

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mary Bono Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	3635.00	5710.00
(b) Total Contribution Refunds (from Line 20(d)).....	4245.00	5145.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-610.00	565.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	47154.39	116122.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47154.39	116122.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	156396.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Mary Bono Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

550.00

1800.00

(ii) Unitemized.....

3085.00

3710.00

(iii) TOTAL of contributions

3635.00

5510.00

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

.00

200.00

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

.00

.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

3635.00

5710.00

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

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

.00

.00

13. LOANS

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

.00

.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS

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

.00

.00

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

.00

.00

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

.00

.00

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

3635.00

5710.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47154.39	116122.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	4245.00	5145.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4245.00	5145.00
21. OTHER DISBURSEMENTS.....	2000.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	53399.39	123267.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	206160.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	3635.00
25. SUBTOTAL (add Line 23 and Line 24).....	209795.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53399.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	156396.37

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 16
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. April Acker		Date of Receipt MM / DD / YYYY 12 / 20 / 2006
Mailing Address 49338 Escalante Street		Transaction ID: 1168983327942
City Indio	State CA	Zip Code 92201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self employed	Occupation Real estate	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Gary M. Plummer		Date of Receipt MM / DD / YYYY 12 / 22 / 2006
Mailing Address PO Box 1843		Transaction ID: 1169050723671
City Monterey	State CA	Zip Code 93942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peninsula Moving and Storage Co	Occupation President	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	550.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Ms Adriana Avila		Transaction ID: 1164920173206	
Mailing Address 1555 South Palm Canyon, Suite D105		Date of Disbursement 11 / 28 / 2006	
City Palm Springs	State CA	Zip Code 92264	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Salary		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Ms Adriana Avila		Transaction ID: 1168636938561	
Mailing Address 1555 South Palm Canyon, Suite D105		Date of Disbursement 12 / 04 / 2006	
City Palm Springs	State CA	Zip Code 92264	Amount of Each Disbursement this Period 1264.64
Purpose of Disbursement Mileage Reimbursement		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bellwether Consulting Group		Transaction ID: 1168633310482	
Mailing Address 1775 I Street, NW Ste 700		Date of Disbursement 12 / 19 / 2006	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Faxing, Printing & shipping		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4264.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 16

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Bieber Communications		Transaction ID: 1168633785385 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 3605 W. MacArthur Boulevard Ste. 712		Amount of Each Disbursement this Period 2110.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Ana State CA Zip Code 92704	Purpose of Disbursement Printing/mailling services Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jon-Marc Blalock		Transaction ID: 1164919871683 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address PO Box 2551		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Desert State CA Zip Code 92261	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paul Cancienne		Transaction ID: 1164920223471 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address PO Box 3770		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5110.43
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Cardinal Promotions		Transaction ID: 1168635019354 Date of Disbursement
Mailing Address 68-895 Perez Road Suite 16		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Cathedral City	State CA	Zip Code 92234
Purpose of Disbursement embroidery service	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="705.12"/>
State: District:		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 1168633565863 Date of Disbursement
Mailing Address 17330 Preston Road Suite 100A		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Dallas	State TX	Zip Code 75252
Purpose of Disbursement Phone Service	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="120.51"/>
State: District:		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 1168635304936 Date of Disbursement
Mailing Address 17330 Preston Road Suite 100A		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Dallas	State TX	Zip Code 75252
Purpose of Disbursement Phone Service	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="98.72"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="924.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Complete Campaigns		Transaction ID: 1168634228243 Date of Disbursement																				
Mailing Address 610 Gateway Center Way Suite K		<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>2</td><td></td><td>1</td><td>1</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	2		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	1		2	0	0	6													
City San Diego	State CA	Zip Code 92102																				
Purpose of Disbursement Fax Broadcasting		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>182.25</td></tr></table>	182.25																			
182.25																						
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008																					
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/Type 001																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																						

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 1168635229611 Date of Disbursement																				
Mailing Address PO Box 1140		<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>2</td><td></td><td>0</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	2		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	6		2	0	0	6													
City Memphis	State TN	Zip Code 38101																				
Purpose of Disbursement Shipping		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>1376.09</td></tr></table>	1376.09																			
1376.09																						
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008																					
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/Type 001																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																						

Full Name (Last, First, Middle Initial) C. Sabrina Garcia		Transaction ID: 1164919805747 Date of Disbursement																				
Mailing Address 81944 Villa Reale		<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>8</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		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		2	8		2	0	0	6													
City Indio	State CA	Zip Code 92203																				
Purpose of Disbursement Salary		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008																					
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/Type 001																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6558.34</td></tr></table>	6558.34
6558.34		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Sabrina Garcia		Transaction ID: 1168636859470
Mailing Address 81944 Villa Reale		Date of Disbursement 12 / 04 / 2006
City Indio	State CA	Zip Code 92203
Purpose of Disbursement Mileage Reimbursement	Amount of Each Disbursement this Period 382.70	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Jivaldi LLC		Transaction ID: 1168634126216
Mailing Address 2735 Eagles Landing Court		Date of Disbursement 12 / 11 / 2006
City Dublin	State CA	Zip Code 94568
Purpose of Disbursement Web Hosting/Maintainence	Amount of Each Disbursement this Period 1862.50	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Pitney Bowes Inc.		Transaction ID: 1168636026518
Mailing Address 1201 Market Street		Date of Disbursement 12 / 06 / 2006
City Wilmington	State DE	Zip Code 19801
Purpose of Disbursement Postage by phone	Amount of Each Disbursement this Period 3830.83	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	6076.03
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 16

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Plaza Del Sol		Transaction ID: 1164920374170 Date of Disbursement 11 / 28 / 2006
Mailing Address 1555 S. Palm Canyon Drive Suite G106		Amount of Each Disbursement this Period 665.00
City Palm Springs State CA Zip Code 92264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Monthly office rental	Candidate Name	001 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Riverside County Treasurer		Transaction ID: 1168636332334 Date of Disbursement 12 / 06 / 2006
Mailing Address 4080 Lemon Street, Fourth Floor		Amount of Each Disbursement this Period 1005.45
City Riverside State CA Zip Code 92501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payment of Lien	Candidate Name	001 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SCM Associates		Transaction ID: 1168633681514 Date of Disbursement 12 / 19 / 2006
Mailing Address 10 Main Street PO Box 720		Amount of Each Disbursement this Period 7187.66
City Jaffrey State NH Zip Code 03452	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing/Shipping services	Candidate Name	001 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8858.11
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: 1168633157503 Date of Disbursement 12 / 19 / 2006
Mailing Address 41725 Cook Street		Amount of Each Disbursement this Period 151.17
City Palm Desert	State CA Zip Code 92211-5100	
Purpose of Disbursement Cable service	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Marc Troast		Transaction ID: 1165961326162 Date of Disbursement 12 / 12 / 2006
Mailing Address 1555 South Palm Canyon Drive Suite D-105		Amount of Each Disbursement this Period -1257.13
City Palm Springs	State CA Zip Code 92264	
Purpose of Disbursement Voided Check	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Marc Troast		Transaction ID: 1168632904716 Date of Disbursement 12 / 20 / 2006
Mailing Address 1555 South Palm Canyon Drive Suite D-105		Amount of Each Disbursement this Period 10000.00
City Palm Springs	State CA Zip Code 92264	
Purpose of Disbursement Salary	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	8894.04
TOTAL This Period (last page this line number only)	

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

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

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Tuttle & Tuttle		Transaction ID: 1168635451462 Date of Disbursement 12 / 06 / 2006	
Mailing Address 12 Fort Williams Parkway		Amount of Each Disbursement this Period 4567.72	
City Alexandria State VA Zip Code 22304	Purpose of Disbursement holiday card printing Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 1168633027868 Date of Disbursement 12 / 19 / 2006	
Mailing Address PO Box 2167		Amount of Each Disbursement this Period 148.24	
City Folsom State CA Zip Code 95763	Purpose of Disbursement Cell Phone bill Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 1168633618423 Date of Disbursement 12 / 19 / 2006	
Mailing Address PO Box 2167		Amount of Each Disbursement this Period 539.79	
City Folsom State CA Zip Code 95763	Purpose of Disbursement Mobile telephone charges Candidate Name	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	5255.75
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial)

A. Williams & Jensen, PLLC

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
legal retainer

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1164920314312

Date of Disbursement

11 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

46941.69

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

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

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

Full Name (Last, First, Middle Initial) A. Michael Barrett		Transaction ID: 1165505980227	
Mailing Address 15000 Surveyor Blvd Suite100		Date of Disbursement 12 / 07 / 2006	
City Addison	State TX	Zip Code 75001	Amount of Each Disbursement this Period 1200.00
Purpose of Disbursement Refund of Contribution		010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Mrs. Bobbie Bozick		Transaction ID: 1168634970481	
Mailing Address 77330 Medicine Bow Circle		Date of Disbursement 12 / 08 / 2006	
City Indian Wells	State CA	Zip Code 92210	Amount of Each Disbursement this Period 2900.00
Purpose of Disbursement Refund of Contributions		010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

4100.00

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

4100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mary Bono Committee

A. Full Name (Last, First, Middle Initial)
Hastert For Congress Committee

Mailing Address PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Debt Retirement

Candidate Name
J. Dennis Hastert

Office Sought: House
 Senate
 President
State: IL District: 14

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 1168634735896
Date of Disbursement

1 2 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00