

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 628008  
 Check if different than previously reported. (ACC)  
Middleton WI 53562

2. **FEC IDENTIFICATION NUMBER** C00409136  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of \_\_\_\_\_

5. Covering Period 10 19 2006 through 11 27 2006

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

Type or Print Name of Treasurer Cole F Leystra-Assistant Treasurer

Signature of Treasurer Electronically Filed by Cole F Leystra-Assistant Treasurer Date 12 07 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Progressive Patriots Fund

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		289119.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	158910.38									
(c) Total Receipts (from Line 19) .....	284807.70	1942029.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	443718.08	2231148.83								
7. Total Disbursements (from Line 31) .....	421388.02	2208818.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22330.06	22330.06								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Progressive Patriots Fund

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	87436.75	739409.85
(i) Itemized (use Schedule A) .....	193662.95	1191057.05
(ii) Unitemized .....	281099.70	1930466.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1000.00	3768.84
(c) Other Political Committees (such as PACs) .....	282099.70	1934235.74
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	2520.56	3851.59
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	187.44	3942.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	284807.70	1942029.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	284807.70	1942029.65

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	346406.48	1852541.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	346406.48	1852541.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56931.54	305262.31
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	6165.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	50.00	6165.00
29. Other Disbursements.....	18000.00	44850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	421388.02	2208818.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	421388.02	2208818.77

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	282099.70	1934235.74
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	6165.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	282049.70	1928070.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	346406.48	1852541.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2520.56	3851.59
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	343885.92	1848689.87

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Receipt
Mailing Address PO Box 382110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 9 / 2 0 0 6
City	State	Zip Code
Cambridge	MA	02238-2110
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.79286
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 476.87
Name of Employer	Occupation	Earmarked Contributions: See Memo Text
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 3935.29	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Receipt
Mailing Address PO Box 382110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 6
City	State	Zip Code
Cambridge	MA	02238-2110
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.79325
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 954.77
Name of Employer	Occupation	Earmarked Contributions: See Memo Text
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 4890.06	

Full Name (Last, First, Middle Initial) C. Jonothan Logan		Date of Receipt
Mailing Address 517 East 77th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 6
City	State	Zip Code
New York	NY	10021
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.79325.108
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5.00
Name of Employer	Occupation	Earmarked Contribution
EPG Research Foundation	Scientist	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional) .....	<input type="text"/> 1431.64
TOTAL This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6093.02

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

Transaction ID: SA11A1.79494

Amount of Each Receipt this Period  
1202.96

Earmarked Contributions:  
See Memo Text

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7436.08

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

Transaction ID: SA11A1.79759

Amount of Each Receipt this Period  
1343.06

Earmarked Contributions:  
See Memo Text

**C.** Full Name (Last, First, Middle Initial)  
Matthew Wilson

Mailing Address 2001 W. Addison #1E

City State Zip Code  
Chicago IL 60618

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

Name of Employer Occupation  
Matlock Capital Software Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

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

Transaction ID: SA11A1.79759.46

Amount of Each Receipt this Period  
125.00

Earmarked Contribution  
[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2546.02
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 382110		Transaction ID: SA11A1.79939
City Cambridge	State MA	Zip Code 02238-2110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 311.25
Name of Employer	Occupation	Earmarked Contributions: See Memo Text
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7747.33	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 382110		Transaction ID: SA11A1.79978
City Cambridge	State MA	Zip Code 02238-2110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	Earmarked Contributions: See Memo Text
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7752.33	

Full Name (Last, First, Middle Initial) C. Theodore Ahlers		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 5338 Broad Branch Rd NW		Transaction ID: SA11A1.76473
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer World Bank	Occupation Economist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	616.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. James Allen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1889 Hertige Way		<b>Transaction ID: SA11A1.72133</b>
City State Zip Code Yountville CA 94599	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sequoia Grove Vineyards	Occupation Winemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Joan Alschuler</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 28 White Oaks Lane		<b>Transaction ID: SA11A1.76495</b>
City State Zip Code Madison WI 53711	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Middleton/Cross Plains School District	Occupation Guidance Counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Prakash Ambegaonkar</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 1105 Waverly Way		<b>Transaction ID: SA11A1.76501</b>
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bridging Nations	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Alfred Ames		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 4800 Turban Ct		<b>Transaction ID:</b> SA11A1.72149
City Fort Myers	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Anonymous Anonymous		Date of Receipt MM / DD / YYYY 10 / 19 / 2006
Mailing Address		<b>Transaction ID:</b> SA11A1.67212
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00	
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Anonymous Anonymous		Date of Receipt MM / DD / YYYY 10 / 26 / 2006
Mailing Address		<b>Transaction ID:</b> SA11A1.72183
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00	
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Anonymous Anonymous		Date of Receipt																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	6		2	0	0	6													
City State Zip Code		<b>Transaction ID:</b> SA11A1.72184																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
Name of Employer None Occupation None		<table border="1"><tr><td>5.00</td></tr></table>	5.00																			
5.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																					
	<table border="1"><tr><td>277.00</td></tr></table>	277.00																				
277.00																						

Full Name (Last, First, Middle Initial) <b>B.</b> Anonymous Anonymous		Date of Receipt																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	6		2	0	0	6													
City State Zip Code		<b>Transaction ID:</b> SA11A1.72185																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
Name of Employer None Occupation None		<table border="1"><tr><td>11.00</td></tr></table>	11.00																			
11.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																					
	<table border="1"><tr><td>288.00</td></tr></table>	288.00																				
288.00																						

Full Name (Last, First, Middle Initial) <b>C.</b> Anonymous Anonymous		Date of Receipt																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	7		2	0	0	6													
City State Zip Code		<b>Transaction ID:</b> SA11A1.72182																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
Name of Employer None Occupation None		<table border="1"><tr><td>1.00</td></tr></table>	1.00																			
1.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																					
	<table border="1"><tr><td>289.00</td></tr></table>	289.00																				
289.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>17.00</td></tr></table>	17.00
17.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Anonymous Anonymous		Date of Receipt
Mailing Address		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City State Zip Code		<b>Transaction ID:</b> SA11A1.72186
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1.00"/>
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="290.00"/>	

Full Name (Last, First, Middle Initial) <b>B.</b> Anonymous Anonymous		Date of Receipt
Mailing Address		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City State Zip Code		<b>Transaction ID:</b> SA11A1.76515
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1.00"/>
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="291.00"/>	

Full Name (Last, First, Middle Initial) <b>C.</b> Anonymous Anonymous		Date of Receipt
Mailing Address		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City State Zip Code		<b>Transaction ID:</b> SA11A1.76517
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="311.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="22.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Anonymous Anonymous		Date of Receipt																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	3		2	0	0	6													
City State Zip Code		<b>Transaction ID:</b> SA11A1.76516																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
		<table border="1"><tr><td>29.00</td></tr></table>	29.00																			
29.00																						
Name of Employer None	Occupation None																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																					
	<table border="1"><tr><td>340.00</td></tr></table>	340.00																				
340.00																						

Full Name (Last, First, Middle Initial) <b>B.</b> Anonymous Anonymous		Date of Receipt																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	5		2	0	0	6													
City State Zip Code		<b>Transaction ID:</b> SA11A1.76514																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
		<table border="1"><tr><td>20.00</td></tr></table>	20.00																			
20.00																						
Name of Employer None	Occupation None																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																					
	<table border="1"><tr><td>360.00</td></tr></table>	360.00																				
360.00																						

Full Name (Last, First, Middle Initial) <b>C.</b> Anonymous Anonymous		Date of Receipt																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	7		2	0	0	6													
City State Zip Code		<b>Transaction ID:</b> SA11A1.76518																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
		<table border="1"><tr><td>1.00</td></tr></table>	1.00																			
1.00																						
Name of Employer None	Occupation None																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																					
	<table border="1"><tr><td>361.00</td></tr></table>	361.00																				
361.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>50.00</td></tr></table>	50.00
50.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Stephen Arnold

Mailing Address 5895 Crystal Springs Drive

City State Zip Code  
Bainbridge Island WA 98110

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

Name of Employer Occupation  
Polaris Venture Partners Venture Capitalist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.67240

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Marian Ashman

Mailing Address 6720 Century Ave Apt 107

City State Zip Code  
Middleton WI 53562

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

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

Transaction ID: SA11A1.72223

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Bacon

Mailing Address 704 Gimghoul Rd

City State Zip Code  
Chapel Hill NC 27514

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

Name of Employer Occupation  
Hill Country Woodworks Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.72248

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Mrs Laura Baden

Mailing Address 9040 Keystone Ave

City State Zip Code  
Skokie IL 60076

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

Name of Employer Occupation  
CRC Insurance of Illinois Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.72249

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Baldauf

Mailing Address N4398 Wolff Rd

City State Zip Code  
Cambridge WI 53523

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.67274

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Linda Balisle

Mailing Address 171 Shato Ln.

City State Zip Code  
Monona WI 53716

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

Name of Employer Occupation  
Balisle & Roberson Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.76567

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Joseph Barbian

Mailing Address 2764 N 57th Street

City Milwaukee State WI Zip Code 53210

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

Name of Employer Heartland Software Development  
Occupation Senior Programmer Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11A1.76574

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Edward Barnard

Mailing Address 418 S Boylan Ave

City Raleigh State NC Zip Code 27603

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

Name of Employer Self-Employed  
Occupation Property Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11A1.72291

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Lynn Beaver

Mailing Address 44 Stephens Creek Rd.

City Kelso State TN Zip Code 37348

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

Name of Employer Homemaker  
Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11A1.72334

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Bernard Begue

Mailing Address 1349 2nd Ave

City State Zip Code  
Salt Lake City UT 84103

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.72350

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Phillip Berry

Mailing Address 4510 Canyon Rd

City State Zip Code  
Lafayette CA 94549

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.67403

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Rebecca Black

Mailing Address 6234 Chatham Drive S.

City State Zip Code  
Seattle WA 98118

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

Name of Employer Microsoft Occupation Test Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

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

Transaction ID: SA11A1.67438

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Susan Blakes

Mailing Address 227 H St, Apt 204

City State Zip Code  
Salt Lake City UT 84103

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

Name of Employer  
Message Center / Spa in Utah

Occupation  
Massage Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.76666

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Pauline Blazon

Mailing Address 59 Faith Drive

City State Zip Code  
Hampstead NH 03841-2370

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

Name of Employer  
Fidelity Invesments

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.76671

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Borns

Mailing Address 1626 Norman Way

City State Zip Code  
Madison WI 53705-1239

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

Name of Employer  
Borns & Falk

Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.76693

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Theodore Bornstein

Mailing Address 909 E Capitol St SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
Foley & Lardner Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

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

**Transaction ID:** SA11A1.76694

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dora Brand

Mailing Address 4571 Bishop

City State Zip Code  
Middleton WI 53562

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

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

**Transaction ID:** SA11A1.76720

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Craig Brownstein

Mailing Address 1315 Wallach Place, NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
Edelman Public Relations

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

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

**Transaction ID:** SA11A1.76757

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Reid Bryson

Mailing Address 11 Rosewood Circle

City State Zip Code  
Madison WI 53711

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.67621

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Joel Burbach

Mailing Address 1294 County Road F

City State Zip Code  
Montello WI 53949

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

Name of Employer Self-Employed Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.72630

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Joel Burbach

Mailing Address 1294 County Road F

City State Zip Code  
Montello WI 53949

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

Name of Employer Self-Employed Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: SA11A1.76775

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Sudie Burnham

Mailing Address 806 Butternut Road

City Madison State WI Zip Code 53704

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

Name of Employer Self-Employed Occupation Gardener Cook

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.76783

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Butler

Mailing Address 1913 Kendall Ave

City Madison State WI Zip Code 53726

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11A1.72653

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Callahan

Mailing Address 3208 Jocelyn St NW

City Washington State DC Zip Code 20015

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

Name of Employer Communication Works, LLC Occupation Public Affairs Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.76813

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 234						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Thomas Camp

Mailing Address 10908 River Plantation Dr.

City Austin State TX Zip Code 78747

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.76814

Amount of Each Receipt this Period  
 30.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Carini

Mailing Address 3616 E Norport Dr

City Port Washington State WI Zip Code 53074

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.76830

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
Fumiko Carlson

Mailing Address 222 S Central Ave Apt 415

City Los Angeles State CA Zip Code 90012

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.67729

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	630.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Fumiko Carlson

Mailing Address 222 S Central Ave Apt 415

City State Zip Code  
Los Angeles CA 90012

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: SA11A1.67728

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Jean Cassels

Mailing Address 7205 Broad Place

City State Zip Code  
New Orleans LA 70125

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

Name of Employer Self-Employed Occupation Illustrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.67752

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Mary Cather

Mailing Address 3636 W 1950 S

City State Zip Code  
Cedar City UT 84720-8279

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

Name of Employer Concensus Associates Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.76849

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Beverly Chang

Mailing Address 16020 Crystal Hills Ln

City Burnsville State MN Zip Code 55337

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.72769

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Alfred Christiansen

Mailing Address 15 Kessel Ct Apt 38

City Madison State WI Zip Code 53711

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

Name of Employer US Department of Agriculture Occupation Chemical Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11A1.72794

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Jerry Clark

Mailing Address 1939 Calvert Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.67836

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> George Condoyannis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 5 W 95th St		<b>Transaction ID:</b> SA11A1.76904	
City State Zip Code New York NY 10025		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy Creger, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 622 Cabrillo St		<b>Transaction ID:</b> SA11A1.72908	
City State Zip Code Stanford CA 94305		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired		Occupation Reitred	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> James Crow		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 24 Glenway St		<b>Transaction ID:</b> SA11A1.72912	
City State Zip Code Madison WI 53705		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University Of Wisconsin		Occupation Professor Emeritus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Claire Cukla</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address N51 W34951 Lake Drive PO Box 592		<b>Transaction ID: SA11A1.76956</b>	
City State Zip Code Okauchee WI 53069		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Harley Davidson Motor Company Maintenance Analyst			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Leon Cunningham</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 105 Longwood Pl		<b>Transaction ID: SA11A1.72921</b>	
City State Zip Code Nashville TN 37215		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Avis Decker Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 7481 Carter Circle South		<b>Transaction ID: SA11A1.73000</b>	
City State Zip Code Franklin WI 53132		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Dalton DeHart

Mailing Address 2829 Timmons Lane #201

City State Zip Code  
Houston TX 77027

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

Name of Employer Occupation  
Dalton DeHart Photographer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2006

Transaction ID: SA11A1.80632

Amount of Each Receipt this Period  
560.00

In-kind - Photography

**B.** Full Name (Last, First, Middle Initial)  
Biff Deming

Mailing Address 14600 NE 45th St #D-7

City State Zip Code  
Bellevue WA 98007

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

Name of Employer Occupation  
Eagle Integrated Marketing Srv Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2006

Transaction ID: SA11A1.68113

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
D. Ben Desmidt

Mailing Address 4709 Milwaukee St

City State Zip Code  
Madison WI 53714

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

Name of Employer Occupation  
Carthage College Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2006

Transaction ID: SA11A1.77016

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Glenn Dettinger

Mailing Address 101 E Rib Mountain Dr

City State Zip Code  
Wausau WI 54401

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.68133

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
R Dale Dick

Mailing Address 2823 Irene Dr

City State Zip Code  
Eau Claire WI 54701

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

Name of Employer Univ of Wisconsin - Eau Claire Occupation Retired Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.73047

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
John Dongarra

Mailing Address 848 Cambridge Dr

City State Zip Code  
Janesville WI 53548

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: SA11A1.77037

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
David Dorin

Mailing Address 20 Hurricane St

City Marina Del Ray State CA Zip Code 90292

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.73100

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
David Dowell

Mailing Address 3898 Nicolet Circle

City Verona State WI Zip Code 53593

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

Name of Employer Dean Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.77045

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Drake

Mailing Address 369 Marion Ave

City Mill Valley State CA Zip Code 94941

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

Name of Employer Self-Employed Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.68223

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

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

Mailing Address 5643 Schnable Rd

City State Zip Code  
Black Creek WI 54106

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

Name of Employer Occupation  
Lawrence University Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

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

Transaction ID: SA11A1.73117

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Louie Echols

Mailing Address 6079 Wellesley Way NE

City State Zip Code  
Seattle WA 98115

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

Name of Employer Occupation  
University of Washington Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.73162

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Evelyn Ericson

Mailing Address 5976 N. Kent Ave.

City State Zip Code  
Whitefish Bay WI 53217

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.73226

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Margaret Falk		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 3461 N. Murray Ave		Transaction ID: SA11A1.77130	
City State Zip Code Milwaukee WI 53211	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Heidi Fields		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 444 W Wilson St Apt 306		Transaction ID: SA11A1.73313	
City State Zip Code Madison WI 53703	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Mary's Hospital	Occupation Registered Nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Shirley Fingerhood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 15 W 75th St		Transaction ID: SA11A1.68427	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Linda Fitzgerald

Mailing Address 32 Mary Elaine Dr.

City State Zip Code  
Hamilton OH 45013

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.68440

Amount of Each Receipt this Period  
100.00

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

Mailing Address 223 Debbie Dr

City State Zip Code  
Waukesha WI 53189-7612

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.77208

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Forscey

Mailing Address 3834 Harrison St., NW

City State Zip Code  
Washington DC 20015

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

Name of Employer Forscey & Stinson Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.77210

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Shirley Freedland</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 3737 Atlantic #612A		<b>Transaction ID: SA11A1.73398</b>	
City Long Beach	State CA	Zip Code 90807	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Beatrice Friedman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 990 Boulevard of the Arts #1702		<b>Transaction ID: SA11A1.68529</b>	
City Sarasota	State FL	Zip Code 34236	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. John Galbraith</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 117 W Wayne St		<b>Transaction ID: SA11A1.77243</b>	
City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Landlord		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Arthur Gardner

Mailing Address 321 Peck Dr

City State Zip Code  
Beverly Hills CA 90212

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

Name of Employer Occupation  
Levy-Gardner-Laverne Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
503.00

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

Transaction ID: SA11A1.73445

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
Lorraine Gerhart

Mailing Address 901 FJ St.

City State Zip Code  
Crivitz WI 54114

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

Name of Employer Occupation  
Amnesty International Non Profit Policy & Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

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

Transaction ID: SA11A1.77272

Amount of Each Receipt this Period  
325.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Ginsberg

Mailing Address 4265 Marina City Dr.  
Unit 1011W

City State Zip Code  
Marina del Rey CA 90292

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

Name of Employer Occupation  
Self-Employed CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.77287

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	428.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Eli Glatstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 220 W Rittenhouse Sq 12		<b>Transaction ID:</b> SA11A1.73512
City Philadelphia      State PA      Zip Code 19103-5737	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer U Of Penn	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Eli Glatstein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 220 W Rittenhouse Sq 12		<b>Transaction ID:</b> SA11A1.77297
City Philadelphia      State PA      Zip Code 19103-5737	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer U Of Penn	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Dwight Gleasman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3797 Moffett Rd		<b>Transaction ID:</b> SA11A1.68665
City Rockton      State IL      Zip Code 61072-0463	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dwight Gleasman

Mailing Address 3797 Moffett Rd

City State Zip Code  
Rockton IL 61072-0463

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

Transaction ID: SA11A1.68664

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dwight Gleasman

Mailing Address 3797 Moffett Rd

City State Zip Code  
Rockton IL 61072-0463

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

Name of Employer Self-Employed Occupation  
Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

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

Transaction ID: SA11A1.79094

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jay Gold

Mailing Address 3100 Lake Mendota Drive  
Apt. 705

City State Zip Code  
Madison WI 53705

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

Name of Employer Metastar Occupation  
Physician/Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.77309

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Nathan Goldhaber</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 1282		Transaction ID: SA11A1.73526	
City New York	State NY	Zip Code 10009	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Gail Gorlitz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 3935 Morrison St NW		Transaction ID: SA11A1.73560	
City Washington	State DC	Zip Code 20015	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Grady</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1001 Wilson Blvd, Apt 105		Transaction ID: SA11A1.77339	
City Arlington	State VA	Zip Code 22209	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Willkie, Farr & Gallagher, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Robert Graves

Mailing Address RR 3  
PO Box 370

City State Zip Code  
Spring Green WI 53588

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

Name of Employer Gilmore Graves Golf Inc  
Occupation Landscape Architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** SA11A1.77347

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Phyllis Greenberger

Mailing Address 3903 Jenifer St., NW

City State Zip Code  
Washington DC 20015

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

Name of Employer Society for Women's Health Research  
Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** SA11A1.77359

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Greenler

Mailing Address 6225 Mineral Point Rd A17

City State Zip Code  
Madison WI 53705

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

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID:** SA11A1.73602

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
David Greer

Mailing Address 1805 9th St NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Department of Transportation      Occupation Speedwriter

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2006

**Transaction ID:** SA11A1.77361

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sidney Grossberg

Mailing Address 924 E Juneau Ave

City State Zip Code  
Milwaukee WI 53202

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

Name of Employer Medical College of Wisconsin      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2006

**Transaction ID:** SA11A1.73620

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Irwin Guttman

Mailing Address 80 Charter Oaks Dr Apt 4

City State Zip Code  
Amherst NY 14228

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

Name of Employer SUNY of Buffalo      Occupation Professor

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2006

**Transaction ID:** SA11A1.68798

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Calvin Hageman

Mailing Address 7518 Highway A

City State Zip Code  
Belleville WI 53508

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

Name of Employer First Student Occupation School Bus Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.73669

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas Haig

Mailing Address 125 N Hamilton St. Unit 701

City State Zip Code  
Madison WI 53703

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.77395

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Hanauer

Mailing Address 95 Forest Lane

City State Zip Code  
Berkeley CA 94708

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

Name of Employer American Nonsmokers' Rights Foundation Occupation Policy Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: SA11A1.68843

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>810.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Judith Hansen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1116 E Ironwood Country Club Dr		Transaction ID: SA11A1.68857
City State Zip Code Normal IL 61761	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Judith Hansen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1116 E Ironwood Country Club Dr		Transaction ID: SA11A1.77425
City State Zip Code Normal IL 61761	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr Craig Harmer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 110 Clayton St		Transaction ID: SA11A1.77438
City State Zip Code San Francisco CA 94117-1112	Amount of Each Receipt this Period 512.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Symantec Corp	Occupation Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1112.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Barry Harper		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address RR 1 Box 77 102 County Line Rd		Transaction ID: SA11A1.68873
City Newman Grove State NE Zip Code 68758	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer US Postal Service Occupation Clerk	Aggregate Year-to-Date ▼ 725.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Marguerite Harris		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 930		Transaction ID: SA11A1.77448
City Bolinas State CA Zip Code 94924-0930	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Edward Hastreiter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address W12440 McCubbins Lane		Transaction ID: SA11A1.73731
City Lodi State WI Zip Code 53555	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer EWH Small Business Accounting, S.C. Occupation CPA	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Doug Hayner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 5510 Northeast 47th Street		Transaction ID: SA11A1.73752
City State Zip Code Vancouver WA 98661-2922	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Evergreen Flying Service	Occupation Mechanic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Charles Heitsch		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 13321 Hwy N		Transaction ID: SA11A1.73768
City State Zip Code Bourbon MO 65441	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Arthur Hiller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 1218 Benedict Canyon Dr		Transaction ID: SA11A1.73816
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Free Lance Film Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David Homsy Mailing Address 1104 S Wilton Pl City Los Angeles State CA Zip Code 90019-3450 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.73865 Amount of Each Receipt this Period 100.00
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Burt Howells Mailing Address 2801 Western Ave Apt 807 City Seattle State WA Zip Code 98121 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.73892 Amount of Each Receipt this Period 500.00
Name of Employer Delta Medical Products Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Leland Huttner Mailing Address 3961 S Dahlia St City Englewood State CO Zip Code 80110 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.73925 Amount of Each Receipt this Period 300.00
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Dr. Sara Imershein, M.D.

Mailing Address 3912 Harrison St NW

City State Zip Code  
Washington DC 20015

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

Name of Employer Occupation  
George Washington University OBGYN Medicine Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11A1.77587

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Marie Jackson

Mailing Address 4519 Rocky Dell Rd

City State Zip Code  
Cross Plains WI 53528

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11A1.77604

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Douglas Johnson

Mailing Address 2016 15th Street NW, #B

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
International Broadcasting Bureau Broadcaster

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11A1.77629

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Mr Keith Johnson

Mailing Address 725 N 57th Ave

City State Zip Code  
Omaha NE 68132-2039

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

Name of Employer Occupation  
University of Nebraska Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** SA11A1.77635

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Maggie Jones

Mailing Address 41425 Spring Valley Lane

City State Zip Code  
Blue River WI 53518

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

Name of Employer Occupation  
Self-Employed Wood Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

**Transaction ID:** SA11A1.77655

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur Kaemmer

Mailing Address 4 Crocus Hill

City State Zip Code  
St. Paul MN 55102

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

Name of Employer Occupation  
Retired Retired Pediatrician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2006

**Transaction ID:** SA11A1.69244

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Dr. Alan Kalker

Mailing Address 1430 W. Skyline Dr.

City Madison State WI Zip Code 53705

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

Name of Employer Self-Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2006

Transaction ID: SA11A1.77670

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Shel Kaphan

Mailing Address 1629 9th Ave West

City Seattle State WA Zip Code 98119

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.69267

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Ketchum

Mailing Address N2951 E. Rockdale Rd.

City Cambridge State WI Zip Code 53523

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

Name of Employer Fond du Lac Radiology Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2006

Transaction ID: SA11A1.74123

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Thomas Kleewein

Mailing Address 6118 Churchwood Ln

City State Zip Code  
Greendale WI 53129

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

Name of Employer Occupation  
La Macchia Enterprises, Inc Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11A1.69380

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
David Korten

Mailing Address 10588 NE Byron Dr

City State Zip Code  
Bainbridge Island WA 98110

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

Name of Employer Occupation  
People Centered Development Forum Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11A1.74204

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Emily Korzenik

Mailing Address 120 Carthage Rd

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

**Transaction ID:** SA11A1.69440

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Frederic Kottke

Mailing Address 3701 Bryant Ave  
Apt 702

City State Zip Code  
Minneapolis MN 55409

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2006

Transaction ID: SA11A1.74211

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Malcolm Kravits

Mailing Address 620 Homewood

City State Zip Code  
Highland Park IL 60035

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

Name of Employer Ashland Plumbers Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: SA11A1.74220

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Bruce Krawisz

Mailing Address 1600 N. Hills Ave.

City State Zip Code  
Marshfield WI 54449

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

Name of Employer Marshfield Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: SA11A1.74221

Amount of Each Receipt this Period  
500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Roberta Krinsky

Mailing Address 5117 Lake Mendota Drive

City State Zip Code  
Madison WI 53705

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

Name of Employer self-employed Occupation  
Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

Transaction ID: SA11A1.74225

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Al Labelle

Mailing Address 1505 S. Cherry Ave.

City State Zip Code  
Marshfield WI 54449

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

Name of Employer St. Joseph's Hospital Occupation  
Respiratory Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.77793

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Larson

Mailing Address 715 Hill St 310

City State Zip Code  
Madison WI 53705-3518

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

Name of Employer Arch Bldg Arts Occupation  
Design Build Contrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.77820

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Willi Lehner

Mailing Address 3480 Co F

City State Zip Code  
Blue Mounds WI 53517

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

Name of Employer Self-Employed  
Occupation Cheesemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** SA11A1.74349

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Richard Leifer

Mailing Address 4401 N 100th Street  
T5

City State Zip Code  
Milwaukee WI 53225-4727

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

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

**Transaction ID:** SA11A1.77848

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Lee Lenox

Mailing Address 4673 E Cambridge Ave

City State Zip Code  
Fresno CA 93703

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

Name of Employer Community Medical Centers  
Occupation Reimbursement Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

**Transaction ID:** SA11A1.74358

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Joanne Leonard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 483 Santa Monica		<b>Transaction ID:</b> SA11A1.69591
City San Leandro	State CA	Zip Code 94579
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer West Masonry	Occupation Office Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr Mark Lieberman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 684 E 19th St		<b>Transaction ID:</b> SA11A1.74408
City Brooklyn	State NY	Zip Code 11230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Washington	Occupation Economist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Debi Lind		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 406 S Pennsylvania St		<b>Transaction ID:</b> SA11A1.74415
City Denver	State CO	Zip Code 90209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Private counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Jonothan Logan

Mailing Address 517 East 77th Street

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
EPG Research Foundation Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: SA11A1.74438

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Justin Lozoff

Mailing Address 200 Mc Cue Road, #236

City State Zip Code  
Houston TX 77056

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

Name of Employer Occupation  
Choice Condominium Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.69706

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Alan Madison

Mailing Address 5314 Broad Branch Road, NW

City State Zip Code  
Washington DC 20015

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

Name of Employer Occupation  
Madison & Company LLC CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2988.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.80634

Amount of Each Receipt this Period  
2788.83

In-kind - Event Expense:  
Catering

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3388.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Alan Madison		Date of Receipt MM / DD / YYYY 11 / 16 / 2006
Mailing Address 5314 Broad Branch Road, NW		<b>Transaction ID:</b> SA11A1.77940
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Madison & Company LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3988.83	

Full Name (Last, First, Middle Initial) <b>B.</b> Valerie Mannis		Date of Receipt MM / DD / YYYY 11 / 21 / 2006
Mailing Address 7616 Widgeon Way		<b>Transaction ID:</b> SA11A1.77960
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Strother Marshall, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 1790 11th St		<b>Transaction ID:</b> SA11A1.69802
City Los Osos	State CA	Zip Code 93402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Philip Mause

Mailing Address 5108 Palisade Ln NW

City Washington State DC Zip Code 20016

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

Name of Employer Drinker, Biddle & Ream Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.69860

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jue McDougall

Mailing Address 7151 Barrett St.

City Downers Grove State IL Zip Code 60516

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.69912

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin McVan

Mailing Address 13524 Feather Sound Circle W Apt 1

City Clearwater State FL Zip Code 33762-2246

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

Name of Employer Verizon Information Occupation Publishing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

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

Transaction ID: SA11A1.74699

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Mr Rudy Meyer

Mailing Address 1703 E Lambert Ln

City State Zip Code  
Port Angeles WA 98362

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

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

Transaction ID: SA11A1.74757

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Gerald Middel

Mailing Address 3305 SW Chintimini

City State Zip Code  
Corvallis OR 97333

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

Name of Employer Occupation  
Duck Creek Associates, Inc Natural Resource Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.70036

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Arinda Milligan

Mailing Address 1193 S Steele St

City State Zip Code  
Denver CO 80210

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

Name of Employer Occupation  
Self-Employed Software Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.74785

Amount of Each Receipt this Period  
300.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Mitchell

Mailing Address 5738 Cedar Pl

City State Zip Code  
Madison WI 53705

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

Name of Employer Occupation  
Amenesco, Inc Director Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** SA11A1.70086

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Karen Mitzner

Mailing Address 136 SE 63rd Ave

City State Zip Code  
Portland OR 97215

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

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

**Transaction ID:** SA11A1.74814

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Judy Moats

Mailing Address 4917 Bristow Dr

City State Zip Code  
Annandale VA 22003

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

**Transaction ID:** SA11A1.78105

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Stuart Mondschein

Mailing Address 518 Virginia Ter

City Madison State WI Zip Code 53726

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

Name of Employer Wheeler, Van Sickle and Anderson, S.C. Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.78113

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Howard Morse

Mailing Address 12 Old Manchester Rd

City Amherst State NH Zip Code 03031

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.70157

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Niel Moser

Mailing Address 5221 Hedden Cr.

City Middleton State WI Zip Code 53562

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

Name of Employer Home Mortgage Solutions, LLC Occupation President/Mortgage Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

Transaction ID: SA11A1.78143

Amount of Each Receipt this Period  
 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Patrick Murphy

Mailing Address 843 Austin Ave

City State Zip Code  
Sonoma CA 95476

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.74900

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Nachreiner

Mailing Address E9652 Bluebird Trail

City State Zip Code  
Baraboo WI 53913

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

Name of Employer Kraemer Bros LLC Occupation Carpenter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.74911

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Emily Nawalinski

Mailing Address P.O. Box 393

City State Zip Code  
Davenport CA 95017

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.70244

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Scott Nelson

Mailing Address 1901 Cardinal Dr.

City State Zip Code  
Waukesha WI 53186

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

Name of Employer Occupation  
Penzeys Spices QA Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 471.50

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

Transaction ID: SA11A1.70267

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Fred Newmann

Mailing Address 18 S Owen Dr

City State Zip Code  
Madison WI 53705

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

Name of Employer Occupation  
Self-Employed Ed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.78196

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Fred Newmann

Mailing Address 18 S Owen Dr

City State Zip Code  
Madison WI 53705

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

Name of Employer Occupation  
Self-Employed Ed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11A1.78197

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Emilio Nicolas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1211-C Nantucket		Transaction ID: SA11A1.74951	
City State Zip Code Houston TX 77057	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KAZH 57 Azteca America Houston	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Nogaj		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 1206 Wheaton Oaks Dr.		Transaction ID: SA11A1.74971	
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Novick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address PO Box 506		Transaction ID: SA11A1.70315	
City State Zip Code Culver City CA 90232	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Impulse Research Corporation	Occupation Researcher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Alison Orr-Andrews

Mailing Address 177 Under Mountain Rd.

City Falls Village State CT Zip Code 06031

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

Name of Employer Retired Occupation Retired Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.75028

Amount of Each Receipt this Period  
 150.00

**B.** Full Name (Last, First, Middle Initial)  
Van Perkins

Mailing Address 7408 Old Santa Fe Trl

City Santa Fe State NM Zip Code 87505

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

Name of Employer University of California Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.70486

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Perry

Mailing Address 1362 Kirby Road

City McLean State VA Zip Code 22101

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

Name of Employer Alliance for Aging Research Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.78305

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Raymond Pilmonas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 146 Alder Lake Rd.		Transaction ID: SA11A1.75177
City State Zip Code Manitowish Waters WI 54545	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Leslie Pomerantz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 15 W 81st St		Transaction ID: SA11A1.75218
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Will Pooley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 1229 Graham Ave.		Transaction ID: SA11A1.75226
City State Zip Code Eau Claire WI 54701	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State of WI	Occupation Alternative HS Guidance Counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Clifford Poplar, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 915 Geneva St. PO Box 467		<b>Transaction ID:</b> SA11A1.75227	
City State Zip Code Delavan WI 53115	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Pritchard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 5660 Valley Circle Blvd.		<b>Transaction ID:</b> SA11A1.70609	
City State Zip Code Woodland Hills CA 91367	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LA Valley College	Occupation Instructor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Margaret Purdy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 941 Cycad Dr		<b>Transaction ID:</b> SA11A1.75277	
City State Zip Code San Marcos CA 92078	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Kathryn Ralph, Ph D

Mailing Address 54 MacOndray Lane

City San Francisco State CA Zip Code 94133

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.75293

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Kris Rasmussen

Mailing Address 1808 Jefferson

City Madison State WI Zip Code 53711

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.78367

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Don Reeder

Mailing Address 5 Veblen Pl

City Madison State WI Zip Code 53705

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

Name of Employer University of Wisconsin Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.78377

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Millie Reisinger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 847 N High Point Rd		Transaction ID: SA11A1.75352
City State Zip Code Madison WI 53717	Amount of Each Receipt this Period 205.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ira Resnick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 15 W 63rd St Apt 37A		Transaction ID: SA11A1.75359
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Motion Picture Art Gallery	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rosemary Reuschlein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 7032 E Pass		Transaction ID: SA11A1.78406
City State Zip Code Madison WI 53719	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	905.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

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

Mailing Address PO Box 67

City Lovell State ME Zip Code 04051

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
10 / 24 / 2006

Transaction ID: SA11A1.70739

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Gerald Root

Mailing Address 2840 Ionia Rd

City Vermontville State MI Zip Code 49096

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

Name of Employer Buick Olds Cadillac Group Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
10 / 30 / 2006

Transaction ID: SA11A1.75445

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Adam Rose

Mailing Address PO Box 657

City Cross River State NY Zip Code 10518-0657

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

Name of Employer Rose Associates Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
11 / 02 / 2006

Transaction ID: SA11A1.78458

Amount of Each Receipt this Period  
3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

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

Mailing Address 3133 Connecticut Ave NW  
Apt 927

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Russonello, Belden, & Stewart Pollster

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2006

Transaction ID: SA11A1.78513

Amount of Each Receipt this Period  
250.00

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

Mailing Address 27569 Detroit Rd  
Apt 304

City State Zip Code  
Westlake OH 44145

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: SA11A1.75538

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
W.Ford Schumann

Mailing Address 9612 E Vereda Solana Dr

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2006

Transaction ID: SA11A1.75599

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Mr Larry Seiler

Mailing Address 198 Linden St

City State Zip Code  
Boylston MA 01505

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

Name of Employer Occupation  
Ali Research Inc Computer Engineer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.71086

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Warren Senders

Mailing Address 629 Fellsway West

City State Zip Code  
Medford MA 02155

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

Name of Employer Occupation  
Self-Employed Composer, Musician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.03

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

Transaction ID: SA11A1.71090

Amount of Each Receipt this Period  
25.01

**C.** Full Name (Last, First, Middle Initial)  
Erica Serlin

Mailing Address 6714 Colony Dr

City State Zip Code  
Madison WI 53717

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

Name of Employer Occupation  
Self-Employed Psychologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

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

Transaction ID: SA11A1.78614

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	775.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Daniel Siegel

Mailing Address 2218 Eton Rdg.

City State Zip Code  
Madison WI 53726

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: SA11A1.71171

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
Alan Sieroty

Mailing Address 6022 Wilshire Blvd Ste 201

City State Zip Code  
Los Angeles CA 90036

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

Name of Employer Sieroty Company Inc Occupation Real Estate Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

Transaction ID: SA11A1.78643

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeanne Silverberg

Mailing Address 2802 Arbor Drive Apt 1

City State Zip Code  
Madison WI 53711-1800

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.78650

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Harold Silverstein, DDS

Mailing Address 415 Martling Ave

City Rye State NY Zip Code 10580

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2006

Transaction ID: SA11A1.78652

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Beth Singer

Mailing Address 362 Peninsula Blvd

City Lynbrook State NY Zip Code 11563

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2006

Transaction ID: SA11A1.71201

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Donald Smart

Mailing Address 2744 Lakeview Dr.

City San Leandro State CA Zip Code 94577

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: SA11A1.75763

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	405.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Betty Smay

Mailing Address 1152 Vard Loomis Ln

City State Zip Code  
Arroyo Grande CA 93420-2923

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11A1.71222

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Marlowe Steege

Mailing Address 2630 280th St

City State Zip Code  
Fredericksburg IA 50630

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

Name of Employer Self-Employed Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.75857

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
Janet Stonecipher

Mailing Address 1624 Foxridge Ct

City State Zip Code  
Middleton WI 53562

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

Name of Employer Family Sexual Abuse Treatment Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: SA11A1.78752

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	825.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Michael Stuart

Mailing Address 2024 Madison St.

City Madison State WI Zip Code 53711

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

Name of Employer Wisconsin Public Power, Inc. Occupation VP-Legal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.78768

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Catherine Sullivan

Mailing Address 330 E 70th Street Apt 2D

City New York State NY Zip Code 10021

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.71440

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr James Sullivan

Mailing Address 2727 N Oracle Rd Apt 122

City Tucson State AZ Zip Code 85705-4344

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.78777

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Peter Thiemann</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 23450 Mount Eden Rd		Transaction ID: SA11A1.76029
City State Zip Code Saratoga CA 95070	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Santa Clara Valley Water District	Occupation Well Inspector	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Thorstad</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 351 W Wilson St #15		Transaction ID: SA11A1.78827
City State Zip Code Madison WI 53703	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Thorstad Chevrolet	Occupation Auto Dealer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lewis Toppel</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 5418 Old Middleton Rd Apt 202		Transaction ID: SA11A1.78839
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer L.T. Management	Occupation Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Susan Toth

Mailing Address 871 Waban Hill

City State Zip Code  
Madison WI 53711

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

Name of Employer Occupation  
UW - Medical Foundation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: SA11A1.78842

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Benjamin Trumbull

Mailing Address 754 The Alameda, #4401

City State Zip Code  
San Jose CA 95126

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

Name of Employer Occupation  
Apple Computer Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: SA11A1.76104

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Wendy Tsien

Mailing Address 2665 Idlehour Ln

City State Zip Code  
La Jolla CA 92037-1123

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.78849

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Edward Unser

Mailing Address 1860 Oyster Bay Ln.

City State Zip Code  
Suffolk VA 23436

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.71642

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
Philip Vandeman

Mailing Address 3533 Simmons Mill Ct SW #A

City State Zip Code  
Tumwater WA 98512

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.71665

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Cornelia Vanderziel

Mailing Address 100 Wolcott Rd

City State Zip Code  
Chestnut Hill MA 02467

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

Name of Employer Harvard Vangaurd Medical Association Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.76144

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	340.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Sally Venerable</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 5000 SW 25th Blvd #1105		<b>Transaction ID: SA11A1.71677</b>	
City State Zip Code Gainesville FL 32608	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mark Vershbow</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 4661 Garfield St NW		<b>Transaction ID: SA11A1.78880</b>	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Property Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Philip Verveer</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2125 Leroy PI NW		<b>Transaction ID: SA11A1.78882</b>	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Willkie Farr and Gallagher LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Ellen Violett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 230 E 50th St		<b>Transaction ID:</b> SA11A1.71696	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Writer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dick Vowles		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 110 South Henry Street, Apt. 1103		<b>Transaction ID:</b> SA11A1.78905	
City State Zip Code Madison WI 53705		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Comparative Literature Dept UW-Madison Occupation Professor Emeritus			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Melva Wade		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 45 Hornbeck Ln		<b>Transaction ID:</b> SA11A1.76174	
City State Zip Code Accord NY 12404		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Toby Wallach

Mailing Address 9258 Bear Claw Way

City Madison State WI Zip Code 53717

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 21 / 2006

Transaction ID: SA11A1.78918

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2 E Mifflin St  
P.O. Box 1767

City Madison State WI Zip Code 53703

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

Name of Employer Axley Brynelson Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 20 / 2006

Transaction ID: SA11A1.78924

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kathy Washienko

Mailing Address 3610 NE 42nd St.

City Seattle State WA Zip Code 98105

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
10 / 26 / 2006

Transaction ID: SA11A1.76210

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Richard Watt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 5000 S East End Ave Apt C15		<b>Transaction ID:</b> SA11A1.76218
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Elizabeth Weinstock		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 37 Kendal Dr		<b>Transaction ID:</b> SA11A1.71809
City State Zip Code Oberlin OH 44074	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Weinstock		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 37 Kendal Dr.		<b>Transaction ID:</b> SA11A1.76257
City State Zip Code Oberlin OH 44074	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
James Wellman

Mailing Address 3621 Blaisdell Ave

City State Zip Code  
Minneapolis MN 55409

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.76268

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Wenger

Mailing Address 4711 Cumberland Ave

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Health Ventures, LLC Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.78963

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
John Wetherby

Mailing Address 6050 Alpine Woods Dr

City State Zip Code  
Anchorage AK 99516

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

Name of Employer ANTHC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.71860

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Virginia Wickman

Mailing Address 7605 W Old Sauk Rd

City State Zip Code  
Verona WI 53593

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

Name of Employer Occupation  
Supportive Elder Services Companion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2006

**Transaction ID:** SA11A1.78989

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Roland Wielkiewicz

Mailing Address 1714 Boxwood Circle

City State Zip Code  
St. Cloud MN 56303

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

Name of Employer Occupation  
College of Saint Benedict Professor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2006

**Transaction ID:** SA11A1.71886

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Williams

Mailing Address 1212 Goss Ct

City State Zip Code  
Oshkosh WI 54901

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

Name of Employer Occupation  
Director of State Courts Reserve Judge

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 26 / 2006

**Transaction ID:** SA11A1.76346

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Margot Wilson

Mailing Address 3515 Macomb St. NW

City Washington State DC Zip Code 20016

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

Name of Employer: Arnold, Bradley, Sargent & Davy  
Occupation: Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2006

Transaction ID: SA11A1.79017

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony Winter

Mailing Address 3330 Taurus Dr.

City Racine State WI Zip Code 53406

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

Name of Employer: J. Reckner Associates  
Occupation: IT Contractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2006

Transaction ID: SA11A1.71952

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Wirth

Mailing Address 8899 Airport Rd

City Cross Plains State WI Zip Code 53528

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

Name of Employer: Homemaker  
Occupation: Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

Transaction ID: SA11A1.79030

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Myron Wojtowycz

Mailing Address PO Box 5097

City Madison State WI Zip Code 53705

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

Name of Employer University of Wisconsin - Madison Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 10 / 2006

Transaction ID: SA11A1.79036

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ellen Yanuck Rosenblum

Mailing Address 7337 Hooking Rd.

City McLean State VA Zip Code 22101

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

Name of Employer Prime Placements Inc. Occupation Recruiter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 16 / 2006

Transaction ID: SA11A1.79053

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Debra Zillmer

Mailing Address 22 E 60TH St

City Westmont State IL Zip Code 60559

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

Name of Employer M&M Orthopedics Occupation Physician And Project Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 24 / 2006

Transaction ID: SA11A1.72059

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	87436.75

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 234
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Drinker, Biddle & Reath PAC

Mailing Address 1500 K Street NW  
Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00370759

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11C.68235

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 234
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Alaska Airlines</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address P.O. Box 68900		Transaction ID: SA15.80666
City Seattle	State WA	Zip Code 98168
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 549.60	
Name of Employer	Occupation	Refund of Airfare
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.60	

Full Name (Last, First, Middle Initial) <b>B. Midwest Express</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 6744 South Howell Avenue		Transaction ID: SA15.80668
City Oak Creek	State WI	Zip Code 53154
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 532.80	
Name of Employer	Occupation	Refund of Airfare
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.80	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 2345 Crystal Drive		Transaction ID: SA15.80669
City Arlington	State VA	Zip Code 22227
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1410.60	
Name of Employer	Occupation	Refund of Airfare
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1410.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2493.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2493.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 87 / 234	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

**A.** Full Name (Last, First, Middle Initial)  
Park Bank

Mailing Address 1801 Greenway Cross

City State Zip Code  
Madison WI 53708

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1652.68

Date of Receipt  

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

Transaction ID: SA17.80640

Amount of Each Receipt this Period  
187.44

Interest Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	187.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	187.44

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Albert John Jongewaard</b>		<b>Transaction ID: SB21B.79265</b> Date of Disbursement 11 / 24 / 2006
Mailing Address 2632 Bittersweet Lane		Amount of Each Disbursement this Period 392.75
City Maplewood	State MN	
Zip Code 55109		
Purpose of Disbursement Payroll Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: SB21B.79196</b> Date of Disbursement 11 / 07 / 2006
Mailing Address 200 Vesey Street		Amount of Each Disbursement this Period 565.33
City New York	State NY	
Zip Code 10285		
Purpose of Disbursement Banking Fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Andrew H Thompson</b>		<b>Transaction ID: SB21B.79267</b> Date of Disbursement 11 / 24 / 2006
Mailing Address 2605 Haanstad Rd		Amount of Each Disbursement this Period 418.37
City Eau Claire	State WI	
Zip Code 54703		
Purpose of Disbursement Payroll Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1376.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Auburn Quad, Inc.</b>		<b>Transaction ID:</b> SB21B.80627 <b>Date of Disbursement</b> 10 / 26 / 2006
Mailing Address PO Box 390728		Amount of Each Disbursement this Period 48.34
City Cambridge State MA Zip Code 02139	Purpose of Disbursement Banking Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Auburn Quad, Inc.</b>		<b>Transaction ID:</b> SB21B.80628 <b>Date of Disbursement</b> 11 / 02 / 2006
Mailing Address PO Box 390728		Amount of Each Disbursement this Period 53.05
City Cambridge State MA Zip Code 02139	Purpose of Disbursement Banking Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Auburn Quad, Inc.</b>		<b>Transaction ID:</b> SB21B.80630 <b>Date of Disbursement</b> 11 / 09 / 2006
Mailing Address PO Box 390728		Amount of Each Disbursement this Period 12.18
City Cambridge State MA Zip Code 02139	Purpose of Disbursement Banking Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	113.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Auburn Quad, Inc.</b>		<b>Transaction ID:</b> SB21B.80631 Date of Disbursement 11 / 27 / 2006
Mailing Address PO Box 390728		Amount of Each Disbursement this Period 0.18
City Cambridge	State MA Zip Code 02139	
Purpose of Disbursement Banking Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bethany K Young</b>		<b>Transaction ID:</b> SB21B.79268 Date of Disbursement 11 / 24 / 2006
Mailing Address 769 Congress Street		Amount of Each Disbursement this Period 418.37
City Neenah	State WI Zip Code 54956	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Britton E Conroy</b>		<b>Transaction ID:</b> SB21B.79252 Date of Disbursement 11 / 24 / 2006
Mailing Address 7750 NW Oxbow Dr		Amount of Each Disbursement this Period 422.75
City Corvallis	State OR Zip Code 97330	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>841.30</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Christina M Jens</b>		<b>Transaction ID:</b> SB21B.79254 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 1021 31st St Apt 1		Amount of Each Disbursement this Period 441.75
City Des Moines State IA Zip Code 50311	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cole Leystra</b>		<b>Transaction ID:</b> SB21B.79098 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2898 Mickelson Pkwy, #204		Amount of Each Disbursement this Period 779.69
City Fitchburg State WI Zip Code 53711	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cole Leystra</b>		<b>Transaction ID:</b> SB21B.66794 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2898 Mickelson Pkwy, #204		Amount of Each Disbursement this Period 114.67
City Fitchburg State WI Zip Code 53711	Purpose of Disbursement Reimbursement: See Memo Entry and Text Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1336.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. OfficeMax</b>		Transaction ID: SB21B.66794.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 7431 West Towne Way		Amount of Each Disbursement this Period 12.63  <b>[MEMO ITEM]</b>
City Madison State WI Zip Code 53719		
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PDQ</b>		Transaction ID: SB21B.66794.1 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 6519 Century Ave		Amount of Each Disbursement this Period 83.10  <b>[MEMO ITEM]</b>
City Middleton State WI Zip Code 53562		
Purpose of Disbursement Travel Expense: Gas Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cole Leystra</b>		Transaction ID: SB21B.79171 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2898 Mickelson Pkwy, #204		Amount of Each Disbursement this Period 779.71
City Fitchburg State WI Zip Code 53711		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	779.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Cole Leystra</b>		<b>Transaction ID:</b> SB21B.79227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2898 Mickelson Pkwy, #204		Amount of Each Disbursement this Period 779.71
City Fitchburg State WI Zip Code 53711		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		<b>Transaction ID:</b> SB21B.79124 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 19.16
City Southeastern State PA Zip Code 19398-3005		
Purpose of Disbursement Internet Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		<b>Transaction ID:</b> SB21B.79191 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 30.00
City Southeastern State PA Zip Code 19398-3005		
Purpose of Disbursement Internet Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>828.87</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		<b>Transaction ID:</b> SB21B.79192 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 26.44
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		<b>Transaction ID:</b> SB21B.79212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 46.04
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		<b>Transaction ID:</b> SB21B.79214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 26.44
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	98.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Dan DeBausch</b>		<b>Transaction ID:</b> SB21B.79263 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 3312 17th Ave S		Amount of Each Disbursement this Period 418.75
City Minneapolis State MN Zip Code 55407	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Davida M Walsh</b>		<b>Transaction ID:</b> SB21B.79256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 520 Coddington Rd		Amount of Each Disbursement this Period 415.75
City Ithaca State NY Zip Code 14850	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David Kreisman</b>		<b>Transaction ID:</b> SB21B.79096 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 511 W Main St Apt 303		Amount of Each Disbursement this Period 705.36
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1539.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. David Kreisman</b> Full Name (Last, First, Middle Initial) Mailing Address 511 W Main St Apt 303 City Madison State WI Zip Code 53703 Purpose of Disbursement Reimbursement: See Memo Entry Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.66766</b> Date of Disbursement 10 / 21 / 2006 Amount of Each Disbursement this Period 50.68 Category/Type
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<b>B. Exxon Mobil</b> Full Name (Last, First, Middle Initial) Mailing Address 5959 Las Colinas Blvd City Irving State TX Zip Code 75039 Purpose of Disbursement Travel Expense: Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.66766.0</b> Date of Disbursement 10 / 21 / 2006 Amount of Each Disbursement this Period 50.68 Category/Type <b>[MEMO ITEM]</b>
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<b>C. David Kreisman</b> Full Name (Last, First, Middle Initial) Mailing Address 511 W Main St Apt 303 City Madison State WI Zip Code 53703 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.79170</b> Date of Disbursement 11 / 03 / 2006 Amount of Each Disbursement this Period 705.37 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	756.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. David Kreisman</b>		<b>Transaction ID: SB21B.79226</b> Date of Disbursement 11 / 17 / 2006	
Mailing Address 511 W Main St Apt 303		Amount of Each Disbursement this Period 705.36	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dalton DeHart</b>		<b>Transaction ID: SB21B.80633</b> Date of Disbursement 11 / 10 / 2006	
Mailing Address 2829 Timmons Lane #201		Amount of Each Disbursement this Period 560.00	
City Houston State TX Zip Code 77027	Purpose of Disbursement In-kind - Photography	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Department of Employment Services</b>		<b>Transaction ID: SB21B.79106</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 6.23	
City Washington State DC Zip Code 20001	Purpose of Disbursement Unemployment Tax Withheld	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1271.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79108 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 0.46
City Washington State DC Zip Code 20001	Purpose of Disbursement Administrative Assessment Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79136 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 2.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Administrative Assessment Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 27.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Unemployment Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	29.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79155 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 6.23
City Washington State DC Zip Code 20001	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 0.47
City Washington State DC Zip Code 20001	Purpose of Disbursement Administrative Assessment Tax	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 27.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	33.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79205 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 2.00
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement Administrative Assessment Tax		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 6.24
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement Unemployment Tax Withheld		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79236 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 0.47
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement Administrative Assessment Tax		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79274 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 13.50
City Washington State DC Zip Code 20001	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Department of Employment Services</b>		<b>Transaction ID:</b> SB21B.79277 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 500 C St. NW Room 501		Amount of Each Disbursement this Period 1.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Administrative Assessment Tax	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Department of Workforce Development</b>		<b>Transaction ID:</b> SB21B.79112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 201 E. Washington Avenue		Amount of Each Disbursement this Period 20.15
City Madison State WI Zip Code 53702	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	34.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Department of Workforce Development</b>		<b>Transaction ID:</b> SB21B.79131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 201 E. Washington Avenue		Amount of Each Disbursement this Period 552.50
City Madison State WI Zip Code 53702	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Department of Workforce Development</b>		<b>Transaction ID:</b> SB21B.79166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 201 E. Washington Avenue		Amount of Each Disbursement this Period 8.14
City Madison State WI Zip Code 53702	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Department of Workforce Development</b>		<b>Transaction ID:</b> SB21B.79199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 201 E. Washington Avenue		Amount of Each Disbursement this Period 552.50
City Madison State WI Zip Code 53702	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1113.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Department of Workforce Development</b>		<b>Transaction ID:</b> SB21B.79242 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 201 E. Washington Avenue		Amount of Each Disbursement this Period 3.55
City Madison State WI Zip Code 53702	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Department of Workforce Development</b>		<b>Transaction ID:</b> SB21B.79273 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 201 E. Washington Avenue		Amount of Each Disbursement this Period 276.25
City Madison State WI Zip Code 53702	Purpose of Disbursement Unemployment Tax Withheld	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Eamonn Collins</b>		<b>Transaction ID:</b> SB21B.79103 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 228 Alden Dr		Amount of Each Disbursement this Period 190.43
City Madison State WI Zip Code 53705	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	470.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. Eamonn Collins</b> Full Name (Last, First, Middle Initial) Mailing Address 228 Alden Dr City Madison State WI Zip Code 53705 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.79174</b> Date of Disbursement 11 / 03 / 2006 Amount of Each Disbursement this Period 225.89 Category/Type
--	--	--

<b>B. Eamonn Collins</b> Full Name (Last, First, Middle Initial) Mailing Address 228 Alden Dr City Madison State WI Zip Code 53705 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.79230</b> Date of Disbursement 11 / 17 / 2006 Amount of Each Disbursement this Period 100.96 Category/Type
--	--	--

<b>C. Emily Dreke</b> Full Name (Last, First, Middle Initial) Mailing Address 711 13th Street NE City Washington State DC Zip Code 20002 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.79104</b> Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 212.14 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>538.99</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Emily Dreke</b>		<b>Transaction ID: SB21B.66768</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 711 13th Street NE		Amount of Each Disbursement this Period 3.37
City Washington State DC Zip Code 20002	Purpose of Disbursement Reimbursement: See Memo Text Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Emily Dreke</b>		<b>Transaction ID: SB21B.79176</b> Date of Disbursement 11 / 03 / 2006
Mailing Address 711 13th Street NE		Amount of Each Disbursement this Period 212.14
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Emily Dreke</b>		<b>Transaction ID: SB21B.79231</b> Date of Disbursement 11 / 17 / 2006
Mailing Address 711 13th Street NE		Amount of Each Disbursement this Period 212.15
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	427.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. George Aldrich</b>		<b>Transaction ID: SB21B.79114</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address 538 N 51st St		Amount of Each Disbursement this Period 1336.03	
City Milwaukee State WI Zip Code 53208	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. George Aldrich</b>		<b>Transaction ID: SB21B.79169</b> Date of Disbursement 11 / 03 / 2006	
Mailing Address 538 N 51st St		Amount of Each Disbursement this Period 1336.01	
City Milwaukee State WI Zip Code 53208	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. George Aldrich</b>		<b>Transaction ID: SB21B.79223</b> Date of Disbursement 11 / 17 / 2006	
Mailing Address 538 N 51st St		Amount of Each Disbursement this Period 1336.02	
City Milwaukee State WI Zip Code 53208	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4008.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. George Aldrich</b>		<b>Transaction ID: SB21B.66815</b> Date of Disbursement 11 / 20 / 2006
Mailing Address 538 N 51st St		Amount of Each Disbursement this Period 110.00
City Milwaukee	State WI Zip Code 53208	
Purpose of Disbursement Reimbursement: See Memo Entries		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TDS Metrocom</b>		<b>Transaction ID: SB21B.66815.0</b> Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 620070		Amount of Each Disbursement this Period 30.00
City Middleton	State WI Zip Code 53562	
Purpose of Disbursement Office Supplies: Internet		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. TDS Metrocom</b>		<b>Transaction ID: SB21B.66815.1</b> Date of Disbursement 11 / 03 / 2006
Mailing Address PO Box 620070		Amount of Each Disbursement this Period 30.00
City Middleton	State WI Zip Code 53562	
Purpose of Disbursement Office Supplies: Internet		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

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

110.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B.66815.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 50.00
City Baltimore State MD Zip Code 21297	[MEMO ITEM]	
Purpose of Disbursement Cell Phone Reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gordon Flesch Co., Inc</b>		<b>Transaction ID:</b> SB21B.79188 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 992		Amount of Each Disbursement this Period 46.96
City Madison State WI Zip Code 53701	Category/Type	
Purpose of Disbursement Copier Rental Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Greenway Office Center LLC</b>		<b>Transaction ID:</b> SB21B.79168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 8401 Greenway Blvd		Amount of Each Disbursement this Period 560.74
City Middleton State WI Zip Code 53562	Category/Type	
Purpose of Disbursement Office Rent Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	607.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Illinois Department of Revenue</b>		<b>Transaction ID:</b> SB21B.79275 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address PO Box 19447		Amount of Each Disbursement this Period 25.38
City Springfield State IL Zip Code 62794	Purpose of Disbursement Income Taxes Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Indiana Department of Revenue</b>		<b>Transaction ID:</b> SB21B.79250 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 100 N Senate Ave		Amount of Each Disbursement this Period 88.00
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement Income Taxes Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jeremy S Faust</b>		<b>Transaction ID:</b> SB21B.79257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 2301 E St NW #304		Amount of Each Disbursement this Period 434.75
City Washington State DC Zip Code 20037	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	548.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Jodi M Kreuser		<b>Transaction ID:</b> SB21B.79258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 334 Broadway Ave		Amount of Each Disbursement this Period 418.37
City Wausau State WI Zip Code 54403		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) John Brian McCarthy		<b>Transaction ID:</b> SB21B.79109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 6120 Century Ave Apt 203		Amount of Each Disbursement this Period 867.68
City Middleton State WI Zip Code 53562		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) John Brian McCarthy		<b>Transaction ID:</b> SB21B.79179 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 6120 Century Ave Apt 203		Amount of Each Disbursement this Period 867.67
City Middleton State WI Zip Code 53562		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2153.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A.</b> Full Name (Last, First, Middle Initial) John Brian McCarthy		<b>Transaction ID:</b> SB21B.79240 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 6120 Century Ave Apt 203		Amount of Each Disbursement this Period 867.68
City Middleton State WI Zip Code 53562	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) John R Gunn		<b>Transaction ID:</b> SB21B.79259 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 3225 CR 59		Amount of Each Disbursement this Period 419.37
City Roanoke State AL Zip Code 36274	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Joshua C Penn		<b>Transaction ID:</b> SB21B.79260 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 98 Remsen St		Amount of Each Disbursement this Period 434.75
City Brooklyn State NY Zip Code 11201	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1721.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Juniper Bank</b>		<b>Transaction ID:</b> SB21B.66842 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 3578.65
City Philadelphia State PA Zip Code 19101-3337	Category/ Type	
Purpose of Disbursement Credit Card Paymt: See Memo Entries &Txt		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alaska Airlines</b>		<b>Transaction ID:</b> SB21B.66842.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 68900		Amount of Each Disbursement this Period 30.00
City Seattle State WA Zip Code 98168	Category/ Type	
Purpose of Disbursement Reservation Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Take Back America</b>		<b>Transaction ID:</b> SB21B.66842.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code	Category/ Type	
Purpose of Disbursement Event Expense: Booth Rental		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3578.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Carey Limousine</b>		Transaction ID: SB21B.66842.2 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 6023 Bristol Pkwy		Amount of Each Disbursement this Period 294.14
City Culver City      State CA      Zip Code 90230	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Car Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: SB21B.66842.5 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 10.00
City Atlanta      State GA      Zip Code 30320	[MEMO ITEM]	
Purpose of Disbursement Reservation Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: SB21B.66842.6 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 314.30
City Atlanta      State GA      Zip Code 30320	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: SB21B.66842.7 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 314.30
City Atlanta State GA Zip Code 30320	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: SB21B.66842.8 Date of Disbursement MM / DD / YYYY 06 / 20 / 2006
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 140.30
City Atlanta State GA Zip Code 30320	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: SB21B.66842.9 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 140.30
City Atlanta State GA Zip Code 30320	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Le Parker Meridien</b>		Transaction ID: SB21B.66842.10 Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
Mailing Address 119 West 56th St.		Amount of Each Disbursement this Period 440.08
City New York State NY Zip Code 10019	Purpose of Disbursement Travel Expense: Hotel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Le Parker Meridien</b>		Transaction ID: SB21B.66842.11 Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
Mailing Address 119 West 56th St.		Amount of Each Disbursement this Period 326.62
City New York State NY Zip Code 10019	Purpose of Disbursement Travel Expense: Hotel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Metropolitan Washington Airports Authority</b>		Transaction ID: SB21B.66842.12 Date of Disbursement MM / DD / YYYY 06 / 21 / 2006
Mailing Address One Aviation Circle		Amount of Each Disbursement this Period 30.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Parking Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. Staples</b> Full Name (Last, First, Middle Initial) Staples Mailing Address P.O. Box 469 City Coppel State TX Zip Code 75019 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.66842.13 Date of Disbursement 06 / 23 / 2006 Amount of Each Disbursement this Period 36.79 [MEMO ITEM]
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<b>B. Staples</b> Full Name (Last, First, Middle Initial) Staples Mailing Address P.O. Box 469 City Coppel State TX Zip Code 75019 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.66842.14 Date of Disbursement 06 / 23 / 2006 Amount of Each Disbursement this Period 100.82 [MEMO ITEM]
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<b>C. Staples</b> Full Name (Last, First, Middle Initial) Staples Mailing Address P.O. Box 469 City Coppel State TX Zip Code 75019 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.66842.15 Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 19.95 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		<b>Transaction ID:</b> SB21B.66842.16 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 9.70
City Chicago State IL Zip Code 60666	[MEMO ITEM]	
Purpose of Disbursement Reservation Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		<b>Transaction ID:</b> SB21B.66842.17 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 388.59
City Chicago State IL Zip Code 60666	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		<b>Transaction ID:</b> SB21B.66842.18 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 15.00
City Chicago State IL Zip Code 60666	[MEMO ITEM]	
Purpose of Disbursement Reservation Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		<b>Transaction ID:</b> SB21B.66842.19 Date of Disbursement 06 / 22 / 2006
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 15.00  <b>[MEMO ITEM]</b>
City Chicago	State IL Zip Code 60666	
Purpose of Disbursement Reservation Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		<b>Transaction ID:</b> SB21B.66842.20 Date of Disbursement 06 / 19 / 2006
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 246.20  <b>[MEMO ITEM]</b>
City Chicago	State IL Zip Code 60666	
Purpose of Disbursement Travel Expense: Airfare		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID:</b> SB21B.66842.21 Date of Disbursement 06 / 19 / 2006
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 10.00  <b>[MEMO ITEM]</b>
City Arlington	State VA Zip Code 22227	
Purpose of Disbursement Reservation Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Transaction ID: SB21B.66842.22 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 21.78	
City Madison State WI Zip Code 53714	Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. W Los Angeles</b>		Transaction ID: SB21B.66842.23 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 930 Hilgard Ave		Amount of Each Disbursement this Period 404.78	
City Los Angeles State CA Zip Code 90024	Purpose of Disbursement Travel Expense: Hotel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Juniper Bank</b>		Transaction ID: SB21B.79151 Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2006	
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 11.24	
City Philadelphia State PA Zip Code 19101-3337	Purpose of Disbursement Banking Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Justin M Uebelhor</p>		<p><b>Transaction ID:</b> SB21B.79261 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	6	
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		2	4		2	0	6															
<p>Mailing Address 8020 E Schnellville Rd</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>412.75</td> </tr> </table> </p>		412.75																			
412.75																							
<p>City Schnellville State IN Zip Code 47580</p>	<p>Purpose of Disbursement Payroll                  Candidate Name                  Category/Type</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Kelley's Market</p>		<p><b>Transaction ID:</b> SB21B.79150 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	6	
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	1		2	0	6															
<p>Mailing Address 633 Junction Rd</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>50.17</td> </tr> </table> </p>		50.17																			
50.17																							
<p>City Madison State WI Zip Code 53717</p>	<p>Purpose of Disbursement Travel Expense: Gas                  Candidate Name                  Category/Type</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Landmark Building</p>		<p><b>Transaction ID:</b> SB21B.79160 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	6	
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	6															
<p>Mailing Address 316 N Milwaukee St.</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>500.00</td> </tr> </table> </p>		500.00																			
500.00																							
<p>City Milwaukee State WI Zip Code 53202</p>	<p>Purpose of Disbursement Office Rent                  Candidate Name                  Category/Type</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>962.92</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Lenee Kruse</b>		<b>Transaction ID:</b> SB21B.79111 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 320 Constitution Ave NE Apt 14		Amount of Each Disbursement this Period 954.19
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lenee Kruse</b>		<b>Transaction ID:</b> SB21B.66799 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 320 Constitution Ave NE Apt 14		Amount of Each Disbursement this Period 14.40
City Washington State DC Zip Code 20002	Purpose of Disbursement Reimbursement: See Memo Entry Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		<b>Transaction ID:</b> SB21B.66799.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 14.40
City Madison State WI Zip Code 53714	Purpose of Disbursement Administrative Expense: Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	968.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Lenee Kruse</b>		<b>Transaction ID:</b> SB21B.79182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 320 Constitution Ave NE Apt 14		Amount of Each Disbursement this Period 954.19
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lenee Kruse</b>		<b>Transaction ID:</b> SB21B.79220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 320 Constitution Ave NE Apt 14		Amount of Each Disbursement this Period 954.20
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Bank</b>		<b>Transaction ID:</b> SB21B.66877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1 W Main		Amount of Each Disbursement this Period 1969.53
City Madison State WI Zip Code 53703	Purpose of Disbursement Credit Card Paymt: See Memo Entries &Txt Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3877.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: SB21B.66877.1 Date of Disbursement 10 / 03 / 2006	
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 633.60	
City Arlington	State VA	Zip Code 22227	Category/ Type
Purpose of Disbursement Travel Expense: Airline Ticket			
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Le Meridien</b>		Transaction ID: SB21B.66877.3 Date of Disbursement 10 / 09 / 2006	
Mailing Address 465 S La Cienega Blvd		Amount of Each Disbursement this Period 1248.12	
City Beverly Hills	State CA	Zip Code 90048	Category/ Type
Purpose of Disbursement Travel Expense: Hotel			
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. M&amp;T Bank</b>		Transaction ID: SB21B.79190 Date of Disbursement 11 / 06 / 2006	
Mailing Address 25 S Charles St		Amount of Each Disbursement this Period 1127.91	
City Baltimore	State MD	Zip Code 21201	Category/ Type
Purpose of Disbursement Banking Fees			
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1127.91
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. M&amp;T Bank</b>		<b>Transaction ID:</b> SB21B.79194 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 25 S Charles St		Amount of Each Disbursement this Period 200.00
City Baltimore State MD Zip Code 21201	Purpose of Disbursement Banking Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. M&amp;T Bank</b>		<b>Transaction ID:</b> SB21B.79197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 25 S Charles St		Amount of Each Disbursement this Period 960.97
City Baltimore State MD Zip Code 21201	Purpose of Disbursement Banking Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Alan Madison</b>		<b>Transaction ID:</b> SB21B.80635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 5314 Broad Branch Road, NW		Amount of Each Disbursement this Period 2788.83
City Washington State DC Zip Code 20015	Purpose of Disbursement In-kind - Event Expense: Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3949.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Makese Motley</b>		<b>Transaction ID: SB21B.79225</b> Date of Disbursement 11 / 17 / 2006	
Mailing Address 1017 Otis Pl, NW		Amount of Each Disbursement this Period 921.76	
City Washington State DC Zip Code 20010	Purpose of Disbursement Payroll	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mal Warwick and Associates</b>		<b>Transaction ID: SB21B.79095</b> Date of Disbursement 10 / 19 / 2006	
Mailing Address 2550 Ninth Street, Suite 103		Amount of Each Disbursement this Period 75000.00	
City Berkeley State CA Zip Code 94710-2516	Purpose of Disbursement Direct Mail	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mal Warwick and Associates</b>		<b>Transaction ID: SB21B.79138</b> Date of Disbursement 10 / 26 / 2006	
Mailing Address 2550 Ninth Street, Suite 103		Amount of Each Disbursement this Period 50000.00	
City Berkeley State CA Zip Code 94710-2516	Purpose of Disbursement Direct Mail	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	125921.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Mal Warwick and Associates</b>		<b>Transaction ID:</b> SB21B.79154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 2550 Ninth Street, Suite 103		Amount of Each Disbursement this Period 101000.00
City Berkeley State CA Zip Code 94710-2516		
Purpose of Disbursement Direct Mail		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mal Warwick and Associates</b>		<b>Transaction ID:</b> SB21B.79285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 2550 Ninth Street, Suite 103		Amount of Each Disbursement this Period 15028.43
City Berkeley State CA Zip Code 94710-2516		
Purpose of Disbursement Direct Mail		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Matthew M Blizek</b>		<b>Transaction ID:</b> SB21B.79262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 915 E Johnson St		Amount of Each Disbursement this Period 418.37
City Madison State WI Zip Code 53703		
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	116446.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Max Gleichman</b>		<b>Transaction ID:</b> SB21B.79110 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1915 N Prospect Ave #8		Amount of Each Disbursement this Period 569.44
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Max Gleichman</b>		<b>Transaction ID:</b> SB21B.79180 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1915 N Prospect Ave #8		Amount of Each Disbursement this Period 569.44
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Max Gleichman</b>		<b>Transaction ID:</b> SB21B.79241 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1915 N Prospect Ave #8		Amount of Each Disbursement this Period 569.43
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1708.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. MCI</b>		<b>Transaction ID:</b> SB21B.79193 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 371838		Amount of Each Disbursement this Period 27.02
City Pittsburgh State PA Zip Code 15250	Category/ Type	
Purpose of Disbursement Phone Expense		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Megan E Johnson</b>		<b>Transaction ID:</b> SB21B.79264 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 530 49AV		Amount of Each Disbursement this Period 418.37
City Kenosha State WI Zip Code 53144	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Merkle Response Services</b>		<b>Transaction ID:</b> SB21B.79115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 13331 Pennsylvania Ave		Amount of Each Disbursement this Period 4170.59
City Hagerstown State MD Zip Code 21742	Category/ Type	
Purpose of Disbursement Direct Mail Processing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4615.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Michael B McGourty</b>		<b>Transaction ID: SB21B.79266</b> Date of Disbursement 11 / 24 / 2006
Mailing Address 9254 E Winchester Ave		Amount of Each Disbursement this Period 422.06
City Chicago	State IL	
Zip Code 60620		
Purpose of Disbursement Payroll		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Minnesota Department of Revenue</b>		<b>Transaction ID: SB21B.79280</b> Date of Disbursement 11 / 25 / 2006
Mailing Address 600 North Robert Street		Amount of Each Disbursement this Period 39.00
City St Paul	State MN	
Zip Code 55101		
Purpose of Disbursement Income Tax Withheld		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. National Journal</b>		<b>Transaction ID: SB21B.79126</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 600 New Hampshire Ave NW		Amount of Each Disbursement this Period 875.00
City Washington	State DC	
Zip Code 20037		
Purpose of Disbursement Subscription		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1336.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. OfficeMax</b>		<b>Transaction ID: SB21B.79244</b> Date of Disbursement 11 / 20 / 2006	
Mailing Address 7431 West Towne Way		Amount of Each Disbursement this Period 19.29	
City Madison State WI Zip Code 53719	Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Office of Tax and Revenue</b>		<b>Transaction ID: SB21B.79101</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address 941 North Capitol Street, NE		Amount of Each Disbursement this Period 343.50	
City Washington State DC Zip Code 20002	Purpose of Disbursement Income Tax Withheld	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Office of Tax and Revenue</b>		<b>Transaction ID: SB21B.79158</b> Date of Disbursement 11 / 02 / 2006	
Mailing Address 941 North Capitol Street, NE		Amount of Each Disbursement this Period 343.50	
City Washington State DC Zip Code 20002	Purpose of Disbursement Income Tax Withheld	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	706.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Office of Tax and Revenue</b>		<b>Transaction ID:</b> SB21B.79228 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 941 North Capitol Street, NE		Amount of Each Disbursement this Period 410.50
City Washington State DC Zip Code 20002	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Office of Tax and Revenue</b>		<b>Transaction ID:</b> SB21B.79279 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 941 North Capitol Street, NE		Amount of Each Disbursement this Period 13.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Oregon Employment Department</b>		<b>Transaction ID:</b> SB21B.79135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 875 Union St. NE		Amount of Each Disbursement this Period 12.42
City Salem State OR Zip Code 97311	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	435.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Oregon Employment Department</b>		<b>Transaction ID:</b> SB21B.79204 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 875 Union St. NE		Amount of Each Disbursement this Period 12.42
City Salem State OR Zip Code 97311	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Oregon Employment Department</b>		<b>Transaction ID:</b> SB21B.79282 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 875 Union St. NE		Amount of Each Disbursement this Period 25.00
City Salem State OR Zip Code 97311	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Oregon Employment Department</b>		<b>Transaction ID:</b> SB21B.79283 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 875 Union St. NE		Amount of Each Disbursement this Period 3.21
City Salem State OR Zip Code 97311	Purpose of Disbursement Taxes Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	40.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Oregon Employment Department</b>		<b>Transaction ID:</b> SB21B.79284 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 875 Union St. NE		Amount of Each Disbursement this Period 3.00
City Salem State OR Zip Code 97311	Purpose of Disbursement Taxes Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB21B.79097 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 3.51
City Madison State WI Zip Code 53708	Purpose of Disbursement Federal Unemployment Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB21B.79099 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 3666.35
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3672.86</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		<b>Transaction ID:</b> SB21B.79134 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 1377.00
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB21B.79137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 144.00
City Madison State WI Zip Code 53708	Purpose of Disbursement Federal Unemployment Tax Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB21B.79157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 180.30
City Madison State WI Zip Code 53708	Purpose of Disbursement Banking Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1701.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		<b>Transaction ID:</b> SB21B.79163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 3674.88
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB21B.79167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 3.85
City Madison State WI Zip Code 53708	Purpose of Disbursement Federal Unemployment Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB21B.66884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 12343.10
City Madison State WI Zip Code 53708	Purpose of Disbursement Credit Card Paymt: See Memo Entries &Txt Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16021.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		Transaction ID: SB21B.66884.0 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address P.O. Box 4607		Amount of Each Disbursement this Period 847.10
City Houston State TX Zip Code 77210	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: SB21B.66884.1 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address P.O. Box 4607		Amount of Each Disbursement this Period 10.00
City Houston State TX Zip Code 77210	[MEMO ITEM]	
Purpose of Disbursement Reservation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: SB21B.66884.2 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 45.00
City Chicago State IL Zip Code 60666	[MEMO ITEM]	
Purpose of Disbursement Reservation Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Midwest Express</b>		Transaction ID: SB21B.66884.4 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 474.30
City Oak Creek State WI Zip Code 53154	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Feedburner</b>		Transaction ID: SB21B.66884.5 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 549 West Randolph 6th Floor		Amount of Each Disbursement this Period 250.00
City Chicago State IL Zip Code 60661	[MEMO ITEM]	
Purpose of Disbursement Computer Software Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: SB21B.66884.7 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 4255 Amon Carter Blvd. MD 2400		Amount of Each Disbursement this Period 399.60
City Fort Worth State TX Zip Code 76155	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Midwest Express</b>		Transaction ID: SB21B.66884.8 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 545.40  <b>[MEMO ITEM]</b>
City Oak Creek State WI Zip Code 53154		
Purpose of Disbursement Travel Expense: Airfare	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Travelocity</b>		Transaction ID: SB21B.66884.9 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 3150 Sabre Drive		Amount of Each Disbursement this Period 5.00  <b>[MEMO ITEM]</b>
City Southlake State TX Zip Code 76092		
Purpose of Disbursement Reservation Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Travelocity</b>		Transaction ID: SB21B.66884.10 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 3150 Sabre Drive		Amount of Each Disbursement this Period 15.00  <b>[MEMO ITEM]</b>
City Southlake State TX Zip Code 76092		
Purpose of Disbursement Reservation Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: SB21B.66884.11 Date of Disbursement 09 / 20 / 2006
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 207.90
City Arlington	State VA Zip Code 22227	
Purpose of Disbursement Travel Expense: Airfare		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: SB21B.66884.12 Date of Disbursement 09 / 21 / 2006
Mailing Address Department A4110, 2700 Lone Oak Pa		Amount of Each Disbursement this Period 389.20
City Eagan	State MN Zip Code 55121	
Purpose of Disbursement Travel Expense: Airfare		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: SB21B.66884.13 Date of Disbursement 09 / 22 / 2006
Mailing Address P.O. Box 469		Amount of Each Disbursement this Period 53.73
City Coppell	State TX Zip Code 75019	
Purpose of Disbursement Office Supplies		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Progressive Patriots Fund

<b>A. Marriott Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address: Marriott Drive City: Washington State: DC Zip Code: 20058 Purpose of Disbursement: Travel Expense: Hotel Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.66884.14 Date of Disbursement: 09 / 23 / 2006 Amount of Each Disbursement this Period: 641.70 [MEMO ITEM]
--	--	--

<b>B. Loews Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address: 1200 Market Street City: Philadelphia State: PA Zip Code: 19107 Purpose of Disbursement: Travel Expense: Hotel Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.66884.15 Date of Disbursement: 09 / 26 / 2006 Amount of Each Disbursement this Period: 830.61 [MEMO ITEM]
--	--	--

<b>C. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address: P.O. Box 469 City: Coppell State: TX Zip Code: 75019 Purpose of Disbursement: Office Supplies Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.66884.16 Date of Disbursement: 09 / 26 / 2006 Amount of Each Disbursement this Period: 239.40 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Hotels.Com</b>		<b>Transaction ID:</b> SB21B.66884.17 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 10440 North Central Expressway Suite 400		Amount of Each Disbursement this Period 883.83
City Dallas State TX Zip Code 75231	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Hotel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Midwest Express</b>		<b>Transaction ID:</b> SB21B.66884.18 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 632.10
City Oak Creek State WI Zip Code 53154	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Magnolia Hotel</b>		<b>Transaction ID:</b> SB21B.66884.20 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 1100 Texas Avenue		Amount of Each Disbursement this Period 291.33
City Houston State TX Zip Code 77002	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Hotel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Magnolia Hotel</b>		<b>Transaction ID:</b> SB21B.66884.22 <b>Date of Disbursement</b> 10 / 01 / 2006
Mailing Address 1100 Texas Avenue		Amount of Each Disbursement this Period 1269.53
City Houston State TX Zip Code 77002	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Hotel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Midwest Express</b>		<b>Transaction ID:</b> SB21B.66884.23 <b>Date of Disbursement</b> 10 / 07 / 2006
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 1266.40
City Oak Creek State WI Zip Code 53154	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. The Oxford Hotel</b>		<b>Transaction ID:</b> SB21B.66884.25 <b>Date of Disbursement</b> 10 / 09 / 2006
Mailing Address 1600 17th Street		Amount of Each Disbursement this Period 657.64
City Denver State CO Zip Code 80202	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Hotel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Travelocity</b>		<b>Transaction ID:</b> SB21B.66884.26 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 3150 Sabre Drive		Amount of Each Disbursement this Period 5.00
City Southlake State TX Zip Code 76092	[MEMO ITEM]	
Purpose of Disbursement Reservation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Lyris Technologies</b>		<b>Transaction ID:</b> SB21B.66884.28 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 2070 Allston Way, Suite 200		Amount of Each Disbursement this Period 500.00
City Berkeley State CA Zip Code 94704	[MEMO ITEM]	
Purpose of Disbursement Campaign Expense: E-Mail Host		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		<b>Transaction ID:</b> SB21B.66884.29 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 4607		Amount of Each Disbursement this Period 947.40
City Houston State TX Zip Code 77210	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Tableau Restaurant</b>		<b>Transaction ID:</b> SB21B.66884.30 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 3131 Las Vegas Blvd. S		Amount of Each Disbursement this Period 416.42
City Las Vegas State NV Zip Code 89109	[MEMO ITEM]	
Purpose of Disbursement Travel Expense: Food and Beverage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID:</b> SB21B.66884.31 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 469		Amount of Each Disbursement this Period 27.50
City Coppell State TX Zip Code 75019	[MEMO ITEM]	
Purpose of Disbursement Office Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB21B.79184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 67.95
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement Banking Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	67.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		<b>Transaction ID:</b> SB21B.79202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 1377.00
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB21B.79206 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 144.00
City Madison State WI Zip Code 53708	Purpose of Disbursement Federal Unemployment Tax Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB21B.79207 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 1769.26
City Madison State WI Zip Code 53708	Purpose of Disbursement Banking Fees Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3290.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		<b>Transaction ID:</b> SB21B.79232 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 3878.30
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB21B.79238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 2.73
City Madison State WI Zip Code 53708	Purpose of Disbursement Federal Unemployment Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB21B.79272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 1862.00
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5743.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		<b>Transaction ID: SB21B.79276</b>	
Mailing Address 1801 Greenway Cross		Date of Disbursement 11 / 25 / 2006	
City Madison	State WI	Zip Code 53708	Amount of Each Disbursement this Period 72.00
Purpose of Disbursement Unemployment Tax Withheld		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Patti Jo McCann</b>		<b>Transaction ID: SB21B.79105</b>	
Mailing Address 1207 C St, NE		Date of Disbursement 10 / 20 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2431.74
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Patti Jo McCann</b>		<b>Transaction ID: SB21B.79177</b>	
Mailing Address 1207 C St, NE		Date of Disbursement 11 / 03 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2431.73
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4935.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Patti Jo McCann</b>		<b>Transaction ID: SB21B.79239</b> Date of Disbursement 11 / 17 / 2006	
Mailing Address 1207 C St, NE		Amount of Each Disbursement this Period 2431.73	
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paula Zellner</b>		<b>Transaction ID: SB21B.79107</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address 619 W Richmond St		Amount of Each Disbursement this Period 679.01	
City Shawano State WI Zip Code 54166	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Paula Zellner</b>		<b>Transaction ID: SB21B.66820</b> Date of Disbursement 11 / 02 / 2006	
Mailing Address 619 W Richmond St		Amount of Each Disbursement this Period 261.83	
City Shawano State WI Zip Code 54166	Purpose of Disbursement Reimbursement: See Memo Entry and Text	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3372.57</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		<b>Transaction ID:</b> SB21B.66820.0 <b>Date of Disbursement</b> 10 / 21 / 2006
Mailing Address 600 Corporate Park Drive		Amount of Each Disbursement this Period 172.42
City St. Louis      State MO      Zip Code 63105		
Purpose of Disbursement Travel Expense: Car Rental		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paula Zellner</b>		<b>Transaction ID:</b> SB21B.79178 <b>Date of Disbursement</b> 11 / 03 / 2006
Mailing Address 619 W Richmond St		Amount of Each Disbursement this Period 679.01
City Shawano      State WI      Zip Code 54166		
Purpose of Disbursement Payroll		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paula Zellner</b>		<b>Transaction ID:</b> SB21B.79237 <b>Date of Disbursement</b> 11 / 17 / 2006
Mailing Address 619 W Richmond St		Amount of Each Disbursement this Period 679.01
City Shawano      State WI      Zip Code 54166		
Purpose of Disbursement Payroll		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1358.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. PDQ</b>		<b>Transaction ID:</b> SB21B.79217																					
Mailing Address 6519 Century Ave		Date of Disbursement																					
City Middleton State WI Zip Code 53562		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	6		2	0	0	6														
Purpose of Disbursement Travel Expense: Gas		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">22.63</td> </tr> </table>		22.63																			
22.63																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		<b>Transaction ID:</b> SB21B.79116																					
Mailing Address 3902 Milwaukee Street		Date of Disbursement																					
City Madison State WI Zip Code 53714		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	6														
Purpose of Disbursement Administrative Expense: Postage		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">555.00</td> </tr> </table>		555.00																			
555.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		<b>Transaction ID:</b> SB21B.79129																					
Mailing Address 3902 Milwaukee Street		Date of Disbursement																					
City Madison State WI Zip Code 53714		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	5		2	0	0	6														
Purpose of Disbursement Administrative Expense: Postage		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">16.35</td> </tr> </table>		16.35																			
16.35																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>593.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		<b>Transaction ID:</b> SB21B.79130 <b>Date of Disbursement</b>																					
Mailing Address 3902 Milwaukee Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	6		2	0	0	6														
City Madison	State WI	Zip Code 53714																					
Purpose of Disbursement Administrative Expense: Postage		Amount of Each Disbursement this Period <table border="1"> <tr> <td>8.10</td> </tr> </table>		8.10																			
8.10																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		<b>Transaction ID:</b> SB21B.79132 <b>Date of Disbursement</b>																					
Mailing Address 3902 Milwaukee Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	6		2	0	0	6														
City Madison	State WI	Zip Code 53714																					
Purpose of Disbursement Administrative Expense: Postage		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4.88</td> </tr> </table>		4.88																			
4.88																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		<b>Transaction ID:</b> SB21B.79145 <b>Date of Disbursement</b>																					
Mailing Address 3902 Milwaukee Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		3	0		2	0	0	6														
City Madison	State WI	Zip Code 53714																					
Purpose of Disbursement Administrative Expense: Postage		Amount of Each Disbursement this Period <table border="1"> <tr> <td>396.00</td> </tr> </table>		396.00																			
396.00																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td>408.98</td> </tr> </table>	408.98
408.98		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		<b>Transaction ID:</b> SB21B.79189 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 4.05
City Madison State WI Zip Code 53714	Purpose of Disbursement Administrative Expense: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		<b>Transaction ID:</b> SB21B.79201 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 156.00
City Madison State WI Zip Code 53714	Purpose of Disbursement Administrative Expense: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		<b>Transaction ID:</b> SB21B.79219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 165.00
City Madison State WI Zip Code 53714	Purpose of Disbursement Administrative Expense: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	325.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		<b>Transaction ID:</b> SB21B.79235 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 252.00
City Madison State WI Zip Code 53714	Purpose of Disbursement Administrative Expense: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		<b>Transaction ID:</b> SB21B.79251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 14.40
City Madison State WI Zip Code 53714	Purpose of Disbursement Administrative Expense: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Potomac Development, Corp</b>		<b>Transaction ID:</b> SB21B.79159 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 900 2nd St, NE Suite 114		Amount of Each Disbursement this Period 1413.46
City Washington State DC Zip Code 20002	Purpose of Disbursement Office Rent Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1679.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Quickbooks Payroll Service</b>		<b>Transaction ID:</b> SB21B.79102 Date of Disbursement
Mailing Address 2632 Marine Way		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing Fee		<input type="text" value="23.00"/> Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Quickbooks Payroll Service</b>		<b>Transaction ID:</b> SB21B.79133 Date of Disbursement
Mailing Address 2632 Marine Way		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing Fee		<input type="text" value="32.00"/> Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Quickbooks Payroll Service</b>		<b>Transaction ID:</b> SB21B.79164 Date of Disbursement
Mailing Address 2632 Marine Way		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing Fee		<input type="text" value="84.50"/> Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="139.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Quickbooks Payroll Service</b>		<b>Transaction ID:</b> SB21B.79203 Date of Disbursement
Mailing Address 2632 Marine Way		<input type="text" value="11"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing Fee		<input type="text" value="82.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Quickbooks Payroll Service</b>		<b>Transaction ID:</b> SB21B.79234 Date of Disbursement
Mailing Address 2632 Marine Way		<input type="text" value="11"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing Fee		<input type="text" value="23.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Quickbooks Payroll Service</b>		<b>Transaction ID:</b> SB21B.79281 Date of Disbursement
Mailing Address 2632 Marine Way		<input type="text" value="11"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing Fee		<input type="text" value="32.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="137.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Radioshack</b>		<b>Transaction ID:</b> SB21B.79195 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 3 West Town Mall		Amount of Each Disbursement this Period 28.55
City Madison State WI Zip Code 53719	Purpose of Disbursement Office Supplies Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Radioshack</b>		<b>Transaction ID:</b> SB21B.79198 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 3 West Town Mall		Amount of Each Disbursement this Period 72.77
City Madison State WI Zip Code 53719	Purpose of Disbursement Office Equipment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert T Goldsmith</b>		<b>Transaction ID:</b> SB21B.79248 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 2727 Hedgeapple Ln		Amount of Each Disbursement this Period 87.12
City Byron State IL Zip Code 61010	Purpose of Disbursement Reimbursement: See Memo Entries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	188.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Citgo</b>		Transaction ID: SB21B.79248.0 Date of Disbursement MM / DD / YYYY 11 / 07 / 2006	
Mailing Address 3111 W Beltline Hwy		Amount of Each Disbursement this Period 25.00	
City Middleton State WI Zip Code 53562	Purpose of Disbursement Travel Expense: Gas Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Citgo</b>		Transaction ID: SB21B.79248.1 Date of Disbursement MM / DD / YYYY 09 / 03 / 2006	
Mailing Address 3111 W Beltline Hwy		Amount of Each Disbursement this Period 32.08	
City Middleton State WI Zip Code 53562	Purpose of Disbursement Travel Expense: Gas Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobil</b>		Transaction ID: SB21B.79248.2 Date of Disbursement MM / DD / YYYY 11 / 09 / 2006	
Mailing Address 5959 Las Colinas Blvd		Amount of Each Disbursement this Period 30.04	
City Irving State TX Zip Code 75039	Purpose of Disbursement Travel Expense: Gas Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Robert T Goldsmith</b>		<b>Transaction ID:</b> SB21B.79269 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 2727 Hedgeapple Ln		Amount of Each Disbursement this Period 422.06
City Byron State IL Zip Code 61010	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Russ Feingold</b>		<b>Transaction ID:</b> SB21B.66770 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 7114 Donna Dr		Amount of Each Disbursement this Period 20.14
City Middleton State WI Zip Code 53562	Purpose of Disbursement Reimbursement: See Memo Text Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Samuel E Liebert</b>		<b>Transaction ID:</b> SB21B.79253 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 1910 S 140 Road		Amount of Each Disbursement this Period 418.37
City Janesville State WI Zip Code 53545	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	860.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Smith and Gesteland</b>		<b>Transaction ID:</b> SB21B.79144 Date of Disbursement 10 / 30 / 2006
Mailing Address		Amount of Each Disbursement this Period 442.00
City Middleton	State WI	
Purpose of Disbursement Accounting Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SSSpeedy</b>		<b>Transaction ID:</b> SB21B.79249 Date of Disbursement 11 / 21 / 2006
Mailing Address 2256 S 116th St		Amount of Each Disbursement this Period 1986.97
City Milwaukee	State WI	
Purpose of Disbursement Fundraising Expense: Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Stacia R Stanek</b>		<b>Transaction ID:</b> SB21B.79255 Date of Disbursement 11 / 24 / 2006
Mailing Address 2304 East Main St		Amount of Each Disbursement this Period 418.37
City Onalaska	State WI	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

**2847.34**

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

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

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

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. StreamGuys, Inc</b>		<b>Transaction ID:</b> SB21B.79148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 828		Amount of Each Disbursement this Period 280.00
City Arcata State CA Zip Code 95518	Purpose of Disbursement Website Storage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. TDS Telecom</b>		<b>Transaction ID:</b> SB21B.79149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 620070		Amount of Each Disbursement this Period 144.48
City Middleton State WI Zip Code 53562	Purpose of Disbursement Phone Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Time Warner Cable</b>		<b>Transaction ID:</b> SB21B.79213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 3237		Amount of Each Disbursement this Period 40.00
City Milwaukee State WI Zip Code 53201	Purpose of Disbursement Internet Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	464.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Trevor Miller</b>		<b>Transaction ID:</b> SB21B.79100 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address W205S8335 Pasadena Dr		Amount of Each Disbursement this Period 1088.29
City Muskego State WI Zip Code 53150	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Trevor Miller</b>		<b>Transaction ID:</b> SB21B.66776 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address W205S8335 Pasadena Dr		Amount of Each Disbursement this Period 516.48
City Muskego State WI Zip Code 53150	Purpose of Disbursement Reimbursement: See Memo Entries and Text Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Car Rental</b>		<b>Transaction ID:</b> SB21B.66776.4 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 6929 North Lakewood Avenue, Suite		Amount of Each Disbursement this Period 249.00
City Tulsa State KS Zip Code 74117	Purpose of Disbursement Travel Expense: Car Rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1604.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> SB21B.66776.6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 3604 S. Mooreland Road		Amount of Each Disbursement this Period 50.00  <b>[MEMO ITEM]</b>
City New Berlin State WI Zip Code 53151		
Purpose of Disbursement Travel Expense: Cell Phone	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		<b>Transaction ID:</b> SB21B.66776.7 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 3902 Milwaukee Street		Amount of Each Disbursement this Period 5.00  <b>[MEMO ITEM]</b>
City Madison State WI Zip Code 53714		
Purpose of Disbursement Administrative Expense: Postage	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Trevor Miller</b>		<b>Transaction ID:</b> SB21B.66804 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address W205S8335 Pasadena Dr		Amount of Each Disbursement this Period 128.18  <b>[MEMO ITEM]</b>
City Muskego State WI Zip Code 53150		
Purpose of Disbursement Reimbursement: See Memo Text	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	128.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Trevor Miller</b>		<b>Transaction ID:</b> SB21B.79173 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address W205S8335 Pasadena Dr		Amount of Each Disbursement this Period 1088.30
City Muskego State WI Zip Code 53150	Purpose of Disbursement Payroll Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Trevor Miller</b>		<b>Transaction ID:</b> SB21B.79229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address W205S8335 Pasadena Dr		Amount of Each Disbursement this Period 1088.30
City Muskego State WI Zip Code 53150	Purpose of Disbursement Payroll Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Trevor Miller</b>		<b>Transaction ID:</b> SB21B.79246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address W205S8335 Pasadena Dr		Amount of Each Disbursement this Period 210.03
City Muskego State WI Zip Code 53150	Purpose of Disbursement Reimbursement: See Memo Entries and Text Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2386.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: SB21B.79246.0 Date of Disbursement 11 / 01 / 2006
Mailing Address 3604 S. Mooreland Road		Amount of Each Disbursement this Period 50.00
City New Berlin State WI Zip Code 53151	Purpose of Disbursement Cell Phone Expense	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PDQ</b>		Transaction ID: SB21B.79246.2 Date of Disbursement 11 / 05 / 2006
Mailing Address 6519 Century Ave		Amount of Each Disbursement this Period 28.23
City Middleton State WI Zip Code 53562	Purpose of Disbursement Travel Expense: Gas	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobil</b>		Transaction ID: SB21B.79246.3 Date of Disbursement 11 / 11 / 2006
Mailing Address 5959 Las Colinas Blvd		Amount of Each Disbursement this Period 27.16
City Irving State TX Zip Code 75039	Purpose of Disbursement Travel Expense: Gas	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. Trocadero</b> Full Name (Last, First, Middle Initial) Mailing Address 1758 N Water St City Milwaukee State WI Zip Code 53202 Purpose of Disbursement Event Expense: Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.79211 <b>Date of Disbursement:</b> 11 / 10 / 2006 <b>Amount of Each Disbursement this Period:</b> 1770.40 Category/Type
--	--	---

<b>B. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.79185 <b>Date of Disbursement:</b> 11 / 06 / 2006 <b>Amount of Each Disbursement this Period:</b> 125.23 Category/Type
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<b>C. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.79187 <b>Date of Disbursement:</b> 11 / 06 / 2006 <b>Amount of Each Disbursement this Period:</b> 64.06 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1959.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID: SB21B.79218</b> Date of Disbursement 11 / 16 / 2006
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 150.77
City Baltimore	State MD	
Zip Code 21297-0513		
Purpose of Disbursement Phone Expense		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: SB21B.79123</b> Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 130.00
City Baltimore	State MD	
Zip Code 21297		
Purpose of Disbursement Cell Phone Expense		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Voicetext Interactive</b>		<b>Transaction ID: SB21B.79119</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 211 East 7th Street, 12th Floor		Amount of Each Disbursement this Period 222.24
City Austin	State TX	
Zip Code 78701		
Purpose of Disbursement Conference Call Fees		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>503.01</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Voicetext Interactive</b>		<b>Transaction ID:</b> SB21B.79245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 211 East 7th Street, 12th Floor		Amount of Each Disbursement this Period 102.62
City Austin State TX Zip Code 78701	Purpose of Disbursement Conference Call Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Wendy Wanderman</b>		<b>Transaction ID:</b> SB21B.79156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 950 6th Street 6F		Amount of Each Disbursement this Period 2423.69
City Santa Monica State CA Zip Code 90403	Purpose of Disbursement Retainer - Fundraising Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB21B.79113 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 435.06
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2961.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB21B.79153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 437.02
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB21B.79222 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 433.41
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB21B.79270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 114.66
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	985.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial)

**A.** WPS Health Insurance

Mailing Address 1717 W. Broadway  
P.O. Box 8190

City Madison State WI Zip Code 53708

Purpose of Disbursement  
Insurance Premiums

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.79162

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1272.35

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

1272.35

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

346046.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Carter for Senate Committee</b>		<b>Transaction ID:</b> SB23.66938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 3069 Conquista Ct		Amount of Each Disbursement this Period 5000.00
City Las Vegas	State NV	
Zip Code 89121		
Purpose of Disbursement Contribution to Federal Candidate		
Candidate Name Jack Carter		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 00		

Full Name (Last, First, Middle Initial) <b>B. Colorado Democratic Party</b>		<b>Transaction ID:</b> SB23.66928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 777 Sante Fe Drive		Amount of Each Disbursement this Period 2000.00
City Denver	State CO	
Zip Code 80204		
Purpose of Disbursement Contribution to Political Party		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Connecticut Democratic State Central Committee</b>		<b>Transaction ID:</b> SB23.66956 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 179 Allyn Street		Amount of Each Disbursement this Period 1000.00
City Hartford	State CT	
Zip Code 06103		
Purpose of Disbursement In-Kind to State Party: Staff Person		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Jodi M Kreuser</b>		Transaction ID: SB23.66956.0 Date of Disbursement 10 / 26 / 2006	
Mailing Address 334 Broadway Ave		Amount of Each Disbursement this Period 769.55	
City Wausau State WI Zip Code 54403	Purpose of Disbursement Payroll	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		Transaction ID: SB23.66956.1 Date of Disbursement 10 / 26 / 2006	
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95	
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		Transaction ID: SB23.66956.2 Date of Disbursement 10 / 26 / 2006	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50	
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Connecticut Democratic State Central Committee</b>		<b>Transaction ID:</b> SB23.67024 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 179 Allyn Street		Amount of Each Disbursement this Period 1000.00
City Hartford State CT Zip Code 06103		
Purpose of Disbursement In-Kind to State Party: Staff Person	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jodi M Kreuser</b>		<b>Transaction ID:</b> SB23.67024.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 334 Broadway Ave		Amount of Each Disbursement this Period 769.55
City Wausau State WI Zip Code 54403		
Purpose of Disbursement Payroll	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB23.67024.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison State WI Zip Code 53708		
Purpose of Disbursement Income Tax Withheld	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67024.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50  <b>[MEMO ITEM]</b>
City Madison State WI Zip Code 53708		
Purpose of Disbursement 941 Deposit	Category/Type [ ]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Courtney for Congress</b>		Transaction ID: SB23.66940 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 39 Risley Road		Amount of Each Disbursement this Period 2500.00
City Vernon State CT Zip Code 06066		
Purpose of Disbursement Contribution to Federal Candidate	Category/Type 011	
Candidate Name Joseph D. Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 02		

Full Name (Last, First, Middle Initial) <b>C. Dale Groutage Campaign for US Senate</b>		Transaction ID: SB23.66943 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 1596		Amount of Each Disbursement this Period 1000.00
City Lander State WY Zip Code 82520		
Purpose of Disbursement Contribution to Federal Candidate	Category/Type 011	
Candidate Name F. Dale Groutage Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 00		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Eden Area United Democratic Campaign</b>		<b>Transaction ID:</b> SB23.66960 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 56503		Amount of Each Disbursement this Period 1000.00
City Hayward State CA Zip Code 94545		
Purpose of Disbursement In-Kind to Federal PAC: Staff Person	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John R Gunn</b>		<b>Transaction ID:</b> SB23.66960.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3225 CR 59		Amount of Each Disbursement this Period 784.87
City Roanoke State AL Zip Code 36274		
Purpose of Disbursement Payroll	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Alabama Department of Revenue</b>		<b>Transaction ID:</b> SB23.66960.1 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 50 N Ripley St		Amount of Each Disbursement this Period 36.63
City Montgomery State AL Zip Code 36312		
Purpose of Disbursement Income Tax Withheld	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.66960.2 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Eden Area United Democratic Campaign</b>		Transaction ID: SB23.67028 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 56503		Amount of Each Disbursement this Period 1000.00
City Hayward State CA Zip Code 94545	Purpose of Disbursement In-Kind to Federal PAC: Staff Person Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John R Gunn</b>		Transaction ID: SB23.67028.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 3225 CR 59		Amount of Each Disbursement this Period 784.87
City Roanoke State AL Zip Code 36274	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Alabama Department of Revenue</b>		<b>Transaction ID:</b> SB23.67028.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 50 N Ripley St		Amount of Each Disbursement this Period 36.63  <b>[MEMO ITEM]</b>
City Montgomery	State AL	
Zip Code 36312		
Purpose of Disbursement Income Tax Withheld		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB23.67028.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50  <b>[MEMO ITEM]</b>
City Madison	State WI	
Zip Code 53708		
Purpose of Disbursement 941 Deposit		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ellison for Congress</b>		<b>Transaction ID:</b> SB23.66936 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 4464 Devine St, I-57		Amount of Each Disbursement this Period 2000.00  <b>[MEMO ITEM]</b>
City Columbia	State SC	
Zip Code 29205		
Purpose of Disbursement Contribution to Federal Candidate		
Candidate Name Keith Maurice Ellison		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Heath Shuler for Congress</b>		<b>Transaction ID:</b> SB23.66964 Date of Disbursement 10 / 26 / 2006
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00
City Hazelwood	State NC Zip Code 28738	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		
Candidate Name Joseph Heath Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>B. Bethany K Young</b>		<b>Transaction ID:</b> SB23.66964.0 Date of Disbursement 10 / 26 / 2006
Mailing Address 769 Congress Street		Amount of Each Disbursement this Period 769.55
City Neenah	State WI Zip Code 54956	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB23.66964.1 Date of Disbursement 10 / 26 / 2006
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison	State WI Zip Code 53708	
Purpose of Disbursement Income Tax Withheld		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 178 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.66964.2 Date of Disbursement 10 / 26 / 2006	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50  <b>[MEMO ITEM]</b>	
City Madison	State WI		Zip Code 53708
Purpose of Disbursement 941 Deposit			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Heath Shuler for Congress</b>		Transaction ID: SB23.67032 Date of Disbursement 11 / 07 / 2006	
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00	
City Hazelwood	State NC		Zip Code 28738
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person			Category/ Type
Candidate Name Joseph Heath Shuler			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 11			

Full Name (Last, First, Middle Initial) <b>C. Bethany K Young</b>		Transaction ID: SB23.67032.0 Date of Disbursement 11 / 07 / 2006	
Mailing Address 769 Congress Street		Amount of Each Disbursement this Period 769.55  <b>[MEMO ITEM]</b>	
City Neenah	State WI		Zip Code 54956
Purpose of Disbursement Payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB23.67032.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB23.67032.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Iowa Democratic Party</b>		<b>Transaction ID:</b> SB23.66952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 5661 Fleur Drive		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50321	[MEMO ITEM]	
Purpose of Disbursement In-kind to State Party: Staff Person		Category/ Type
Candidate Name Bruce Braley		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Robert T Goldsmith		<b>Transaction ID:</b> SB23.66952.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 2727 Hedgeapple Ln		Amount of Each Disbursement this Period 793.81
City Byron State IL Zip Code 61010	[MEMO ITEM]	
Purpose of Disbursement Payroll Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Illinois Department of Revenue		<b>Transaction ID:</b> SB23.66952.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 19447		Amount of Each Disbursement this Period 27.69
City Springfield State IL Zip Code 62794	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Park Bank		<b>Transaction ID:</b> SB23.66952.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Iowa Democratic Party</b>		<b>Transaction ID:</b> SB23.67020 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 5661 Fleur Drive		Amount of Each Disbursement this Period 1000.00
City Des Moines	State IA	
Zip Code 50321		
Purpose of Disbursement In-kind to State Party: Staff Person		
Candidate Name Bruce Braley		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert T Goldsmith</b>		<b>Transaction ID:</b> SB23.67020.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 2727 Hedgeapple Ln		Amount of Each Disbursement this Period 793.81
City Byron	State IL	
Zip Code 61010		
Purpose of Disbursement Payroll		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Illinois Department of Revenue</b>		<b>Transaction ID:</b> SB23.67020.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 19447		Amount of Each Disbursement this Period 27.69
City Springfield	State IL	
Zip Code 62794		
Purpose of Disbursement Income Tax Withheld		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67020.2 Date of Disbursement 11 / 07 / 2006	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50	
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. John Hall for Congress</b>		Transaction ID: SB23.66950 Date of Disbursement 11 / 01 / 2006	
Mailing Address PO Box 377		Amount of Each Disbursement this Period 1000.00	
City Dover Plains State NY Zip Code 12522	Purpose of Disbursement Contribution to Federal Candidate Candidate Name John Joseph Hall	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kagen 4 Congress</b>		Transaction ID: SB23.66968 Date of Disbursement 10 / 26 / 2006	
Mailing Address 100 West Lawrence Street		Amount of Each Disbursement this Period 1000.00	
City Appleton State WI Zip Code 54911	Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name Steven Leslie Kagen	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Michael B McGourty</b>		Transaction ID: SB23.66968.0 Date of Disbursement 10 / 26 / 2006	
Mailing Address 9254 E Winchester Ave		Amount of Each Disbursement this Period 793.81  <b>[MEMO ITEM]</b>	
City Chicago	State IL		Zip Code 60620
Purpose of Disbursement Payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Illinois Department of Revenue</b>		Transaction ID: SB23.66968.1 Date of Disbursement 10 / 26 / 2006	
Mailing Address PO Box 19447		Amount of Each Disbursement this Period 27.69  <b>[MEMO ITEM]</b>	
City Springfield	State IL		Zip Code 62794
Purpose of Disbursement Income Tax Withheld			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		Transaction ID: SB23.66968.2 Date of Disbursement 10 / 26 / 2006	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50  <b>[MEMO ITEM]</b>	
City Madison	State WI		Zip Code 53708
Purpose of Disbursement 941 Deposit			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 184 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Kagen 4 Congress</b>		Transaction ID: SB23.67036 Date of Disbursement 11 / 07 / 2006	
Mailing Address 100 West Lawrence Street		Amount of Each Disbursement this Period 1000.00	
City Appleton State WI Zip Code 54911	Purpose of Disbursement In-kind to Fed. Candidate: Staff Person	Category/ Type	
Candidate Name Steven Leslie Kagen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael B McGourty</b>		Transaction ID: SB23.67036.0 Date of Disbursement 11 / 07 / 2006	
Mailing Address 9254 E Winchester Ave		Amount of Each Disbursement this Period 793.81	
City Chicago State IL Zip Code 60620	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Illinois Department of Revenue</b>		Transaction ID: SB23.67036.1 Date of Disbursement 11 / 07 / 2006	
Mailing Address PO Box 19447		Amount of Each Disbursement this Period 27.69	
City Springfield State IL Zip Code 62794	Purpose of Disbursement Income Tax Withheld	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67036.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50	
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Klobuchar for Minnesota</b>		Transaction ID: SB23.66972 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 1000.00	
City St. Paul State MN Zip Code 55104	Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name Amy Klobuchar	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joshua C Penn</b>		Transaction ID: SB23.66972.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 98 Remsen St		Amount of Each Disbursement this Period 821.50	
City Brooklyn State NY Zip Code 11201	Purpose of Disbursement Payroll Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.66972.1 Date of Disbursement 10 / 26 / 2006	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50  <b>[MEMO ITEM]</b>	
City Madison	State WI		Zip Code 53708
Purpose of Disbursement 941 Deposit			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Klobuchar for Minnesota</b>		Transaction ID: SB23.67040 Date of Disbursement 11 / 07 / 2006	
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 1000.00	
City St. Paul	State MN		Zip Code 55104
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person			Category/ Type
Candidate Name Amy Klobuchar			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 00			

Full Name (Last, First, Middle Initial) <b>C. Joshua C Penn</b>		Transaction ID: SB23.67040.0 Date of Disbursement 11 / 07 / 2006	
Mailing Address 98 Remsen St		Amount of Each Disbursement this Period 821.50  <b>[MEMO ITEM]</b>	
City Brooklyn	State NY		Zip Code 11201
Purpose of Disbursement Payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. Park Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Greenway Cross City Madison State WI Zip Code 53708 Purpose of Disbursement 941 Deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.67040.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 178.50 <b>[MEMO ITEM]</b>
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<b>B. Lois Murphy for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 312 City Narberth State PA Zip Code 19072 Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name Lois Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.66975 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
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<b>C. Megan E Johnson</b> Full Name (Last, First, Middle Initial) Mailing Address 530 49AV City Kenosha State WI Zip Code 53144 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.66975.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 769.55 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB23.66975.1 Date of Disbursement
Mailing Address PO Box 8902		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Madison	State WI	Zip Code 53708
Purpose of Disbursement Income Tax Withheld	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="51.95"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB23.66975.2 Date of Disbursement
Mailing Address 1801 Greenway Cross		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Madison	State WI	Zip Code 53708
Purpose of Disbursement 941 Deposit	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="178.50"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lois Murphy for Congress</b>		<b>Transaction ID:</b> SB23.67043 Date of Disbursement
Mailing Address PO Box 312		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Narberth	State PA	Zip Code 19072
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Lois Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Megan E Johnson</b>		Transaction ID: SB23.67043.0 Date of Disbursement 11 / 07 / 2006
Mailing Address 530 49AV		Amount of Each Disbursement this Period 769.55  <b>[MEMO ITEM]</b>
City Kenosha	State WI Zip Code 53144	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		Transaction ID: SB23.67043.1 Date of Disbursement 11 / 07 / 2006
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95  <b>[MEMO ITEM]</b>
City Madison	State WI Zip Code 53708	
Purpose of Disbursement Income Tax Withheld		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		Transaction ID: SB23.67043.2 Date of Disbursement 11 / 07 / 2006
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50  <b>[MEMO ITEM]</b>
City Madison	State WI Zip Code 53708	
Purpose of Disbursement 941 Deposit		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Madrid for Congress</b>		Transaction ID: SB23.66979 Date of Disbursement 10 / 26 / 2006	
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 1000.00	
City Albuquerque State NM Zip Code 87125	Purpose of Disbursement In-kind to Fed. Candidate: Staff Person	Category/ Type	
Candidate Name Patricia A Madrid	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Britton E Conroy</b>		Transaction ID: SB23.66979.0 Date of Disbursement 10 / 26 / 2006	
Mailing Address 7750 NW Oxbow Dr		Amount of Each Disbursement this Period 777.50	
City Corvallis State OR Zip Code 97330	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Oregon Employment Department</b>		Transaction ID: SB23.66979.1 Date of Disbursement 10 / 26 / 2006	
Mailing Address 875 Union St. NE		Amount of Each Disbursement this Period 63.00	
City Salem State OR Zip Code 97311	Purpose of Disbursement Income Tax Withheld	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.66979.2 Date of Disbursement 10 / 26 / 2006
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 159.50
City Madison	State WI Zip Code 53708	
Purpose of Disbursement 941 Deposit		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Madrid for Congress</b>		Transaction ID: SB23.67047 Date of Disbursement 11 / 07 / 2006
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 1000.00
City Albuquerque	State NM Zip Code 87125	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		[MEMO ITEM]
Candidate Name Patricia A Madrid		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 01		

Full Name (Last, First, Middle Initial) <b>C. Britton E Conroy</b>		Transaction ID: SB23.67047.0 Date of Disbursement 11 / 07 / 2006
Mailing Address 7750 NW Oxbow Dr		Amount of Each Disbursement this Period 777.50
City Corvallis	State OR Zip Code 97330	
Purpose of Disbursement Payroll		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Oregon Employment Department</b>		<b>Transaction ID:</b> SB23.67047.1 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 875 Union St. NE		Amount of Each Disbursement this Period 63.00
City Salem State OR Zip Code 97311	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB23.67047.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 159.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. McCaskill for Missouri</b>		<b>Transaction ID:</b> SB23.66983 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 6771		Amount of Each Disbursement this Period 1000.00
City St. Louis State MO Zip Code 63144	[MEMO ITEM]	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name Claire McCaskill		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Andrew H Thompson</b>		<b>Transaction ID:</b> SB23.66983.0 Date of Disbursement 10 / 26 / 2006
Mailing Address 2605 Haanstad Rd		Amount of Each Disbursement this Period 769.55
City Eau Claire	State WI Zip Code 54703	
Purpose of Disbursement Payroll		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB23.66983.1 Date of Disbursement 10 / 26 / 2006
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison	State WI Zip Code 53708	
Purpose of Disbursement Income Tax Withheld		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB23.66983.2 Date of Disbursement 10 / 26 / 2006
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison	State WI Zip Code 53708	
Purpose of Disbursement 941 Deposit		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<p><b>A. McCaskill for Missouri</b></p> <p>Full Name (Last, First, Middle Initial) McCaskill for Missouri</p> <p>Mailing Address PO Box 6771</p> <p>City St. Louis State MO Zip Code 63144</p> <p>Purpose of Disbursement In-kind to Fed. Candidate: Staff Person</p> <p>Candidate Name Claire McCaskill</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00</p>		<p>Transaction ID: SB23.67051</p> <p>Date of Disbursement 11 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B. Andrew H Thompson</b></p> <p>Full Name (Last, First, Middle Initial) Andrew H Thompson</p> <p>Mailing Address 2605 Haanstad Rd</p> <p>City Eau Claire State WI Zip Code 54703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: SB23.67051.0</p> <p>Date of Disbursement 11 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 769.55</p> <p>Category/Type</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

[MEMO ITEM]

<p><b>C. Wisconsin Department of Revenue</b></p> <p>Full Name (Last, First, Middle Initial) Wisconsin Department of Revenue</p> <p>Mailing Address PO Box 8902</p> <p>City Madison State WI Zip Code 53708</p> <p>Purpose of Disbursement Income Tax Withheld</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: SB23.67051.1</p> <p>Date of Disbursement 11 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 51.95</p> <p>Category/Type</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

[MEMO ITEM]

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 195 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67051.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Minnesota Democratic Farmer Labor Party</b>		Transaction ID: SB23.66930 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 255 East Plato Blvd		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55107	Category/Type	
Purpose of Disbursement Contribution to Political Party Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Montana Democratic Party</b>		Transaction ID: SB23.66987 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 802		Amount of Each Disbursement this Period 1000.00
City Helena State MT Zip Code 59624	Category/Type	
Purpose of Disbursement In-Kind to State Party: Staff Person Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 196 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Matthew M Blizek</b>		<b>Transaction ID:</b> SB23.66987.0 Date of Disbursement 10 / 26 / 2006
Mailing Address 915 E Johnson St		Amount of Each Disbursement this Period 769.55
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB23.66987.1 Date of Disbursement 10 / 26 / 2006
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB23.66987.2 Date of Disbursement 10 / 26 / 2006
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 197 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Montana Democratic Party</b>		Transaction ID: SB23.67055 Date of Disbursement 11 / 07 / 2006
Mailing Address PO Box 802		Amount of Each Disbursement this Period 1000.00
City Helena State MT Zip Code 59624	Purpose of Disbursement In-Kind to State Party: Staff Person Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Matthew M Blizek</b>		Transaction ID: SB23.67055.0 Date of Disbursement 11 / 07 / 2006
Mailing Address 915 E Johnson St		Amount of Each Disbursement this Period 769.55
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Department of Revenue</b>		Transaction ID: SB23.67055.1 Date of Disbursement 11 / 07 / 2006
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 198 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67055.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50  <b>[MEMO ITEM]</b>
City Madison State WI Zip Code 53708		
Purpose of Disbursement 941 Deposit	Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Moore for Congress</b>		Transaction ID: SB23.80699 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 16646		Amount of Each Disbursement this Period 1000.00
City Milwaukee State WI Zip Code 53216		
Purpose of Disbursement Contribution to Federal Candidate	Category/ Type 011	
Candidate Name Gwendolynne Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 04		

Full Name (Last, First, Middle Initial) <b>C. New Jersey Democratic State Committee</b>		Transaction ID: SB23.66991 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 196 West State Street		Amount of Each Disbursement this Period 1000.00
City Trenton State NJ Zip Code 08608		
Purpose of Disbursement In-Kind to State Party: Staff Person	Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 199 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Albert John Jongewaard</b>		<b>Transaction ID:</b> SB23.66991.0 Date of Disbursement 10 / 26 / 2006
Mailing Address 2632 Bittersweet Lane		Amount of Each Disbursement this Period 750.50
City Maplewood State MN Zip Code 55109	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Minnesota Department of Revenue</b>		<b>Transaction ID:</b> SB23.66991.1 Date of Disbursement 10 / 26 / 2006
Mailing Address 600 North Robert Street		Amount of Each Disbursement this Period 52.00
City St Paul State MN Zip Code 55101	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB23.66991.2 Date of Disbursement 10 / 26 / 2006
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 197.50
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 200 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. New Jersey Democratic State Committee</b>		<b>Transaction ID:</b> SB23.67059 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 196 West State Street		Amount of Each Disbursement this Period 1000.00
City State Zip Code Trenton NJ 08608	Purpose of Disbursement In-Kind to State Party: Staff Person Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Albert John Jongewaard</b>		<b>Transaction ID:</b> SB23.67059.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 2632 Bittersweet Lane		Amount of Each Disbursement this Period 750.50
City State Zip Code Maplewood MN 55109	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Minnesota Department of Revenue</b>		<b>Transaction ID:</b> SB23.67059.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 600 North Robert Street		Amount of Each Disbursement this Period 52.00
City State Zip Code St Paul MN 55101	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

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

1000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67059.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 197.50	
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Ohio Democratic Party</b>		Transaction ID: SB23.66999 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 271 E. State Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name Sherrod Brown	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Samuel E Liebert</b>		Transaction ID: SB23.66999.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1910 S 140 Road		Amount of Each Disbursement this Period 769.55	
City Janesville State WI Zip Code 53545	Purpose of Disbursement Payroll Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB23.66999.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB23.66999.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ohio Democratic Party</b>		<b>Transaction ID:</b> SB23.67067 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 271 E. State Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	[MEMO ITEM]	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		Category/ Type
Candidate Name Sherrod Brown		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Samuel E Liebert</b>		Transaction ID: SB23.67067.0 Date of Disbursement 11 / 07 / 2006	
Mailing Address 1910 S 140 Road		Amount of Each Disbursement this Period 769.55	
City Janesville State WI Zip Code 53545	Purpose of Disbursement Payroll	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		Transaction ID: SB23.67067.1 Date of Disbursement 11 / 07 / 2006	
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95	
City Madison State WI Zip Code 53708	Purpose of Disbursement Income Tax Withheld	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		Transaction ID: SB23.67067.2 Date of Disbursement 11 / 07 / 2006	
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50	
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Pederson 2006</b>		<b>Transaction ID: SB23.66948</b> Date of Disbursement 11 / 01 / 2006	
Mailing Address PO Box 34144		Amount of Each Disbursement this Period 2000.00	
City Phoenix	State AZ		Zip Code 85067
Purpose of Disbursement Contribution to Federal Candidate			011 Category/ Type
Candidate Name Jim Pederson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 00			

Full Name (Last, First, Middle Initial) <b>B. Sestak for Congress</b>		<b>Transaction ID: SB23.66995</b> Date of Disbursement 10 / 26 / 2006	
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 1000.00	
City Media	State PA		Zip Code 19063
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person			Category/ Type
Candidate Name Joseph A Sestak, Jr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 7			

Full Name (Last, First, Middle Initial) <b>C. Jeremy S Faust</b>		<b>Transaction ID: SB23.66995.0</b> Date of Disbursement 10 / 26 / 2006	
Mailing Address 2301 E St NW #304		Amount of Each Disbursement this Period 792.50	
City Washington	State DC		Zip Code 20037
Purpose of Disbursement Payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. District of Columbia Department of Revenue</b>		<b>Transaction ID:</b> SB23.66995.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 941 North Capitol Street, NE 1st Floor		Amount of Each Disbursement this Period 48.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB23.66995.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 159.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sestak for Congress</b>		<b>Transaction ID:</b> SB23.67063 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063	[MEMO ITEM]	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		Category/ Type
Candidate Name Joseph A Sestak, Jr		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Jeremy S Faust</b>		Transaction ID: SB23.67063.0 Date of Disbursement 11 / 07 / 2006
Mailing Address 2301 E St NW #304		Amount of Each Disbursement this Period 792.50  <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20037		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. District of Columbia Department of Revenue</b>		Transaction ID: SB23.67063.1 Date of Disbursement 11 / 07 / 2006
Mailing Address 941 North Capitol Street, NE 1st Floor		Amount of Each Disbursement this Period 48.00  <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20002		
Purpose of Disbursement Income Tax Withheld Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		Transaction ID: SB23.67063.2 Date of Disbursement 11 / 07 / 2006
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 159.50  <b>[MEMO ITEM]</b>
City Madison State WI Zip Code 53708		
Purpose of Disbursement 941 Deposit Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Tessa Hafen for Congress</b>		<b>Transaction ID:</b> SB23.67004 Date of Disbursement 10 / 26 / 2006
Mailing Address PO Box 530996		Amount of Each Disbursement this Period 1000.00
City Henderson	State NV	
Zip Code 89053		
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		
Candidate Name Tessa Hafen		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 03		

Full Name (Last, First, Middle Initial) <b>B. Dan DeBausch</b>		<b>Transaction ID:</b> SB23.67004.0 Date of Disbursement 10 / 26 / 2006
Mailing Address 3312 17th Ave S		Amount of Each Disbursement this Period 778.50
City Minneapolis	State MN	
Zip Code 55407		
Purpose of Disbursement Payroll		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Minnesota Department of Revenue</b>		<b>Transaction ID:</b> SB23.67004.1 Date of Disbursement 10 / 26 / 2006
Mailing Address 600 North Robert Street		Amount of Each Disbursement this Period 43.00
City St Paul	State MN	
Zip Code 55101		
Purpose of Disbursement Income Tax Withheld		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67004.2 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Tessa Hafen for Congress</b>		Transaction ID: SB23.67071 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 530996		Amount of Each Disbursement this Period 1000.00
City Henderson State NV Zip Code 89053	Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name Tessa Hafen Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Dan DeBausch</b>		Transaction ID: SB23.67071.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 3312 17th Ave S		Amount of Each Disbursement this Period 778.50
City Minneapolis State MN Zip Code 55407	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 209 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Minnesota Department of Revenue</b>		<b>Transaction ID:</b> SB23.67071.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 600 North Robert Street		Amount of Each Disbursement this Period 43.00
City St Paul State MN Zip Code 55101	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB23.67071.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Texans for Courage</b>		<b>Transaction ID:</b> SB23.67017 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 700008		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78270	[MEMO ITEM]	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		Category/ Type
Candidate Name John Kenneth Courage		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 210 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. Davida M Walsh</b> Full Name (Last, First, Middle Initial) Mailing Address 520 Coddington Rd City Ithaca State NY Zip Code 14850 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.67017.0</b> Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 802.50 <b>[MEMO ITEM]</b>
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<b>B. Park Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Greenway Cross City Madison State WI Zip Code 53708 Purpose of Disbursement 941 Deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.67017.1</b> Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 197.50 <b>[MEMO ITEM]</b>
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<b>C. Texans for Courage</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 700008 City San Antonio State TX Zip Code 78270 Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name John Kenneth Courage Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.67075</b> Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 1000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 211 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. Davida M Walsh</b> Full Name (Last, First, Middle Initial) Mailing Address 520 Coddington Rd City Ithaca State NY Zip Code 14850 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.67075.0</b> Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 802.50 <b>[MEMO ITEM]</b>
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<b>B. Park Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Greenway Cross City Madison State WI Zip Code 53708 Purpose of Disbursement 941 Deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.67075.1</b> Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 197.50 <b>[MEMO ITEM]</b>
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<b>C. Washington State Democratic Central Co</b> Full Name (Last, First, Middle Initial) Mailing Address P O Box 4027 City Seattle State WA Zip Code 98194 Purpose of Disbursement In-kind to State Party: Staff Person Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.80706</b> Date of Disbursement 10 / 20 / 2006 Amount of Each Disbursement this Period 1215.77
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1215.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 212 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<p><b>A. Makese Motley</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1017 Otis PI, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB23.80706.0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="921.76"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Park Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1801 Greenway Cross</p> <p>City Madison State WI Zip Code 53708</p> <p>Purpose of Disbursement 941 Deposit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB23.80706.1</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="227.01"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Office of Tax and Revenue</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 941 North Capitol Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Income Taxes Withheld</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB23.80706.2</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="67.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Washington State Democratic Central Co</b>		<b>Transaction ID:</b> SB23.80712 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address P O Box 4027		Amount of Each Disbursement this Period 1215.77
City Seattle State WA Zip Code 98194	Category/ Type	
Purpose of Disbursement In-kind to State Party: Staff Person		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Makeese Motley</b>		<b>Transaction ID:</b> SB23.80712.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1017 Otis Pl, NW		Amount of Each Disbursement this Period 921.76
City Washington State DC Zip Code 20010	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB23.80712.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 227.01
City Madison State WI Zip Code 53708	Category/ Type	
Purpose of Disbursement 941 Deposit		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1215.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 214 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Office of Tax and Revenue</b>		<b>Transaction ID:</b> SB23.80712.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 941 North Capitol Street, NE		Amount of Each Disbursement this Period 67.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Income Taxes Withheld		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Wetterling '06</b>		<b>Transaction ID:</b> SB23.67008 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 2295		Amount of Each Disbursement this Period 1000.00
City St. Cloud State MN Zip Code 56302	Category/ Type	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		
Candidate Name Patty Wetterling		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Justin M Uebelhor</b>		<b>Transaction ID:</b> SB23.67008.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 8020 E Schnellville Rd		Amount of Each Disbursement this Period 777.50
City Schnellville State IN Zip Code 47580	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 215 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A. Indiana Department of Revenue</b> Full Name (Last, First, Middle Initial) Mailing Address 100 N Senate Ave City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Income Tax Withheld Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.67008.1 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 44.00 <b>[MEMO ITEM]</b>
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<b>B. Park Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Greenway Cross City Madison State WI Zip Code 53708 Purpose of Disbursement 941 Deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.67008.2 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 178.50 <b>[MEMO ITEM]</b>
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<b>C. Wetterling '06</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2295 City St. Cloud State MN Zip Code 56302 Purpose of Disbursement In-kind to Fed. Candidate: Staff Person Candidate Name Patty Wetterling Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.67078 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 216 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Justin M Uebelhor</b>		Transaction ID: SB23.67078.0 Date of Disbursement 11 / 07 / 2006
Mailing Address 8020 E Schnellville Rd		Amount of Each Disbursement this Period 777.50
City Schnellville State IN Zip Code 47580	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Indiana Department of Revenue</b>		Transaction ID: SB23.67078.1 Date of Disbursement 11 / 07 / 2006
Mailing Address 100 N Senate Ave		Amount of Each Disbursement this Period 44.00
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement Income Tax Withheld Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		Transaction ID: SB23.67078.2 Date of Disbursement 11 / 07 / 2006
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	Purpose of Disbursement 941 Deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Winter for Congress Committee</b>		<b>Transaction ID:</b> SB23.67013 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 558 Castle Pines Pkwy Unit B4-409		Amount of Each Disbursement this Period 1000.00
City Castle Rock State CO Zip Code 80108		
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		Category/ Type
Candidate Name William Winter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 06		

Full Name (Last, First, Middle Initial) <b>B. Christina M Jens</b>		<b>Transaction ID:</b> SB23.67013.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1021 31st St Apt 1		Amount of Each Disbursement this Period 810.50
City Des Moines State IA Zip Code 50311		
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Iowa Department of Revenue</b>		<b>Transaction ID:</b> SB23.67013.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 10457		Amount of Each Disbursement this Period 30.00
City Des Moines State IA Zip Code 50306-0457		
Purpose of Disbursement Income Tax Withheld		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 218 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Park Bank</b>		Transaction ID: SB23.67013.2 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 159.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winter for Congress Committee</b>		Transaction ID: SB23.67082 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 558 Castle Pines Pkwy Unit B4-409		Amount of Each Disbursement this Period 1000.00
City Castle Rock State CO Zip Code 80108	Category/ Type	
Purpose of Disbursement In-kind to Fed. Candidate: Staff Person		
Candidate Name William Winter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 06		

Full Name (Last, First, Middle Initial) <b>C. Christina M Jens</b>		Transaction ID: SB23.67082.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1021 31st St Apt 1		Amount of Each Disbursement this Period 810.50
City Des Moines State IA Zip Code 50311	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 219 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

<b>A.</b> Iowa Department of Revenue Full Name (Last, First, Middle Initial) Mailing Address PO Box 10457 City Des Moines State IA Zip Code 50306-0457 Purpose of Disbursement Income Tax Withheld Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.67082.1 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 30.00 [MEMO ITEM]
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<b>B.</b> Park Bank Full Name (Last, First, Middle Initial) Mailing Address 1801 Greenway Cross City Madison State WI Zip Code 53708 Purpose of Disbursement 941 Deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.67082.2 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 159.50 [MEMO ITEM]
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<b>C.</b> Zack Space for Congress Full Name (Last, First, Middle Initial) Mailing Address 714 N Wooster Avenue City Dover State OH Zip Code 44622 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Zack Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.66939 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>56931.54</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 220 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Bailey for State House</b>		<b>Transaction ID:</b> SB29.80687 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 923 1st Street		Amount of Each Disbursement this Period 1000.00
City Webster State IA Zip Code 50595	Purpose of Disbursement Contribution to Non-Federal Candidate Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citizens to Elect Andrew Wenthe</b>		<b>Transaction ID:</b> SB29.80689 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 101 East Main Street P.O. Box 123		Amount of Each Disbursement this Period 1000.00
City Hawkeye State IA Zip Code 52147	Purpose of Disbursement Contribution to Non-Federal Candidate Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Art Staed</b>		<b>Transaction ID:</b> SB29.80691 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 2905 Alleghany Drive NE		Amount of Each Disbursement this Period 1000.00
City Cedar Rapids State IA Zip Code 52402	Purpose of Disbursement Contribution to Non-Federal Candidate Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 221 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Debra Bowen for Secretary of State</b>		<b>Transaction ID: SB29.66931</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 578 Washington Blvd #409		Amount of Each Disbursement this Period 3000.00
City Marina Del Rey State CA Zip Code 90292	Purpose of Disbursement Contribution to Non-Federal Candidate Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Gail Buckner for Georgia Secretary of State</b>		<b>Transaction ID: SB29.66945</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 7324 Cardif Place		Amount of Each Disbursement this Period 2000.00
City Jonesboro State GA Zip Code 30236	Purpose of Disbursement Contribution to Non-Federal Candidate Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jennifer Brunner Committee</b>		<b>Transaction ID: SB29.66934</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 545 E Town Street		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution to a Non-Federal Candidate Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 222 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Mauro for Secretary of State</b>		<b>Transaction ID:</b> SB29.80693 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 4325 SW 31st Street		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50231	Category/ Type	
Purpose of Disbursement Contribution to Non-Federal Candidate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Olive for Senate</b>		<b>Transaction ID:</b> SB29.67086 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address Box 274		Amount of Each Disbursement this Period 1000.00
City Story City State IA Zip Code 50248	Category/ Type	
Purpose of Disbursement In-Kind to Non-Fed. Candidate: Staff		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Stacia R Stanek</b>		<b>Transaction ID:</b> SB29.67086.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 2304 East Main St		Amount of Each Disbursement this Period 769.55  <b>[MEMO ITEM]</b>
City Onalaska State WI Zip Code 54650	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 223 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB29.67086.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Park Bank</b>		<b>Transaction ID:</b> SB29.67086.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Olive for Senate</b>		<b>Transaction ID:</b> SB29.67090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address Box 274		Amount of Each Disbursement this Period 1000.00
City Story City State IA Zip Code 50248	[MEMO ITEM]	
Purpose of Disbursement In-Kind to Non-Fed. Candidate: Staff Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 224 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Stacia R Stanek</b>		<b>Transaction ID:</b> SB29.67090.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 2304 East Main St		Amount of Each Disbursement this Period 769.55
City Onalaska State WI Zip Code 54650	[MEMO ITEM]	
Purpose of Disbursement Payroll Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		<b>Transaction ID:</b> SB29.67090.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 51.95
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement Income Tax Withheld Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Park Bank</b>		<b>Transaction ID:</b> SB29.67090.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1801 Greenway Cross		Amount of Each Disbursement this Period 178.50
City Madison State WI Zip Code 53708	[MEMO ITEM]	
Purpose of Disbursement 941 Deposit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 225 / 234

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

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NAME OF COMMITTEE (In Full)  
Progressive Patriots Fund

Full Name (Last, First, Middle Initial) <b>A. Palmer for State Representative</b>		<b>Transaction ID: SB29.80695</b>																					
Mailing Address 114 First Ave East		Date of Disbursement																					
City Oskaloosa State IA Zip Code 52577		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	5	/	2	0	0	6														
Purpose of Disbursement Contribution to Non-Federal Candidate		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																					
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. Vote Radke</b>		<b>Transaction ID: SB29.80697</b>																					
Mailing Address 63855 250th St		Date of Disbursement																					
City Nevada State IA Zip Code 50201		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	5	/	2	0	0	6														
Purpose of Disbursement Contribution to Non-Federal Candidate		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																					
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>18000.00</b>

**Image# 26940829168**

Form/Schedule: **SA11A1** This contribution includes \$476.87 in unitemized earmarked contributions.

Transaction ID: **SA11A1.79286**

Form/Schedule: **SA11A1** This contribution includes \$949.77 in unitemized earmarked contributions.

Transaction ID: **SA11A1.79325**

\*\*\*\*\*

**Image# 26940829169**

Form/Schedule: **SA11A1** This contribution includes \$1,202.96 in unitemized earmarked contributions.

Transaction ID: **SA11A1.79494**

Form/Schedule: **SA11A1** This contribution includes \$1218.06 in unitemized earmarked contributions.

Transaction ID: **SA11A1.79759**

\*\*\*\*\*

**Image# 26940829170**

Form/Schedule:**SA11A1** This contribution includes \$311.25 in unitemized earmarked contributions.

Transaction ID: **SA11A1.79939**

Form/Schedule:**SA11A1** This contribution is an unitemized earmarked contribution for \$5.

Transaction ID: **SA11A1.79978**

\*\*\*\*\*

**Image# 26940829171**

Form/Schedule: **SB21B** All disbursements documented as Line 21b, Federal Operating Expenditures, are in support of the committee itself and did not serve as contributions to any other candidate, federal or non-federal.  
Transaction ID: **SB21B.79265**

Form/Schedule: **SB21B** This disbursement includes an unitemized expense for \$18.94 to Borders Books and Music for Office Supplies.  
Transaction ID: **SB21B.66794**

\*\*\*\*\*

**Image# 26940829172**

Form/Schedule: **SB21B** This disbursement includes an unitemized expense for \$3.37 to Fragers Hardware for office supplies.  
Transaction ID: **SB21B.66768**

Form/Schedule: **SB21B** This disbursement includes \$20 in unitemized expenses with \$20 to Delta Airlines for Travel Fees.  
Transaction ID: **SB21B.66842**

\*\*\*\*\*

Image# 26940829173

Form/Schedule: **SB21B** This disbursement includes \$87.81 in unitemized expenses with \$55.48 to New Egg for Office Supplies and \$32.33 to Nero for Office Supplies.  
Transaction ID: **SB21B.66877**

Form/Schedule: **SB21B** This disbursement includes \$492.01 in unitemized expenses with \$13.98 to Orbitz for Reservation Fees, \$57.82 to Mia Bella Trattoria for Food and Beverages, \$36.37 to Shell Oil for Gas, \$199.56 to the Chop House for Food and Beverages and \$184.28 to the Wynn Hotel for Lodging.  
Transaction ID: **SB21B.66889**

\*\*\*\*\*

Image# 26940829174

Form/Schedule: **SB21B** This disbursement includes \$89.41 in unitemized expenses including \$12.04 to Starbucks for Food and Beverages,  
Transaction ID: **SB21B.66820** \$25.00 to Vino Volo for Food and Beverages, \$18.75 to Belle Epicurean for Food and Beverages, \$3.83 to Piroshky  
Piroshky for Food and Beverages, \$8.51 to Skol Cafe and Bar for Food and Beverages, \$17.40 to WSLCB Store for  
Food and Beverages and \$3.88 to Seattle's Best Coffee for Food and Beverages.

Form/Schedule: **SB21B** This disbursement includes \$20.14 in unitemized expenses including \$10.90 to Manchu Wok for food and beverage  
Transaction ID: **SB21B.66770** and \$9.24 to Jody Maroni's for food and beverage.

\*\*\*\*\*



Image# 26940829175

Form/Schedule: **SB21B** This disbursement includes \$212.48 in unitemized expenses with \$35 in Tips, \$15.43 for Food and Beverage, \$97 in Taxi Fares, \$24.86 to Jersey Subs for Food and Beverages, \$20 to General0101 for Parking, \$3.60 to the New Jersey Turnpike for Tolls, \$1.60 to Garden State Turnpike for Tolls and \$14.99 to The Paradies Shop for Photography Supplies.

Form/Schedule: **SB21B** This disbursement includes \$128.18 in unitemized expenses with \$30 to Yellow Cab for Taxi Fare, \$23.10 to Quik-trip for Gas, \$36 to O'Hare International Airport for Parking, \$9.30 to Gold Coast for Food and Beverages, \$4.-30 to the Illinois State Toll Highway Authority for Tolls, \$17.30 to the Seattle Renaissance Hotel for Food and Beverages, \$8.18 to Manchu Wok for Food and Beverages.

\*\*\*\*\*

Image# 26940829176

Form/Schedule: **SB21B** This disbursement includes \$104.64 in unitemized expenses including \$12 to Scotts Pastry for food and beverage,  
Transaction ID: **SB21B.79246** \$32.71 to Kwik Trip for gas, \$32.53 to Kwik Trip for gas, \$9.59 to Starbucks for food and beverage, \$.50 to Walgreens for office supplies, and \$17.31 to Copps for food and beverage.

\*\*\*\*\*