Amount of Each Disbursement this Period 305.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55483		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Qwest</b>		<b>Transaction ID:</b> D8129 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 1301		Amount of Each Disbursement this Period 304.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55483		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ramada Plaza Suites Fargo</b>		<b>Transaction ID:</b> D8131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 1635 42 Street SW		Amount of Each Disbursement this Period 4531.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fargo State ND Zip Code 58103		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5140.71
<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)  
Earl Pomeroy for Congress

<b>A. Tony Rheault</b> Full Name (Last, First, Middle Initial) Mailing Address 3309 39th Avenue S City Fargo State ND Zip Code 58104 Purpose of Disbursement Event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8143</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Mclain J Schneider</b> Full Name (Last, First, Middle Initial) Mailing Address 1011 8th St. South City Fargo State ND Zip Code 58103 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7965</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 713.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Mclain J Schneider</b> Full Name (Last, First, Middle Initial) Mailing Address 1011 8th St. South City Fargo State ND Zip Code 58103 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8110</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 1574.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2588.55
<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Squier Knapp and Dunn Communications</b>		<b>Transaction ID: D8012</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 511 2nd Street NE		Amount of Each Disbursement this Period 6240.60
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media consultant Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		<b>Transaction ID: D8145</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 132.00
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID: D8056</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 139.68
City St. Louis State MO Zip Code 63179-0406	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6512.28
<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: D8057</b> Date of Disbursement 11 / 07 / 2006
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 40.23
City St. Louis      State MO      Zip Code 63179-0406	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: D8058</b> Date of Disbursement 11 / 07 / 2006
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 189.42
City St. Louis      State MO      Zip Code 63179-0406	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. VFW Post 7564</b>		<b>Transaction ID: D8146</b> Date of Disbursement 11 / 21 / 2006
Mailing Address 1703 Selby Avenue		Amount of Each Disbursement this Period 97.50
City ST. Paul      State MN      Zip Code 55104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	327.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Video Arts Studios</b>		<b>Transaction ID: D8059</b> Date of Disbursement 11 / 07 / 2006
Mailing Address 1440 4th Avenue N		Amount of Each Disbursement this Period 70.00
City Fargo State ND Zip Code 58102-4234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Video Arts Studios</b>		<b>Transaction ID: D8147</b> Date of Disbursement 11 / 21 / 2006
Mailing Address 1440 4th Avenue N		Amount of Each Disbursement this Period 735.40
City Fargo State ND Zip Code 58102-4234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Visa</b>		<b>Transaction ID: D8037</b> Date of Disbursement 10 / 25 / 2006
Mailing Address PO Box 30310		Amount of Each Disbursement this Period 7080.85
City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card payment-various	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7886.25</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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Ali's Pizza</b>		Transaction ID: D7846 Date of Disbursement 10 / 25 / 2006	
Mailing Address 1382 E. Capitol Street, NE		Amount of Each Disbursement this Period 40.64	
City Washington State DC Zip Code 20002	Purpose of Disbursement Meetings/meals Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ali's Pizza</b>		Transaction ID: D7845 Date of Disbursement 10 / 25 / 2006	
Mailing Address 1382 E. Capitol Street, NE		Amount of Each Disbursement this Period 100.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Meetings/meals Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Boston Coach</b>		Transaction ID: D7871 Date of Disbursement 10 / 25 / 2006	
Mailing Address 105 Clemont Ave.		Amount of Each Disbursement this Period 452.58	
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Travel Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>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)  
Earl Pomeroy for Congress

<b>A. Boston Coach</b> Full Name (Last, First, Middle Initial) Mailing Address 105 Clemont Ave. City Alexandria State VA Zip Code 22304 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7872</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 377.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. CENEX</b> Full Name (Last, First, Middle Initial) Mailing Address Mr. Jay Debertin P.O. Box 64089 City St. Paul State MN Zip Code 55164 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7878</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 36.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. CENEX</b> Full Name (Last, First, Middle Initial) Mailing Address Mr. Jay Debertin P.O. Box 64089 City St. Paul State MN Zip Code 55164 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7875</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 6.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. CENEX</b>		Transaction ID: D7877 Date of Disbursement 10 / 25 / 2006	
Mailing Address Mr. Jay Debertin P.O. Box 64089		Amount of Each Disbursement this Period 43.30	
City St. Paul State MN Zip Code 55164	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CENEX</b>		Transaction ID: D7874 Date of Disbursement 10 / 25 / 2006	
Mailing Address Mr. Jay Debertin P.O. Box 64089		Amount of Each Disbursement this Period 22.60	
City St. Paul State MN Zip Code 55164	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		Transaction ID: D7927 Date of Disbursement 10 / 25 / 2006	
Mailing Address PO Box 1140 Dept A.		Amount of Each Disbursement this Period 19.98	
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<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

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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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7895</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7891</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 47.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7893</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 33.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7897 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7905 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 37.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7898 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7899 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7900 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7902 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 10.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7928</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 33.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7908</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7894</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 10.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

<p><b>A. Federal Express</b></p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 1140 Dept A.</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7906</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 51.83</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>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Federal Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1140 Dept A.</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7920</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 37.67</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>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Federal Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1140 Dept A.</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7904</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 22.17</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>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7907</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 22.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7911</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 36.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7909</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 12.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7921</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7919</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7903</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 20.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Transaction ID: D7896 Date of Disbursement 10 / 25 / 2006
Mailing Address PO Box 1140 Dept A.		Amount of Each Disbursement this Period 33.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hertz</b>		Transaction ID: D7939 Date of Disbursement 10 / 25 / 2006
Mailing Address 2301 University Drive		Amount of Each Disbursement this Period 97.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hertz</b>		Transaction ID: D7940 Date of Disbursement 10 / 25 / 2006
Mailing Address 2301 University Drive		Amount of Each Disbursement this Period 255.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)  
Earl Pomeroy for Congress

<b>A. Hertz</b> Full Name (Last, First, Middle Initial) Mailing Address 2301 University Drive City Bismarck State ND Zip Code 58504 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D7942 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 85.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>B. Holiday Inn</b> Full Name (Last, First, Middle Initial) Mailing Address 605 E Broadway Ave City Bismarck State ND Zip Code 58501-4410 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D7944 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 60.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>C. Holiday Station Store</b> Full Name (Last, First, Middle Initial) Mailing Address 3040 25th St. S. City Fargo State ND Zip Code 58103 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D7946 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 22.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<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)  
Earl Pomeroy for Congress

<p><b>A.</b> Holiday Station Store</p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p>		<p>Transaction ID: D7945</p> <p>Date of Disbursement 10 / 25 / 2006</p>	
<p>Mailing Address 3040 25th St. S.</p>		<p>Amount of Each Disbursement this Period 30.75</p>	
<p>City Fargo</p> <p>State ND</p> <p>Zip Code 58103</p>	<p>Purpose of Disbursement Travel</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B.</b> IDC Conference Call</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: D7952</p> <p>Date of Disbursement 10 / 25 / 2006</p>	
<p>Mailing Address PO Box 93428</p>		<p>Amount of Each Disbursement this Period 7.00</p>	
<p>City Los Angeles</p> <p>State CA</p> <p>Zip Code 90093</p>	<p>Purpose of Disbursement Telephone</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C.</b> Las Placitas</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: D7963</p> <p>Date of Disbursement 10 / 25 / 2006</p>	
<p>Mailing Address 517 8th St SE</p>		<p>Amount of Each Disbursement this Period 92.85</p>	
<p>City Washington</p> <p>State DC</p> <p>Zip Code 20003</p>	<p>Purpose of Disbursement Meetings/meals</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Transaction ID: D7967 Date of Disbursement 10 / 25 / 2006	
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 35.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Meetings/meals Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Transaction ID: D7966 Date of Disbursement 10 / 25 / 2006	
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 89.50	
City Washington State DC Zip Code 20003	Purpose of Disbursement Meetings/meals Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: D7984 Date of Disbursement 10 / 25 / 2006	
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 450.19	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>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)  
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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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D7983 Date of Disbursement 10 / 25 / 2006	
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 450.19	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: D7980 Date of Disbursement 10 / 25 / 2006	
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 1101.00	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: D7979 Date of Disbursement 10 / 25 / 2006	
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 764.80	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<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**

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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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D7978 Date of Disbursement 10 / 25 / 2006
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: D7985 Date of Disbursement 10 / 25 / 2006
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 450.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Transaction ID: D7988 Date of Disbursement 10 / 25 / 2006
Mailing Address 4360 13th Ave SW		Amount of Each Disbursement this Period 52.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Fargo State ND Zip Code 58103		
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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

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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)  
Earl Pomeroy for Congress

<b>A. Pirogue Grille</b> Full Name (Last, First, Middle Initial) Mailing Address 121 N. 4th Street City Bismarck State ND Zip Code 58501 Purpose of Disbursement Meetings/meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8000</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 181.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sta Mart</b> Full Name (Last, First, Middle Initial) Mailing Address 3500 12th Avenue N City Fargo State ND Zip Code 58102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8013</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 56.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sta Mart</b> Full Name (Last, First, Middle Initial) Mailing Address 3500 12th Avenue N City Fargo State ND Zip Code 58102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8014</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 18.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
Earl Pomeroy for Congress

<b>A. Sunmart</b> Full Name (Last, First, Middle Initial) Mailing Address 2401 13th Avenue S. City Fargo State ND Zip Code 58103 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8017</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 14.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. United Parcel Service</b> Full Name (Last, First, Middle Initial) Mailing Address 3816 S Elmwood Ave City Sioux Falls State SD Zip Code 57105 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8024</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. US Postal Service</b> Full Name (Last, First, Middle Initial) Mailing Address 1111 20th St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8034</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 17.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
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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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		<b>Transaction ID: D8033</b> Date of Disbursement 10 / 25 / 2006	
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 2.60	
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		<b>Transaction ID: D8032</b> Date of Disbursement 10 / 25 / 2006	
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 44.94	
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		<b>Transaction ID: D8030</b> Date of Disbursement 10 / 25 / 2006	
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 156.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		<b>Transaction ID: D8029</b> Date of Disbursement 10 / 25 / 2006	
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 4.33	
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		<b>Transaction ID: D8038</b> Date of Disbursement 10 / 31 / 2006	
Mailing Address PO Box 30310		Amount of Each Disbursement this Period 7148.07	
City Tampa State FL Zip Code 33630	Purpose of Disbursement Credit card payment-various	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CENEX</b>		<b>Transaction ID: D7879</b> Date of Disbursement 10 / 31 / 2006	
Mailing Address Mr. Jay Debertin P.O. Box 64089		Amount of Each Disbursement this Period 12.58	
City St. Paul State MN Zip Code 55164	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7148.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<b>A. CENEX</b> Full Name (Last, First, Middle Initial) Mr. Jay Debertin P.O. Box 64089		<b>Transaction ID: D7876</b> Date of Disbursement 10 / 31 / 2006
Mailing Address Mr. Jay Debertin P.O. Box 64089		Amount of Each Disbursement this Period 95.40
City St. Paul	State MN	
Zip Code 55164	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>B. Federal Express</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID: D7889</b> Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 1140 Dept A.		Amount of Each Disbursement this Period 19.98
City Memphis	State TN	
Zip Code 38101	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>C. Federal Express</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID: D7924</b> Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 1140 Dept A.		Amount of Each Disbursement this Period 10.54
City Memphis	State TN	
Zip Code 38101	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7925 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 13.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7926 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 43.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7912 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7901 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7916 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 22.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7915 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 33.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7890</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7918</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 10.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7910</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7914</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 33.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7913</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7917</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 10.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7892 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 33.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7923 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 10.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D7922 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 22.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

<b>A. FTD</b> Full Name (Last, First, Middle Initial) Mailing Address 3113 Woodcreek Dr. City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7934</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 85.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Happy Harry's Bottle Shop</b> Full Name (Last, First, Middle Initial) Mailing Address 1125 19th Ave N City Fargo State ND Zip Code 58102 Purpose of Disbursement Event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7938</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 78.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Happy Harry's Bottle Shop</b> Full Name (Last, First, Middle Initial) Mailing Address 1125 19th Ave N City Fargo State ND Zip Code 58102 Purpose of Disbursement Event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7937</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 63.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
Earl Pomeroy for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hertz</p> <p>Mailing Address 2301 University Drive</p> <p>City Bismarck State ND Zip Code 58504</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: D7941 Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 97.20</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B.</b> Full Name (Last, First, Middle Initial) Holiday Station Store</p> <p>Mailing Address 3040 25th St. S.</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: D7947 Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 35.00</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C.</b> Full Name (Last, First, Middle Initial) Hornbacher's</p> <p>Mailing Address 1000 13th Ave SW</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: D7950 Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 63.02</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<p><b>A. Hornbacher's</b></p> <p>Full Name (Last, First, Middle Initial) Hornbacher's</p> <p>Mailing Address 1000 13th Ave SW</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7949</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53.00"/></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>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Hornbacher's</b></p> <p>Full Name (Last, First, Middle Initial) Hornbacher's</p> <p>Mailing Address 1000 13th Ave SW</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7948</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.26"/></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>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Hugo's</b></p> <p>Full Name (Last, First, Middle Initial) Hugo's</p> <p>Mailing Address 1631 S Washington St</p> <p>City Grand Forks State ND Zip Code 58201</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7951</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.77"/></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>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<p><b>A.</b> IDC Conference Call</p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 93428</p> <p>City Los Angeles State CA Zip Code 90093</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: D7953</p> <p>Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 11.60</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B.</b> International Inn</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1505 N. Broadway</p> <p>City Minot State ND Zip Code 58703</p> <p>Purpose of Disbursement Travel Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: D7954</p> <p>Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 143.90</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C.</b> Interstate Tesoro</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Hwy 83 S</p> <p>City Bismarck State ND Zip Code 58501</p> <p>Purpose of Disbursement Travel Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: D7955</p> <p>Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 21.76</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D7975 Date of Disbursement 10 / 31 / 2006	
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 764.80	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: D7974 Date of Disbursement 10 / 31 / 2006	
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 435.20	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: D7973 Date of Disbursement 10 / 31 / 2006	
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 435.20	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D7972 Date of Disbursement 10 / 31 / 2006
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: D7977 Date of Disbursement 10 / 31 / 2006
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 450.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: D7982 Date of Disbursement 10 / 31 / 2006
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 450.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D7976 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 740.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: D7981 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address Bismarck Municipal Airport		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Transaction ID: D7986 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 4360 13th Ave SW		Amount of Each Disbursement this Period 173.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Fargo State ND Zip Code 58103		
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)  
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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)  
Earl Pomeroy for Congress

<b>A. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 4360 13th Ave SW City Fargo State ND Zip Code 58103 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7990</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 147.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 4360 13th Ave SW City Fargo State ND Zip Code 58103 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7987</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 50.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 4360 13th Ave SW City Fargo State ND Zip Code 58103 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D7989</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 58.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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

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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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Old Broadway</b>		Transaction ID: D7991 Date of Disbursement 10 / 31 / 2006	
Mailing Address 22 Broadway		Amount of Each Disbursement this Period 37.94	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Old Broadway</b>		Transaction ID: D7992 Date of Disbursement 10 / 31 / 2006	
Mailing Address 22 Broadway		Amount of Each Disbursement this Period 46.57	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Papa Johns</b>		Transaction ID: D7994 Date of Disbursement 10 / 31 / 2006	
Mailing Address 1100 19t Ave N		Amount of Each Disbursement this Period 40.37	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Papa Johns</b>		Transaction ID: D7995 Date of Disbursement 10 / 31 / 2006	
Mailing Address 1100 19t Ave N		Amount of Each Disbursement this Period 42.51	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Papa Johns</b>		Transaction ID: D7996 Date of Disbursement 10 / 31 / 2006	
Mailing Address 1100 19t Ave N		Amount of Each Disbursement this Period 30.51	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Radisson Hotel Fargo</b>		Transaction ID: D8004 Date of Disbursement 10 / 31 / 2006	
Mailing Address Downtown Fargo		Amount of Each Disbursement this Period 13.34	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<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

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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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Radisson Hotel Fargo</b>		Transaction ID: D8003 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address Downtown Fargo		Amount of Each Disbursement this Period 193.66	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Radisson Hotel Fargo</b>		Transaction ID: D8002 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address Downtown Fargo		Amount of Each Disbursement this Period 10.69	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Radisson Hotel Fargo</b>		Transaction ID: D8005 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address Downtown Fargo		Amount of Each Disbursement this Period 66.00	
City Fargo State ND Zip Code 58102	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>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

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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)  
Earl Pomeroy for Congress

<b>A. Roberts Floral</b> Full Name (Last, First, Middle Initial) Roberts Floral Mailing Address 210 8th Street City Bismarck State ND Zip Code 58501 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8007</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 63.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sanders</b> Full Name (Last, First, Middle Initial) Sanders Mailing Address 22 S. 3rd Street City Grand Forks State ND Zip Code 58201 Purpose of Disbursement Meetings/meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8009</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 33.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sunmart</b> Full Name (Last, First, Middle Initial) Sunmart Mailing Address 2401 13th Avenue S. City Fargo State ND Zip Code 58103 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8020</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 15.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<p><b>A. Sunmart</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID: D8019</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>Mailing Address 2401 13th Avenue S.</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="51.19"/></p>	
<p>City Fargo</p> <p>State ND</p> <p>Zip Code 58103</p>	<p>Purpose of Disbursement</p> <p>Travel</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B. Sunmart</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID: D8018</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>Mailing Address 2401 13th Avenue S.</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.59"/></p>	
<p>City Fargo</p> <p>State ND</p> <p>Zip Code 58103</p>	<p>Purpose of Disbursement</p> <p>Travel</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C. Tesoro</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID: D8022</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>Mailing Address 1301 University Drive, S</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.84"/></p>	
<p>City Fargo</p> <p>State ND</p> <p>Zip Code 58103</p>	<p>Purpose of Disbursement</p> <p>Travel</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Transaction ID: D8028 Date of Disbursement 10 / 31 / 2006	
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 168.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Transaction ID: D8027 Date of Disbursement 10 / 31 / 2006	
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 117.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Transaction ID: D8031 Date of Disbursement 10 / 31 / 2006	
Mailing Address 1111 20th St NW		Amount of Each Disbursement this Period 25.26	
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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)

PAGE 94 / 114

<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)  
Earl Pomeroy for Congress

<b>A. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 790406 City St. Louis State MO Zip Code 63179-0406 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8036</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 21.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 790406 City St. Louis State MO Zip Code 63179-0406 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8035</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 513.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 30310 City Tampa State FL Zip Code 33630 Purpose of Disbursement Credit card payment-various Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8148</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 3747.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3747.43</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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Amoco</b>		Transaction ID: D8062 Date of Disbursement 11 / 21 / 2006	
Mailing Address 919 S Washington St		Amount of Each Disbursement this Period 20.07	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Amoco</b>		Transaction ID: D8060 Date of Disbursement 11 / 21 / 2006	
Mailing Address 919 S Washington St		Amount of Each Disbursement this Period 23.16	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Amoco</b>		Transaction ID: D8066 Date of Disbursement 11 / 21 / 2006	
Mailing Address 919 S Washington St		Amount of Each Disbursement this Period 32.75	
City Bismarck State ND Zip Code 58504	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<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)  
Earl Pomeroy for Congress

<p><b>A. Amoco</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 919 S Washington St</p> <p>City Bismarck State ND Zip Code 58504</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D8065</p> <p>Date of Disbursement</p> <p>11 / 21 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>16.40</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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>B. Amoco</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 919 S Washington St</p> <p>City Bismarck State ND Zip Code 58504</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D8064</p> <p>Date of Disbursement</p> <p>11 / 21 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>17.49</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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>C. Amoco</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 919 S Washington St</p> <p>City Bismarck State ND Zip Code 58504</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D8063</p> <p>Date of Disbursement</p> <p>11 / 21 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>15.77</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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<p><b>A. Amoco</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 919 S Washington St</p> <p>City Bismarck State ND Zip Code 58504</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D8061</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value=""/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.50"/></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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Balloons, Etc.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1529 South University Drive</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D8069</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value=""/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.66"/></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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Balloons, Etc.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1529 South University Drive</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D8070</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value=""/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.63"/></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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

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

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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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. CENEX</b>		Transaction ID: D8074 Date of Disbursement 11 / 21 / 2006
Mailing Address Mr. Jay Debertin P.O. Box 64089		Amount of Each Disbursement this Period 25.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City St. Paul State MN Zip Code 55164	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Transaction ID: D8089 Date of Disbursement 11 / 21 / 2006
Mailing Address PO Box 1140 Dept A.		Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Memphis State TN Zip Code 38101	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		Transaction ID: D8084 Date of Disbursement 11 / 21 / 2006
Mailing Address PO Box 1140 Dept A.		Amount of Each Disbursement this Period 10.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Memphis State TN Zip Code 38101	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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

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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)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D8083</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 18.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D8082</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 33.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D8086</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 16.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8088</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8085</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 Dept A. City Memphis State TN Zip Code 38101 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8087</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 22.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Earl Pomeroy for Congress

<b>A. Green Mill</b> Full Name (Last, First, Middle Initial) Mailing Address 13th Ave. SW City Fargo State ND Zip Code 58102 Purpose of Disbursement Meetings/meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D8093 Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 319.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>B. Happy Harry's Bottle Shop</b> Full Name (Last, First, Middle Initial) Mailing Address 1125 19th Ave N City Fargo State ND Zip Code 58102 Purpose of Disbursement Event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D8096 Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 36.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>C. Happy Harry's Bottle Shop</b> Full Name (Last, First, Middle Initial) Mailing Address 1125 19th Ave N City Fargo State ND Zip Code 58102 Purpose of Disbursement Event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D8095 Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 60.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Happy Harry's Bottle Shop</b>		Transaction ID: D8094 Date of Disbursement 11 / 21 / 2006
Mailing Address 1125 19th Ave N		Amount of Each Disbursement this Period 57.11
City Fargo State ND Zip Code 58102	Purpose of Disbursement Event expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn</b>		Transaction ID: D8097 Date of Disbursement 11 / 21 / 2006
Mailing Address 605 E Broadway Ave		Amount of Each Disbursement this Period 116.03
City Bismarck State ND Zip Code 58501-4410	Purpose of Disbursement Travel	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Holiday Station Store</b>		Transaction ID: D8098 Date of Disbursement 11 / 21 / 2006
Mailing Address 3040 25th St. S.		Amount of Each Disbursement this Period 28.00
City Fargo State ND Zip Code 58103	Purpose of Disbursement Travel	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<b>A. Hornbacher's</b> Full Name (Last, First, Middle Initial) Mailing Address 1000 13th Ave SW City Fargo State ND Zip Code 58103 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D8102 Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 94.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>B. Hornbacher's</b> Full Name (Last, First, Middle Initial) Mailing Address 1000 13th Ave SW City Fargo State ND Zip Code 58103 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D8103 Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 53.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>C. Hornbacher's</b> Full Name (Last, First, Middle Initial) Mailing Address 1000 13th Ave SW City Fargo State ND Zip Code 58103 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D8101 Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 50.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Hornbacher's</b>		Transaction ID: D8100 Date of Disbursement 11 / 21 / 2006
Mailing Address 1000 13th Ave SW		Amount of Each Disbursement this Period 38.43
City Fargo State ND Zip Code 58103	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Hornbacher's</b>		Transaction ID: D8099 Date of Disbursement 11 / 21 / 2006
Mailing Address 1000 13th Ave SW		Amount of Each Disbursement this Period 98.25
City Fargo State ND Zip Code 58103	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Hugo's</b>		Transaction ID: D8104 Date of Disbursement 11 / 21 / 2006
Mailing Address 1631 S Washington St		Amount of Each Disbursement this Period 22.92
City Grand Forks State ND Zip Code 58201	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID: D8113</b> Date of Disbursement 11 / 21 / 2006
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 55.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meetings/meals Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. North Dakota Museum of Art</b>		<b>Transaction ID: D8117</b> Date of Disbursement 11 / 21 / 2006
Mailing Address PO Box 7305		Amount of Each Disbursement this Period 6.00
City Grand Forks State ND Zip Code 58202-7305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meetings/meals Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. North Dakota Museum of Art</b>		<b>Transaction ID: D8116</b> Date of Disbursement 11 / 21 / 2006
Mailing Address PO Box 7305		Amount of Each Disbursement this Period 27.82
City Grand Forks State ND Zip Code 58202-7305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meetings/meals Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<b>A. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 4360 13th Ave SW City Fargo State ND Zip Code 58103 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8120</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 31.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Old Broadway</b> Full Name (Last, First, Middle Initial) Mailing Address 22 Broadway City Fargo State ND Zip Code 58102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8121</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 291.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Party America</b> Full Name (Last, First, Middle Initial) Mailing Address 2861 32nd Ave S City Grand Forks State ND Zip Code 58201 Purpose of Disbursement Event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8122</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 81.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<b>A. Roberts Floral</b> Full Name (Last, First, Middle Initial) Roberts Floral Mailing Address 210 8th Street City Bismarck State ND Zip Code 58501 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8133</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 54.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sta Mart</b> Full Name (Last, First, Middle Initial) Sta Mart Mailing Address 3500 12th Avenue N City Fargo State ND Zip Code 58102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8135</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sta Mart</b> Full Name (Last, First, Middle Initial) Sta Mart Mailing Address 3500 12th Avenue N City Fargo State ND Zip Code 58102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D8136</b> Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 22.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

<p><b>A. Sta Mart</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3500 12th Avenue N</p> <p>City Fargo State ND Zip Code 58102</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: D8137</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.00"/></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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Sta Mart</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3500 12th Avenue N</p> <p>City Fargo State ND Zip Code 58102</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: D8138</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.00"/></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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Target</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 600 S 5th St</p> <p>City Bismarck State ND Zip Code 58504</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: D8142</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.93"/></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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial)

**A.** US Postal Service

Mailing Address 1111 20th St NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D8144

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		2	1		2	0	0	6

Amount of Each Disbursement this Period

41.31
-------

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

**[MEMO ITEM]**

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

0.00

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

236262.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Angie Paccione for Congress</b>		<b>Transaction ID: D7993</b> Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 1292		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft. Collins	State CO	
Zip Code 80522	Purpose of Disbursement Contributions	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Dan Maffei</b>		<b>Transaction ID: D7933</b> Date of Disbursement 10 / 19 / 2006
Mailing Address PO Box 74		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
City Syracuse	State NY	
Zip Code 13214	Purpose of Disbursement Contributions	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NM District: 25	

Full Name (Last, First, Middle Initial) <b>C. Gause for House</b>		<b>Transaction ID: D7935</b> Date of Disbursement 10 / 25 / 2006
Mailing Address 2515 Olive Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Forks	State ND	
Zip Code 58201	Purpose of Disbursement Contribution-state	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Goldmark for Congress</b>		Transaction ID: D7936 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 1512		Amount of Each Disbursement this Period 1000.00
City Spokane State WA Zip Code 99210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Judy Feder For Congress</b>		Transaction ID: D7888 Date of Disbursement 10 / 30 / 2006
Mailing Address 1514 HARDWOOD LANE		Amount of Each Disbursement this Period 1000.00
City McLean State VA Zip Code 22101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kellam for Congress</b>		Transaction ID: D8047 Date of Disbursement 11 / 05 / 2006
Mailing Address PO Box 56254		Amount of Each Disbursement this Period 1000.00
City Virginia Beach State VA Zip Code 23456	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. Kilroy for Congress</b>		<b>Transaction ID: D7959</b> Date of Disbursement 10 / 27 / 2006
Mailing Address 3391 N. High Street Ste 305		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 05		

Full Name (Last, First, Middle Initial) <b>B. ND Democratic NPL Coordinated Campaign</b>		<b>Transaction ID: D7971</b> Date of Disbursement 10 / 19 / 2006
Mailing Address 1902 E. Divide Avenue		Amount of Each Disbursement this Period 35000.00
City Bismarck State ND Zip Code 58501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ND Democratic NPL Coordinated Campaign</b>		<b>Transaction ID: D7970</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 1902 E. Divide Avenue		Amount of Each Disbursement this Period 20000.00
City Bismarck State ND Zip Code 58501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	56000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>A. ND Democratic NPL Coordinated Campaign</b>		<b>Transaction ID: D7969</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1902 E. Divide Avenue		Amount of Each Disbursement this Period 12500.00
City Bismarck State ND Zip Code 58501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ND Democratic NPL Coordinated Campaign</b>		<b>Transaction ID: D8051</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1902 E. Divide Avenue		Amount of Each Disbursement this Period 6000.00
City Bismarck State ND Zip Code 58501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patty Wetterling for Congress</b>		<b>Transaction ID: D7997</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 3985		Amount of Each Disbursement this Period 500.00
City Minneapolis State MN Zip Code 55403	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19000.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Earl Pomeroy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Zack Space for Congress

Mailing Address 714 N WOOSTER AVENUE

City Columbia State OH Zip Code 44622

Purpose of Disbursement  
Contributions

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 18

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D8011

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		2	7		2	0	0	6

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) .....

80750.00