

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Lewis For Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	61500.00	583042.21
(b) Total Contribution Refunds (from Line 20(d)).....	.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61500.00	582042.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	26920.33	256667.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	3335.42
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26920.33	253332.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1563272.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Lewis For Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

4000.00

198368.59

(ii) Unitemized.....

.00

673.62

(iii) TOTAL of contributions

4000.00

199042.21

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

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

57500.00

384000.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS (other than loans)

61500.00

583042.21

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

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

.00

.00

13. LOANS

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

.00

.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS

.00

.00

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

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

.00

3335.42

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

7365.40

23294.66

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

68865.40

609672.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26920.33	256667.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	1000.00
21. OTHER DISBURSEMENTS.....	43000.00	57000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	69920.33	314667.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1564327.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	68865.40
25. SUBTOTAL (add Line 23 and Line 24).....	1633192.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69920.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1563272.42

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number	
Jerry Lewis		H8CA37079	
Name of Principal Campaign Committee		Committee ID Number	
Lewis For Congress Committee		C C00090357	
Committee Address			
P.O. Box 247			
City	State	ZIP	
Redlands	CA	92373	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	557149.65	52200.00	
2. Aggregate amount of contributions from personal funds of the candidate00	.00	
3. Gross receipts minus the candidate's personal contributions	557149.65	52200.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Gale Seagul Kerem

Mailing Address

City State Zip Code

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

Name of Employer: Frontier Systems, Inc. Occupation: CFO

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 2 / 2 8 / 2 0 0 5

Transaction ID: 1137618454982

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
Rincon Band of Luiseno Mission Indians

Mailing Address PO Box 68

City State Zip Code
 Valley Center CA 92082

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

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 1 / 3 0 / 2 0 0 5

Transaction ID: 1133391041533

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 734 Serpentine Drive

City State Zip Code
 Redlands CA 92373

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

Name of Employer requested Occupation
 Info Requested

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 1 / 1 3 / 2 0 0 5

Transaction ID: 1134494579199

Amount of Each Receipt this Period
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. AMGEN, Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address 1840 De Havilland Drive		Transaction ID: 1133296369535	
City State Zip Code Thousand Oaks CA 91320-1789	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00251876		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7500.00		

Full Name (Last, First, Middle Initial) B. Abbott Laboratories EmployeePAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 100 Abbott Park Road		Transaction ID: 1133296182631	
City State Zip Code Abbott Park IL 60064	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00040279		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Anheuser-Busch Companies Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address One Busch Place		Transaction ID: 1133391101013	
City State Zip Code St. Louis MO 63118	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00034488		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Bayer Corporation PAC

Mailing Address 100 Bayer Road

City State Zip Code
Pittsburg PA 15205

FEC ID number of contributing federal political committee. **C** C00281162

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 1 / 2 3 / 2 0 0 5

Transaction ID: 1133296115195

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bristol-Myers Squibb Company Employee PAC

Mailing Address 345 Park Avenue 11th Floor

City State Zip Code
New York NY 10154

FEC ID number of contributing federal political committee. **C** C00035675

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 / 1 7 / 2 0 0 5

Transaction ID: 1132346527612

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Cisco Systems Inc. Federal PAC

Mailing Address 20 Park Road Suite E

City State Zip Code
Burlingame CA 94010

FEC ID number of contributing federal political committee. **C** C00362707

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 5

Transaction ID: 1131739086718

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Daimler Chrysler Corp. Political Support Cmte.

Mailing Address 1000 Chrysler Dr.

City Auburn Hills State MI Zip Code 48326

FEC ID number of contributing federal political committee. **C** C00043687

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 1 / 3 0 / 2 0 0 5

Transaction ID: 1133390983522

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Eli Lilly and Company PAC

Mailing Address 555 12th Street NW Suite 650

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00082792

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 1 / 2 3 / 2 0 0 5

Transaction ID: 1133295937525

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman Corp PAC

Mailing Address 520 S. Grand Avenue Suite 700

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

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

Transaction ID: 1129923412170

Amount of Each Receipt this Period
 2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 42
	(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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial) Employees of Northrop Grumman Corp PAC Mailing Address 520 S. Grand Avenue Suite 700 City State Zip Code Los Angeles CA 90071 FEC ID number of contributing federal political committee. C C00088591 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 ▼ 8000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5 Transaction ID: 1129923422013 Amount of Each Receipt this Period 3000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Full Name (Last, First, Middle Initial) FMC Corporation Good Gov't Program Mailing Address 1667 K St., NW #460 City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee. C C00033704 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5 Transaction ID: 1130510031958 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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C. Full Name (Last, First, Middle Initial) Harris Federal PAC Mailing Address 1025 W. Nasa Blvd. City State Zip Code Melbourne FL 32919 FEC ID number of contributing federal political committee. C C00100321 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5 Transaction ID: 1132346333657 Amount of Each Receipt this Period 5000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	9000.00
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 11 / 42
	<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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson Employees Good Gov't Fund

Mailing Address One Johnson & Johnson Plaza

City State Zip Code
New Brunswick NJ 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: 1132346689708

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Merck Employees PAC

Mailing Address 601 Pennsylvania Avenue NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 1134494699760

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street, Suite 600

City State Zip Code
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

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 Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 1134494525981

Amount of Each Receipt this Period
3000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
New Bedford Panoramex Corp PAC

Mailing Address 1037 W. Ninth Street

City Upland State CA Zip Code 91786

FEC ID number of contributing federal political committee. **C** C00279174

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 2 / 1 9 / 2 0 0 5

Transaction ID: 1136324585930

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
New Bedford Panoramex Corp PAC

Mailing Address 1037 W. Ninth Street

City Upland State CA Zip Code 91786

FEC ID number of contributing federal political committee. **C** C00279174

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 1136324664616

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
Novartis Corporation PAC

Mailing Address 701 Pennsylvania Avenue NW Suite 725

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033969

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 / 1 7 / 2 0 0 5

Transaction ID: 1132346654926

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Pfizer Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 235 East 42nd St.		Transaction ID: 1131738615015	
City State Zip Code New York NY 10017		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00016683		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. Philips Electronics North America Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1300 I Street NW Suite 1070 East		Transaction ID: 1131738975627	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00239780		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. SBC Communications Inc. Employee Federal PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 175 E. Houston Room 4-R-4		Transaction ID: 1133296006681	
City State Zip Code San Antonio TX 78205		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00109017		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<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

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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Sanofi Pasteur Inc. PAC

Mailing Address Discovery Drive

City State Zip Code
Swiftwater PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2005

Transaction ID: 1136324476511

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Schering Plough Corp. Better Gov't Fund

Mailing Address 1 Giralda Farm

City State Zip Code
Madison NJ 07940

FEC ID number of contributing federal political committee. **C** C00108290

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2005

Transaction ID: 1133296291349

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Silicon Valley Bank PAC

Mailing Address 3003 Tasman Drive

City State Zip Code
Santa Clara CA 95054

FEC ID number of contributing federal political committee. **C** C00333658

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2005

Transaction ID: 1131738836768

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 / 42
	<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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
The GlaxoSmithKline PAC

Mailing Address Five Moore Drive

City State Zip Code
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 5

Transaction ID: 1130509882961

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
WineandSpirits WholesalersofAmerica PAC

Mailing Address 805 Fifteenth Street 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 ▼
1000.00

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

Transaction ID: 1130967796302

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Winning Strategies Washington PAC

Mailing Address 819 7th Street NW Suite 501

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00368993

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 1 / 3 0 / 2 0 0 5

Transaction ID: 1133390919887

Amount of Each Receipt this Period
1000.00

Check
 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 16 / 42
	(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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Wyeth Good Government Fund

Mailing Address Five Giralda Farms

City State Zip Code
Madison NJ 07940

FEC ID number of contributing federal political committee. **C** C00115303

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 1136324753427

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Zeneca, Inc. PAC (formerly AstraZeneca)

Mailing Address 1800 Concord Pike
PO Box 15438

City State Zip Code
Wilmington DE 19850

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 1135971370740

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	57500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Charles Schwab Brokerage Acct.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5	
Mailing Address P.O. Box 7368		Transaction ID: 1137441229025	
City San Francisco	State CA	Zip Code 94120	Amount of Each Receipt this Period 1737.57
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 13113.84		

Full Name (Last, First, Middle Initial) B. Charles Schwab Brokerage Acct.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address P.O. Box 7368		Transaction ID: 1137620655460	
City San Francisco	State CA	Zip Code 94120	Amount of Each Receipt this Period 1678.52
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 14792.36		

Full Name (Last, First, Middle Initial) C. Charles Schwab Brokerage Acct.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address P.O. Box 7368		Transaction ID: 1137441826998	
City San Francisco	State CA	Zip Code 94120	Amount of Each Receipt this Period 2852.42
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 17644.78		

SUBTOTAL of Receipts This Page (optional) ▶	6268.51
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. T. Rowe Price Prime Reserve Fund		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address P.O. Box 89000		Transaction ID: 1137621628610	
City State Zip Code Baltimore MD 21289	Amount of Each Receipt this Period 323.43		
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Investment dividends		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2853.26		

Full Name (Last, First, Middle Initial) B. T. Rowe Price Prime Reserve Fund		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address P.O. Box 89000		Transaction ID: 1134429591715	
City State Zip Code Baltimore MD 21289	Amount of Each Receipt this Period 358.76		
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Investment dividends		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3212.02		

Full Name (Last, First, Middle Initial) C. T. Rowe Price Prime Reserve Fund		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address P.O. Box 89000		Transaction ID: 1137621923537	
City State Zip Code Baltimore MD 21289	Amount of Each Receipt this Period 414.70		
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Investment dividend		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3626.72		

SUBTOTAL of Receipts This Page (optional) ▶	1096.89
TOTAL This Period (last page this line number only) ▶	7365.40

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 19 / 42

<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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Accurate Word		Transaction ID: 1136311466969 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address PO Box 1765 White Plains Lane		Amount of Each Disbursement this Period 321.00
City White Plains State MD Zip Code 20695	Purpose of Disbursement PAC stationery Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Belga Cafe		Transaction ID: 1130968647754 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 514 8th Street SE		Amount of Each Disbursement this Period 238.48
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicard 10/14/2005 \$2,733.04

Full Name (Last, First, Middle Initial) C. Campbell for Congress		Transaction ID: 1130885031720 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address 18004 Sky Park Circle Suite 155		Amount of Each Disbursement this Period 2000.00
City Irvine State CA Zip Code 92606	Purpose of Disbursement contribution Candidate Name John Campbell	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2321.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 42

<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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Cantina Marina		Transaction ID: 1130967184036 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 600 Water Street SW		Amount of Each Disbursement this Period 1987.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20024	Purpose of Disbursement catering for fundraiser Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 1130964750489 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 110.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Purpose of Disbursement food, beverage, gratuity Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CitiCard		Transaction ID: 1130884506620 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address PO Box 183063		Amount of Each Disbursement this Period 1249.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43218-3063	Purpose of Disbursement credit card expenses Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	See below

SUBTOTAL of Disbursements This Page (optional) ▶	3347.51
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 42

<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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Bombay Club Restaurant		Transaction ID: 1130968423341 Date of Disbursement 10 / 14 / 2005	
Mailing Address 815 Connecticut Avenue NW		Amount of Each Disbursement this Period 652.92	
City Washington State DC Zip Code 20036	Purpose of Disbursement food and beverage for fundraiser	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] See Citicard 10/14/2005 \$2,733.04	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bombay Club Restaurant		Transaction ID: 1130884772861 Date of Disbursement 10 / 31 / 2005	
Mailing Address 815 Connecticut Avenue NW		Amount of Each Disbursement this Period 848.68	
City Washington State DC Zip Code 20036	Purpose of Disbursement food and beverage for fundraiser	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] See Citicard 10/28/2005 \$1,249.55	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gandels Liquors		Transaction ID: 1130884672033 Date of Disbursement 10 / 28 / 2005	
Mailing Address 211 Pennsylvania Ave SE		Amount of Each Disbursement this Period 66.10	
City Washington State DC Zip Code 20003	Purpose of Disbursement beverages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] See Citicard 10/28/2005 \$1,249.55	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Gandels Liquors		Transaction ID: 1130884683422	
Mailing Address 211 Pennsylvania Ave SE		Date of Disbursement 10 / 28 / 2005	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 51.69
Purpose of Disbursement beverages	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicard 10/28/2005 \$1,249.55
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) B. Laplaza Restarante		Transaction ID: 1130967978276	
Mailing Address 629 Pennsylvania Ave SE		Date of Disbursement 10 / 14 / 2005	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 174.60
Purpose of Disbursement food and beverage	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicards 10/14/2005 \$2,733.04
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) C. Laplaza Restarante		Transaction ID: 1130967987008	
Mailing Address 629 Pennsylvania Ave SE		Date of Disbursement 10 / 14 / 2005	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 119.60
Purpose of Disbursement food and beverage	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicards 10/14/2005 \$2,733.04
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 42

<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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Laplaza Restarante		Transaction ID: 1130968003020 Date of Disbursement 10 / 14 / 2005
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 55.80
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicards 10/14/2005 \$2,733.04

Full Name (Last, First, Middle Initial) B. Laplaza Restarante		Transaction ID: 1130968013799 Date of Disbursement 10 / 14 / 2005
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 67.80
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicards 10/14/2005 \$2,733.04

Full Name (Last, First, Middle Initial) C. Laplaza Restarante		Transaction ID: 1130968027218 Date of Disbursement 10 / 14 / 2005
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 145.00
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicards 10/14/2005 \$2,733.04

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Laplaza Restarante		Transaction ID: 1130968162954 Date of Disbursement 10 / 14 / 2005	
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 99.65	
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] See Citicard 10/14/2005 \$2,733.04	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laplaza Restarante		Transaction ID: 1130884811777 Date of Disbursement 10 / 31 / 2005	
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 49.45	
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] See Citicard 10/28/2005 \$1,249.55	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marty S		Transaction ID: 1130968207372 Date of Disbursement 10 / 14 / 2005	
Mailing Address 527 8th St., SE		Amount of Each Disbursement this Period 25.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] See Citicard 10/14/2005 \$2,733.04	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Marty S		Transaction ID: 1130968222792 Date of Disbursement 10 / 14 / 2005	
Mailing Address 527 8th St., SE		Amount of Each Disbursement this Period 47.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] See Citicard 10/14/2005 \$2,733.04	

Full Name (Last, First, Middle Initial) B. Monocle on Capitol Hill		Transaction ID: 1130884607228 Date of Disbursement 10 / 28 / 2005	
Mailing Address 1st & D Streets NE		Amount of Each Disbursement this Period 90.45	
City Washington State DC Zip Code 20515	Purpose of Disbursement food and beverage Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] See Citicard 10/28/2005 \$1,249.55	

Full Name (Last, First, Middle Initial) C. Monocle on Capitol Hill		Transaction ID: 1130884619806 Date of Disbursement 10 / 28 / 2005	
Mailing Address 1st & D Streets NE		Amount of Each Disbursement this Period 55.03	
City Washington State DC Zip Code 20515	Purpose of Disbursement food and beverage Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] See Citicard 10/28/2005 \$1,249.55	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Sam & Harry's Restaurant		Transaction ID: 1130968272631	
Mailing Address 1200 19th St., NW		Date of Disbursement 10 / 14 / 2005	
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 610.09
Purpose of Disbursement food and beverage for fundraiser		Category/Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		[MEMO ITEM] See Citicard 10/14/2005 \$2,733.04	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Trattoria Alberta		Transaction ID: 1130968083774	
Mailing Address 506 8th St., SE		Date of Disbursement 10 / 14 / 2005	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 98.10
Purpose of Disbursement food and beverage		Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		[MEMO ITEM] See Citicard 10/14/2005 \$2,733.04	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Trattoria Alberta		Transaction ID: 1130968104663	
Mailing Address 506 8th St., SE		Date of Disbursement 10 / 14 / 2005	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 140.75
Purpose of Disbursement food and beverage		Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		[MEMO ITEM] See Citicard 10/14/2005 \$2,733.04	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Trattoria Alberta		Transaction ID: 1130968114849 Date of Disbursement 10 / 14 / 2005
Mailing Address 506 8th St., SE		Amount of Each Disbursement this Period 50.70
City Washington State DC Zip Code 20002	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicard 10/14/2005 \$2,733.04

Full Name (Last, First, Middle Initial) B. Trattoria Alberta		Transaction ID: 1130884731243 Date of Disbursement 10 / 28 / 2005
Mailing Address 506 8th St., SE		Amount of Each Disbursement this Period 88.15
City Washington State DC Zip Code 20002	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicard 10/28/2005 \$1,249.55

Full Name (Last, First, Middle Initial) C. U.S. House Members Dining Room		Transaction ID: 1130968371562 Date of Disbursement 10 / 14 / 2005
Mailing Address H117 The Capitol		Amount of Each Disbursement this Period 29.15
City Washington State DC Zip Code 20005	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Citicard 10/14/2005 \$2,733.04

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. CitiCard		Transaction ID: 1130967867989	
Mailing Address PO Box 183063		Date of Disbursement 10 / 14 / 2005	
City Columbus	State OH	Zip Code 43218-3063	Amount of Each Disbursement this Period 2733.04
Purpose of Disbursement credit card expenses		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	See itemized expenses		

Full Name (Last, First, Middle Initial) B. CitiCard		Transaction ID: 1137623081461	
Mailing Address PO Box 183063		Date of Disbursement 11 / 11 / 2005	
City Columbus	State OH	Zip Code 43218-3063	Amount of Each Disbursement this Period 2950.01
Purpose of Disbursement credit card payment		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	see below		

Full Name (Last, First, Middle Initial) C. Bistro Bis		Transaction ID: 1137625408638	
Mailing Address 15 E Street NW		Date of Disbursement 10 / 20 / 2005	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 787.95
Purpose of Disbursement catering for fundraiser		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01		

SUBTOTAL of Disbursements This Page (optional)	5683.05
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. K Aubrey Flowers		Transaction ID: 1137624268421 Date of Disbursement 10 / 18 / 2005	
Mailing Address 1401 King St.		Amount of Each Disbursement this Period 120.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement floral arrangement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. K Aubrey Flowers		Transaction ID: 1137624342202 Date of Disbursement 10 / 18 / 2005	
Mailing Address 1401 King St.		Amount of Each Disbursement this Period 120.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement floral arrangement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Laplaza Restarante		Transaction ID: 1137624491403 Date of Disbursement 10 / 18 / 2005	
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 120.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Laplaza Restarante		Transaction ID: 1137625919666 Date of Disbursement 10 / 25 / 2005	
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 155.95	
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Monocle on Capitol Hill		Transaction ID: 1137623507585 Date of Disbursement 10 / 03 / 2005	
Mailing Address 1st & D Streets NE		Amount of Each Disbursement this Period 286.77	
City Washington State DC Zip Code 20515	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] see check 1184 to citicard on 11/11/05, \$2950.01	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Monocle on Capitol Hill		Transaction ID: 1137623779450 Date of Disbursement 10 / 17 / 2005	
Mailing Address 1st & D Streets NE		Amount of Each Disbursement this Period 98.49	
City Washington State DC Zip Code 20515	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL 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:
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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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Schneiders of Capitol Hill		Transaction ID: 1137624663602 Date of Disbursement 10 / 18 / 2005
Mailing Address 300 Massachusetts Avenue NE		Amount of Each Disbursement this Period 578.58
City Washington State DC Zip Code 20002	Purpose of Disbursement beverages for fundraiser Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01

Full Name (Last, First, Middle Initial) B. Trattoria Alberta		Transaction ID: 1137623691656 Date of Disbursement 10 / 16 / 2005
Mailing Address 506 8th St., SE		Amount of Each Disbursement this Period 158.60
City Washington State DC Zip Code 20002	Purpose of Disbursement food and beverage Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01

Full Name (Last, First, Middle Initial) C. Trattoria Alberta		Transaction ID: 1137626000397 Date of Disbursement 10 / 31 / 2005
Mailing Address 506 8th St., SE		Amount of Each Disbursement this Period 63.60
City Washington State DC Zip Code 20002	Purpose of Disbursement food and beverage Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see check 1184 to citicard on 11/11/05 for \$2950.01

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. CitiCard		Transaction ID: 1137689719717 Date of Disbursement 12 / 13 / 2005	
Mailing Address PO Box 8103		Amount of Each Disbursement this Period 1248.65	
City S. Hackensack State NJ Zip Code 07606	Purpose of Disbursement see below Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citrone		Transaction ID: 1137690613246 Date of Disbursement 11 / 26 / 2005	
Mailing Address 328 Orange Street		Amount of Each Disbursement this Period 128.83	
City Redlands State CA Zip Code 92374	Purpose of Disbursement food and beverage Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65	

Full Name (Last, First, Middle Initial) C. Clara's Restaurant		Transaction ID: 1137690304711 Date of Disbursement 11 / 23 / 2005	
Mailing Address Redlands Blvd.		Amount of Each Disbursement this Period 78.11	
City Redlands State CA Zip Code 92373	Purpose of Disbursement food and beverage Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65	

SUBTOTAL of Disbursements This Page (optional) ▶	1248.65
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Clara's Restaurant		Transaction ID: 1137690705071 Date of Disbursement 11 / 27 / 2005
Mailing Address Redlands Blvd.		Amount of Each Disbursement this Period 378.67
City Redlands State CA Zip Code 92373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement food and beverage Candidate Name	001 Category/Type	[MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Joe Greensleeves Restaurant		Transaction ID: 1137690371068 Date of Disbursement 11 / 24 / 2005
Mailing Address Orange Street		Amount of Each Disbursement this Period 213.01
City Redlands State CA Zip Code 92373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement food and beverage Candidate Name	001 Category/Type	[MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joe Greensleeves Restaurant		Transaction ID: 1137690765928 Date of Disbursement 12 / 02 / 2005
Mailing Address Orange Street		Amount of Each Disbursement this Period 257.43
City Redlands State CA Zip Code 92373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement food and beverage Candidate Name	001 Category/Type	[MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Laplaza Restarante		Transaction ID: 1137689920273 Date of Disbursement 11 / 04 / 2005
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 45.60
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65

Full Name (Last, First, Middle Initial) B. Laplaza Restarante		Transaction ID: 1137690006504 Date of Disbursement 11 / 09 / 2005
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 59.00
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65

Full Name (Last, First, Middle Initial) C. Laplaza Restarante		Transaction ID: 1137690114671 Date of Disbursement 11 / 11 / 2005
Mailing Address 629 Pennsylvania Ave SE		Amount of Each Disbursement this Period 40.00
City Washington State DC Zip Code 20003	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Trattoria Alberta		Transaction ID: 1137690199887 Date of Disbursement 11 / 15 / 2005
Mailing Address 506 8th St., SE		Amount of Each Disbursement this Period 48.00
City Washington State DC Zip Code 20002	Purpose of Disbursement food and beverage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see check 1187 to citicard on 12/13/05 for \$1248.65

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 1135789340191 Date of Disbursement 11 / 08 / 2005
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 167.75
City Memphis State TN Zip Code 38101	Purpose of Disbursement shipping Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] see Arlene Willis 11/08/05 \$167.75

Full Name (Last, First, Middle Initial) C. Hooks Solutions LLC		Transaction ID: 1130879952228 Date of Disbursement 10 / 28 / 2005
Mailing Address 525 6th Street SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement fundraising retainer Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Hooks Solutions LLC		Transaction ID: 1133394777809 Date of Disbursement 12 / 01 / 2005
Mailing Address 525 6th Street SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement fundraising retainer Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. RICHARD POMBO FOR CONGRESS		Transaction ID: 1136301192182 Date of Disbursement 12 / 27 / 2005
Mailing Address 28375 South Chrisman Road		Amount of Each Disbursement this Period 2000.00
City Tracy State CA Zip Code 95304	Purpose of Disbursement political contribution Candidate Name Richard Pombo Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Schneiders of Capitol Hill		Transaction ID: 1135721335905 Date of Disbursement 11 / 08 / 2005
Mailing Address 300 Massachusettes Avenue NE		Amount of Each Disbursement this Period 1609.56
City Washington State DC Zip Code 20002	Purpose of Disbursement catering for fundraiser Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	8609.56
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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 1130964842957 Date of Disbursement 10 / 26 / 2005	
Mailing Address PO Box 2167		Amount of Each Disbursement this Period 236.21	
City Folsom State CA Zip Code 95763	Purpose of Disbursement cell phone service Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 1133392692997 Date of Disbursement 11 / 29 / 2005	
Mailing Address PO Box 2167		Amount of Each Disbursement this Period 116.61	
City Folsom State CA Zip Code 95763	Purpose of Disbursement cell phone service Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 1136311208913 Date of Disbursement 12 / 29 / 2005	
Mailing Address PO Box 2167		Amount of Each Disbursement this Period 119.99	
City Folsom State CA Zip Code 95763	Purpose of Disbursement cell phone fees Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	472.81
TOTAL This Period (last page this line number only)	26682.58

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 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)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Blasdel For Congress		Transaction ID: 1138128714728 Date of Disbursement 10 / 27 / 2005
Mailing Address PO Box 2021		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Liverpool State OH Zip Code 43920	Purpose of Disbursement political contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Boy Scouts of America		Transaction ID: 1135720443100 Date of Disbursement 11 / 16 / 2005
Mailing Address 1230 Indiana Court		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 Redlands State CA Zip Code 92374	Purpose of Disbursement donation Candidate Name Category/Type 012	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Coloradans for Rick O'Donnell		Transaction ID: 1138128821397 Date of Disbursement 10 / 27 / 2005
Mailing Address P.O. Box 260693		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lakewood State CO Zip Code 80226	Purpose of Disbursement political contribution Candidate Name Dr Rick O'Donnell Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Lewis For Congress Committee

Full Name (Last, First, Middle Initial) A. Friends of Max Burns		Transaction ID: 1138204381432 Date of Disbursement 10 / 27 / 2005
Mailing Address PO BOX 1965		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sylvania State GA Zip Code 30467	011 Category/ Type	
Purpose of Disbursement political contribution Candidate Name Othell Maxie Burns		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Habitat for Humanity		Transaction ID: 1135192560732 Date of Disbursement 12 / 16 / 2005
Mailing Address 1010 vermont Avenue NW Suite 900		Amount of Each Disbursement this Period 27000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005	012 Category/ Type	
Purpose of Disbursement donation Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeff Lamberti for Congress		Transaction ID: 1138129078187 Date of Disbursement 10 / 27 / 2005
Mailing Address 910 East 1st Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ankeny State IA Zip Code 50021	011 Category/ Type	
Purpose of Disbursement political contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	31000.00
TOTAL 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 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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Loma Linda Univ. Children's Hosp.

Mailing Address 11370 Anderson St.

City Loma Linda State CA Zip Code 92354

Purpose of Disbursement
donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1135720706152
Date of Disbursement

11 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
Mac Collins for Congress

Mailing Address PO Box 962

City Jackson State GA Zip Code 30233

Purpose of Disbursement
political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 08

Transaction ID: 1138129000486
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
Ralph Norman for Congress

Mailing Address 2685 CELANESE ROAD
Suite 122

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement
political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1135797945184
Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL 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 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)
Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
Roskam for Congress Committee

Mailing Address 1919 Briarcliffe Blvd.

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
political contribution

Candidate Name
Peter Roskam

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 13

Transaction ID: 1138128912363

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

43000.00

Form/Schedule: **F3A**

Transaction ID:

Amended report includes 3Z-1 report. The Committee includes a clear and conspicuous statement requesting the required donor information in every solicitation it does. It also includes language informing donors that federal law requires the Committee to request such information from anyone who contributes more than \$200 annually. If a contribution is received without it, a written request for the information is mailed within 30 days informing donors that federal law requires the Committee to follow-up and request this donor information from them. We also include in the follow-up request a pre-addressed return envelope. Also, no solicitation for additional funds is made in any best efforts letters that the Committee sends out. Any contributor information received as a result of the Committee's best efforts is reported to the Commission either in an amended report or on the next report it files.