

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Christine Jennings For Congress

ADDRESS (number and street) 8211, 241st Street E Myakka City FL 34251 6823 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00409664 CITY STATE ZIP CODE STATE DISTRICT 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on 11/07/2006 in the State of FL (c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 07/01/2006 through 08/16/2006

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 Susan Flynn

Signature of Treasurer Electronically Filed by Susan Flynn Date 10/15/2006

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

Christine Jennings For Congress

Report Covering the Period: From: To:

	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)).....	85176.00	863896.76
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	664.33
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	85176.00	863232.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	305754.76	590142.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	482.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	305754.76	589659.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	283575.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Christine Jennings For Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
1	6

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).....

31550.00

31550.00

(ii) Unitemized.....

6961.00

682337.88

(iii) TOTAL of contributions

38511.00

713887.88

from individuals..... ▶

165.00

165.00

(b) Political Party Committees.....

46500.00

138850.00

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

0.00

10993.88

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

85176.00

863896.76

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

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

0.00

0.00

13. LOANS

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

0.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

10000.00

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

0.00

482.56

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

0.88

3.15

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

85176.88

874382.47

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	305754.76	590142.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	664.33
(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 20(a), (b), and (c)).....	0.00	664.33
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	305754.76	590806.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	504153.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	85176.88
25. SUBTOTAL (add Line 23 and Line 24).....	589330.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	305754.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	283575.92

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Roberto Alonso

Mailing Address 6600 SW 27 Street

City State Zip Code
Miami FL 33156

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

Name of Employer Occupation
Yahoo, Inc Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2006

Transaction ID: A-C5403

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Gwendolyn Baker

Mailing Address 7118 La Ronda Court

City State Zip Code
Sarasota FL 34238-4549

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2006

Transaction ID: A-C5160

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Susan M. Baker

Mailing Address 1200 Grassy Meadows Court

City State Zip Code
Chapin SC 29036-7673

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

Name of Employer Occupation
Unemployed Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: A-C5150

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial) Mr. Alan E Bandler		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 1241 Gulf Of Mexico Drive Unit 407		Transaction ID: A-C5207
City State Zip Code Longboat Key FL 34228-4620	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2150.00	

B. Full Name (Last, First, Middle Initial) Mr. Trent Bauserman		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 2099 Pennsylvania Avenue NW		Transaction ID: A-C5184
City State Zip Code Washington DC 20006-6800	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Holland & Knight, LLP	Occupation Public Affairs Advisor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Deborah Beacham		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 1810		Transaction ID: A-C5511
City State Zip Code Nokomis FL 34274-1810	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Coldwell Bankers	Occupation Realtor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Martin Bednar

Mailing Address 3820 Wilkinson Road

City State Zip Code
Sarasota FL 34233-3609

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

Name of Employer Occupation
New Deal Entertainment Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2006

Transaction ID: A-C5201

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Judy Beiter

Mailing Address 11420 State Route 776

City State Zip Code
Jackson OH 45640-8907

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

Name of Employer Occupation
Jasper Elementary School Guidance Counselor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: A-C4949

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
Jann Bellamy

Mailing Address 2534 Marston Road

City State Zip Code
Tallahassee FL 32308-6485

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: A-C5349

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Raymond E Bellamy, MD

Mailing Address 2534 Marston Road

City State Zip Code
Tallahassee FL 32308-6485

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: A-C5348

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Lynda Boyer

Mailing Address 2503 89th Street NW

City State Zip Code
Bradenton FL 34209-9617

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

Name of Employer Manatee County School District Occupation School Principal

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: A-C5498

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Sam W/ Brown

Mailing Address 2320 Pomona Ave.

City State Zip Code
Martinez CA 94553-2760

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: A-C5176

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Bob Buford

Mailing Address PO Box 780428

City State Zip Code
Wichita KS 67278-0428

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

Name of Employer Zenith Drilling Co Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: A-C5362

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Bob Buford

Mailing Address PO Box 780428

City State Zip Code
Wichita KS 67278-0428

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

Name of Employer Zenith Drilling Co Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: A-C5363

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Derek Byrd

Mailing Address 606 Owl Way

City State Zip Code
Sarasota FL 34236-1910

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

Name of Employer The Byrd Law Firm Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: A-C5388

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

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

Mailing Address 910 17th ST. NW
Suite 800

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: A-C5181

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert Catineau

Mailing Address 8603 11th Avenue NW

City Bradenton State FL Zip Code 34209-9669

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: A-C5144

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Thomas E. Congdon

Mailing Address 1510 East 10th Avenue-11W

City Denver State CO Zip Code 80218

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: A-C5173

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Ms. Luverne Conway		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 700 John Ringling Boulevard Apt. E206		Transaction ID: A-C5347	
City State Zip Code Sarasota FL 34236-1586		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2006 <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. Frances Cooper		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address 700 13th Street NW Suite 800		Transaction ID: A-C5186	
City State Zip Code Washington DC 20005-5938		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Weber Shandwick Occupation President & COO			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Ray Cruz		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 4020 W Bay To Bay Boulevard		Transaction ID: A-C5377	
City State Zip Code Tampa FL 33629-6722		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Community Lending Occupation Mortgage Broker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Norbert Donelly

Mailing Address 471 Webbs Cove

City Osprey State FL Zip Code 34229-9269

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

Name of Employer Tervis Tumblers Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: A-C5491

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Sandra Ferry

Mailing Address 30 Rockefeller Plaza Room 5600

City New York State NY Zip Code 10112-0002

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: A-C5342

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Alvin Guttman

Mailing Address 1776 Oak Lakes Drive

City Sarasota State FL Zip Code 34232-3458

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

Name of Employer Self Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: A-C5187

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Gregory S. Hagopian

Mailing Address 1101 6th Avenue W
Suite 204

City Bradenton State FL Zip Code 34205-7744

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: A-C5338

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ms Shirley M. Hermanson

Mailing Address 4173 Oakhurst Circle W

City Sarasota State FL Zip Code 34233-1441

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: A-C5496

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Kennard Honick

Mailing Address 2200 Ixora Avenue

City Sarasota State FL Zip Code 34234-8331

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

Name of Employer Eaton, Honick, Pellegrino Occupation Certified Public Accountant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: A-C5366

Amount of Each Receipt this Period
200.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Ms. Cherie D Howard

Mailing Address 2044 Shyville Road

City State Zip Code
Piketon OH 45661-9118

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

Name of Employer Occupation
Piketon High School Educator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: A-C5149

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 229 W. Chase Dr.

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
Accu-Crete, Inc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: A-C5172

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Francis Issa

Mailing Address PO Box 470007

City State Zip Code
Celebration FL 34747-0007

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

Name of Employer Occupation
ISSA Homes Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: A-C5139

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Jeanne Jacobson

Mailing Address 1521 S Lake Shore Drive

City State Zip Code
Sarasota FL 34231-3405

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: A-C5151

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3800 Fulton Street NW

City State Zip Code
Washington DC 20007-1344

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2006

Transaction ID: A-C5211

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Darlene D Kunkle

Mailing Address 8270 Ibis Street

City State Zip Code
Sarasota FL 34241-9327

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: A-C5367

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial) Mr. William Levine		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006	
Mailing Address 604 Weston Pointe Court		Transaction ID: A-C4940	
City State Zip Code Longboat Key FL 34228-3139		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

B. Full Name (Last, First, Middle Initial) Ms. Linda L Loewenstern		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 1921 Oakford Road		Transaction ID: A-C5459	
City State Zip Code Sarasota FL 34240-9079		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Certified Public Accountant			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Mr. Jeffrey Luhrsen		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 7430 N Tamiami Trail		Transaction ID: A-C5191	
City State Zip Code Sarasota FL 34243-1807		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Luhrsen Walsh Kleinberg Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Kenneth McConoughey

Mailing Address 11218 Sanctuary Dr.

City State Zip Code
Brandenton FL 34209

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: A-C5192

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mary J. McCurdy

Mailing Address 3341 Creekview Drive

City State Zip Code
Bonita Springs FL 34134-2625

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2006

Transaction ID: A-C5011

Amount of Each Receipt this Period
500.00

Contribution

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

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

Mailing Address 3949 Glen Oaks Manor Drive

City State Zip Code
Sarasota FL 34232-1042

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: A-C5497

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Terrence McKee

Mailing Address 2387 Palm Terrace

City State Zip Code
Sarasota FL 34231-4611

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

Name of Employer Occupation
Nuovo Salon & Spa Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: A-C5153

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Cord Mellor

Mailing Address PO Box 7604

City State Zip Code
North Port FL 34287-0604

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2006

Transaction ID: A-C5400

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 200 Cocoanut Avenue Apt. 10

City State Zip Code
Sarasota FL 34236-4990

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

Name of Employer Occupation
Self Employed CPA

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: A-C5457

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Donald Morris		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 10624 S Eastern Avenue # A201		Transaction ID: A-C5170
City Henderson State NV Zip Code 89052-2982	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Jerry Mosley		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 3352 Tanglewood Drive		Transaction ID: A-C5479
City Sarasota State FL Zip Code 34239-6515	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <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) C. Patrick M. Murphy		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 203 3rd St. NE		Transaction ID: A-C5183
City Washington State DC Zip Code 2002-5707	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2900.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Anne Li Peretz

Mailing Address 20 Larchwood Drive

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Family Center President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: A-C5169

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Louise Pulizzi

Mailing Address 8354 Sailing Loop

City State Zip Code
Bradenton FL 34202-2224

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

Name of Employer Occupation
Terra Nova Communications, LLC Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2006

Transaction ID: A-C5178

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1777 Main Street Suite 500

City State Zip Code
Sarasota FL 34236-5841

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

Name of Employer Occupation
Matthews Eastmoore Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2006

Transaction ID: A-C5200

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Ms. Wanda Scurlock

Mailing Address 2700 Patton Drive

City State Zip Code
Whelesrsburg OH 45694

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: A-C5357

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Sheila A Smith

Mailing Address 338 S/ Washington Street

City State Zip Code
34236

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2006

Transaction ID: A-C5477

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 320 E 72nd Street

City State Zip Code
New York NY 10021-4769

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2006

Transaction ID: A-C4944

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Ms. Virginia B. Toulmin

Mailing Address 340 S Palm Avenue
Unit 143

City State Zip Code
Sarasota FL 34236-6741

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2006

Transaction ID: A-C5202

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Judith Wagner

Mailing Address 3200 Cherry Creek South Drive
Suite 240

City State Zip Code
Denver CO 80209-3245

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: A-C5345

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Nancy J. Wollin

Mailing Address 1530 Pine Bay Drive

City State Zip Code
Sarasota FL 34231-3550

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

Name of Employer Occupation
Sandler Travis & Rosenberg
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: A-C5339

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 91	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Ms. Marcia Wood

Mailing Address 1203 Tallywood Drive

City State Zip Code
Sarasota FL 34237-3226

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

Name of Employer Marcia Wood & Co Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	6

Transaction ID: A-C5145

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	31550.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 91	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee, Inc.

Mailing Address 430 S Capitol Street SE
Floor 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
165.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

Transaction ID: A-I5387

Amount of Each Receipt this Period
165.00

Inkind: Catering

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

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	165.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 91
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. American Federation of Teachers		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 555 New Jersey Avenue NW		Transaction ID: A-C5484	
City State Zip Code Washington DC 20001-2029	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00028860	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		5000.00	

Full Name (Last, First, Middle Initial) B. Americans for Democratic Action - PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 1625 K Street NW Suite 210		Transaction ID: A-C5483	
City State Zip Code Washington DC 20006-1611	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00112680	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		500.00	

Full Name (Last, First, Middle Initial) C. Calumet		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 8000 Utah Street		Transaction ID: A-C5508	
City State Zip Code Merrillville IN 46410-6641	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00386300	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 91
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

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

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003-4006

FEC ID number of contributing federal political committee. **C** C00388959

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2006

Transaction ID: A-C5137

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 8456 Grand Avenue

City Elmhurst State NY Zip Code 11373-4352

FEC ID number of contributing federal political committee. **C** C00338954

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 01 / 2006

Transaction ID: A-C5365

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
Debbie Wasserman Schultz For Congress

Mailing Address PO Box 71147

City Washington State DC Zip Code 20024-1147

FEC ID number of contributing federal political committee. **C** C00385773

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 28 / 2006

Transaction ID: A-C5188

Amount of Each Receipt this Period
 1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 91
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Democrats Win Seats (DWS PAC)

Mailing Address 1071 Twin Branch Lane

City State Zip Code
Weston FL 33326

FEC ID number of contributing federal political committee. **C** C00425470

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: A-C5189

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Hastings For Congress

Mailing Address PO Box 100277

City State Zip Code
Ft Lauderdale FL 33310-0277

FEC ID number of contributing federal political committee. **C** C00269837

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: A-C5167

Amount of Each Receipt this Period
500.00

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

Earmarked through Democratic Congressional Campaign Committee, Inc..

C. Full Name (Last, First, Middle Initial)
I.B.E.W.

Mailing Address 900 7th Street NW

City State Zip Code
Washington DC 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: A-C4927

Amount of Each Receipt this Period
1000.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 91
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial) L.E.P.A.C. Mailing Address 1421 Prince Street Suite 330 City Alexandria State VA Zip Code 22314-2805 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C5371 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														
500.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

B. Full Name (Last, First, Middle Initial) Levin for Congress Mailing Address PO Box 37 City Roseville State MI Zip Code 48066-0037 FEC ID number of contributing federal political committee. C C00156612		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</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> Transaction ID: A-C5488 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	1		2	0	0	6														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

C. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco State CA Zip Code 94104 FEC ID number of contributing federal political committee. C C00213512		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</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> Transaction ID: A-C5194 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	8		2	0	0	6														
2000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																					
2000.00																							

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 91
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
National Education Association

Mailing Address NEA National Office
1201 16th Street, NW

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2006

Transaction ID: A-C5495

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
National Leadership Pac

Mailing Address PO Box 5577

City New York State NY Zip Code 10027-5570

FEC ID number of contributing federal political committee. **C** C00302588

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: A-C5863

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
New Democrat Coalition PAC

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005-2005

FEC ID number of contributing federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2006

Transaction ID: A-C5212

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 91
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
PAC TO THE FUTURE

Mailing Address 268 Bush Street
PMB 3230

City San Francisco State CA Zip Code 94104-3503

FEC ID number of contributing federal political committee. **C** C00344234

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: A-C5193

Amount of Each Receipt this Period
3000.00

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

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

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

FEC ID number of contributing federal political committee. **C** C00327023

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: A-C5190

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Steve Israel for Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729-0777

FEC ID number of contributing federal political committee. **C** C00358952

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: A-C5364

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 91
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial) UNITED TRANSPORTATION UNION		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 14600 Detroit Avenue		Transaction ID: A-C5213
City Cleveland State OH Zip Code 44107-4207	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00001636	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 10000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) UNITED TRANSPORTATION UNION		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 14600 Detroit Avenue		Transaction ID: A-C5214
City Cleveland State OH Zip Code 44107-4207	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00001636	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 10000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	46500.00

**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)

PAGE 32 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. 301 Kwikie Inc		Transaction ID: B-E-5255 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 1093 N Washington Boulevard		Amount of Each Disbursement this Period 617.70
City Sarasota State FL Zip Code 34236-3425	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing & Reproduction	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: B-E-5473 Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 10.00
City Fort Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fees	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: B-E-5474 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 10.00
City Fort Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fees	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	637.70
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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: B-E-6415 Date of Disbursement 08 / 16 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 25.00
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Amtrak		Transaction ID: B-S-50 Date of Disbursement 07 / 01 / 2006
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 315.00
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Train Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Angela Guyadeen(07/01/06)

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: B-E-5227 Date of Disbursement 07 / 01 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 264.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Credit Card Processing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	289.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Avenet, LLC		Transaction ID: B-E-5165 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 25.00	
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Credit Card Processing Fees Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Avenet, LLC		Transaction ID: B-E-5163 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6	
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 46.25	
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Credit Card Processing Fees Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: B-E-5359 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 5.00	
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	76.25
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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Avenet, LLC		Transaction ID: B-E-5162 Date of Disbursement 07 / 21 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 12.75
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Avenet, LLC		Transaction ID: B-E-5164 Date of Disbursement 07 / 25 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 55.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: B-E-5197 Date of Disbursement 07 / 25 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 55.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Administrative/Salary/Overhead Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	122.75
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Avenet, LLC		Transaction ID: B-E-5198 Date of Disbursement 07 / 25 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 5.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Administrative/Salary/Overhead Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Avenet, LLC		Transaction ID: B-E-5369 Date of Disbursement 08 / 01 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 2.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Merchant Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: B-E-5456 Date of Disbursement 08 / 11 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 10.75
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement merchant fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	17.75
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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Avenet, LLC		Transaction ID: B-E-5386 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 5.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement merchant fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Avenet, LLC		Transaction ID: B-E-5404 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 25.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Merchant Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: B-E-5353 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 15.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Merchant Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Bayau Associates		Transaction ID: B-E-5285 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 711 S Osprey Avenue Suite 1		Amount of Each Disbursement this Period 1635.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34236-7852	Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Buying Time		Transaction ID: B-E-5437 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 2715 M Street NW Suite 400		Amount of Each Disbursement this Period 54261.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007-3732	Purpose of Disbursement Media Buy Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular		Transaction ID: B-E-5226 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address PO Box 772348		Amount of Each Disbursement this Period 391.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ocala State FL Zip Code 34477-2348	Purpose of Disbursement Cellular Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	56288.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Colonial Bank, N.A.		Transaction ID: B-E-5421 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 142.75
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Colonial Bank, N.A.		Transaction ID: B-E-5422 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 39.40
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Colonial Bank, N.A.		Transaction ID: B-E-5424 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 2.08
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	184.23
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Colonial Bank, N.A.		Transaction ID: B-E-5475 Date of Disbursement 07 / 11 / 2006
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 55.00
City Sarasota State FL Zip Code 34236-5562	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Colonial Bank, N.A.		Transaction ID: B-E-5435 Date of Disbursement 07 / 25 / 2006
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 4.50
City Sarasota State FL Zip Code 34236-5562	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Colonial Bank, N.A.		Transaction ID: B-E-5463 Date of Disbursement 08 / 11 / 2006
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 149.01
City Sarasota State FL Zip Code 34236-5562	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

208.51

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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Colonial Bank, N.A.		Transaction ID: B-E-5464 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 38.35
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Colonial Bank, N.A.		Transaction ID: B-E-5465 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 3.69
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Colonial Bank, N.A.		Transaction ID: B-E-5476 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 55.00
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	97.04
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

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)
Christine Jennings For Congress

<p>A. Delta</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 20706</p>		<p>Transaction ID: B-S-84 Date of Disbursement 07 / 20 / 2006</p>
<p>City Atlanta State GA Zip Code 30320-6001</p>	<p>Purpose of Disbursement Administrative/Salary/Overhead: Airfare</p>	<p>Amount of Each Disbursement this Period 254.60</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type: 001</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Christine Jennings(07/20/06)</p>

<p>B. Department of the Treasury</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Internal Revenue Service</p>		<p>Transaction ID: B-E-5284 Date of Disbursement 07 / 31 / 2006</p>
<p>City Atlanta State GA Zip Code</p>	<p>Purpose of Disbursement Payroll Taxes</p>	<p>Amount of Each Disbursement this Period 15205.27</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type: 001</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>C. Enterprise Rent a Car</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5501 W Spruce Street</p>		<p>Transaction ID: B-S-49 Date of Disbursement 07 / 01 / 2006</p>
<p>City Tampa State FL Zip Code 33607-1459</p>	<p>Purpose of Disbursement Vehicle Rental</p>	<p>Amount of Each Disbursement this Period 209.19</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type: 001</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Angela Guyadeen(07/01/06)</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>15205.27</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. FedEx Kinko's		Transaction ID: B-S-53 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 1901 S Tamiami Trail		Amount of Each Disbursement this Period 36.92	
City Sarasota State FL Zip Code 34239-3624	Purpose of Disbursement Administrative/Salary/Overhead: Copies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Angela Guyadeen(07/01/06)	

Full Name (Last, First, Middle Initial) B. FedEx Kinko's		Transaction ID: B-S-61 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 1901 S Tamiami Trail		Amount of Each Disbursement this Period 62.15	
City Sarasota State FL Zip Code 34239-3624	Purpose of Disbursement Administrative/Salary/Overhead: Copies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Amy Harper(07/13/06)	

Full Name (Last, First, Middle Initial) C. FedEx Kinko's		Transaction ID: B-S-65 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 1901 S Tamiami Trail		Amount of Each Disbursement this Period 122.19	
City Sarasota State FL Zip Code 34239-3624	Purpose of Disbursement Administrative/Salary/Overhead: Copies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Jerald Lentini(07/14/06)	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 44 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. FedEx Kinko's		Transaction ID: B-S-74 Date of Disbursement 07 / 20 / 2006
Mailing Address 1901 S Tamiami Trail		Amount of Each Disbursement this Period 49.55
City Sarasota State FL Zip Code 34239-3624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Copies Candidate Name		[MEMO ITEM] Subitemization of Joseph Cooper(07/20/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx Kinko's		Transaction ID: B-S-92 Date of Disbursement 08 / 11 / 2006
Mailing Address 1901 S Tamiami Trail		Amount of Each Disbursement this Period 246.05
City Sarasota State FL Zip Code 34239-3624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Copies Candidate Name		[MEMO ITEM] Subitemization of Angela Guyadeen(08/11/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fenn Communications Group		Transaction ID: B-E-5235 Date of Disbursement 07 / 01 / 2006
Mailing Address 2715 M Street NW Suite 150		Amount of Each Disbursement this Period 3131.75
City Washington State DC Zip Code 20007-3733	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Communications Consulting Candidate Name		[MEMO ITEM] Subitemization of Angela Guyadeen(08/11/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3131.75
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 45 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Franklin Davis Printing		Transaction ID: B-E-5253 Date of Disbursement 07 / 14 / 2006
Mailing Address 520 N Willow Avenue		Amount of Each Disbursement this Period 1076.69
City Tampa State FL Zip Code 33606-1348	Purpose of Disbursement Fundraising Printing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Golden Apple Dinner Theatre		Transaction ID: B-E-5252 Date of Disbursement 07 / 14 / 2006
Mailing Address 25 N Pineapple Avenue		Amount of Each Disbursement this Period 250.00
City Sarasota State FL Zip Code 34236-5716	Purpose of Disbursement Fundraising Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Grassroots Solutions		Transaction ID: B-E-5223 Date of Disbursement 07 / 01 / 2006
Mailing Address 2929 University Avenue SE		Amount of Each Disbursement this Period 4500.00
City Minneapolis State MN Zip Code 55414-3670	Purpose of Disbursement General Political Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5826.69
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 46 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Grassroots Solutions		Transaction ID: B-E-5254 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 2929 University Avenue SE		Amount of Each Disbursement this Period 6000.00
City Minneapolis State MN Zip Code 55414-3670	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Political Consulting Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hamilton Beattie & Staff		Transaction ID: B-E-5236 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 102 S 10th Street		Amount of Each Disbursement this Period 2000.00
City Fernandina Beach State FL Zip Code 32034-3641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting ?? Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hamilton Beattie & Staff		Transaction ID: B-E-5471 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6
Mailing Address 102 S 10th Street		Amount of Each Disbursement this Period 685.17
City Fernandina Beach State FL Zip Code 32034-3641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Expenses Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8685.17
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 47 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Holiday Inn		Transaction ID: B-S-86 Date of Disbursement MM / DD / YYYY 07 / 20 / 2006
Mailing Address		Amount of Each Disbursement this Period 616.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead: Lodging Candidate Name		[MEMO ITEM] Subitemization of Christine Jennings(07/20/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Home Depot		Transaction ID: B-E-5292 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 1165 17th St		Amount of Each Disbursement this Period 309.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead: Sign ?? Candidate Name		[MEMO ITEM] Subitemization of Joseph Cooper(08/11/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Home Depot		Transaction ID: B-S-101 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 1165 17th St		Amount of Each Disbursement this Period 49.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement Office Supplies Candidate Name		[MEMO ITEM] Subitemization of Joseph Cooper(08/11/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	309.12
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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Kangas & Assoc.		Transaction ID: B-E-5257 Date of Disbursement 07 / 14 / 2006
Mailing Address 4545 Mariotti Court Unit J		Amount of Each Disbursement this Period 179.76
City Sarasota State FL Zip Code 34233-3433	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Rental Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael's on East		Transaction ID: B-E-5250 Date of Disbursement 07 / 14 / 2006
Mailing Address 1212 S East Avenue		Amount of Each Disbursement this Period 2755.25
City Sarasota State FL Zip Code 34239-2304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reception Catering Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Michael's on East		Transaction ID: B-E-5251 Date of Disbursement 07 / 14 / 2006
Mailing Address 1212 S East Avenue		Amount of Each Disbursement this Period 1198.40
City Sarasota State FL Zip Code 34239-2304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering & Room Rental Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4133.41
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 49 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Mission Control, Inc.		Transaction ID: B-E-5436 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 201 Adams Street		Amount of Each Disbursement this Period 61172.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Manchester State CT Zip Code 06042-1985	Purpose of Disbursement Direct Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr Florist		Transaction ID: B-E-5467 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6
Mailing Address 599 N Lime Avenue		Amount of Each Disbursement this Period 209.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34237-5126	Purpose of Disbursement Administrative/Salary/Overhead: Flowers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-S-54 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 4940 S Tamiami Trail		Amount of Each Disbursement this Period 18.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34231-4354	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Gee Dee Kerr(07/01/06)

SUBTOTAL of Disbursements This Page (optional) ▶	61382.45
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 50 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-S-71 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 4940 S Tamiami Trail		Amount of Each Disbursement this Period 92.43	
City Sarasota State FL Zip Code 34231-4354	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Joseph Cooper(07/14/06)	

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: B-S-57 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 255.62	
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Gee Dee Kerr(07/01/06)	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: B-S-58 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 295.00	
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Jennifer Dziekan(07/01/06)	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: B-S-103 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 88.04
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Joseph Cooper(08/11/06)

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: B-S-97 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 26.74
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Angela Guyadeen(08/11/06)

Full Name (Last, First, Middle Initial) C. Office Outfitters, Inc		Transaction ID: B-S-87 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 881 E Venice Avenue		Amount of Each Disbursement this Period 1744.10
City Venice State FL Zip Code 34285-7038	Purpose of Disbursement Office Furniture Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Christine Jennings(07/20/06)

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: B-E-5445 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 3295.90
City Fairfax State VA Zip Code 22031-4642	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: B-E-5455 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 332.18
City Fairfax State VA Zip Code 22031-4642	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Political C.F.O's		Transaction ID: B-E-5266 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 6715 Williams Drive		Amount of Each Disbursement this Period 2914.56
City Alexandria State VA Zip Code 22307-1669	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Compliance Consulting Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6542.64
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)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Ray Anthony Printer		Transaction ID: B-E-5231 Date of Disbursement 07 / 01 / 2006	
Mailing Address 413 W Waters Avenue		Amount of Each Disbursement this Period 75.60	
City Tampa State FL Zip Code 33604-2940	Purpose of Disbursement Business Card Printing Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ray Anthony Printer		Transaction ID: B-E-5248 Date of Disbursement 07 / 10 / 2006	
Mailing Address 413 W Waters Avenue		Amount of Each Disbursement this Period 42.80	
City Tampa State FL Zip Code 33604-2940	Purpose of Disbursement Business Card Printing Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ray Anthony Printer		Transaction ID: B-E-5468 Date of Disbursement 08 / 12 / 2006	
Mailing Address 413 W Waters Avenue		Amount of Each Disbursement this Period 955.19	
City Tampa State FL Zip Code 33604-2940	Purpose of Disbursement Envelope Printing Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1073.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 91

<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)
Christine Jennings For Congress

A. Sarasota Commercial Management Full Name (Last, First, Middle Initial) Mailing Address 1931 Golf Street City Sarasota State FL Zip Code 34236-6907 Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5243 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 1492.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Sarasota County DEC Full Name (Last, First, Middle Initial) Mailing Address PO Box 5833 City Sarasota State FL Zip Code 34277-5833 Purpose of Disbursement Program Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5222 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Sarasota Democratic Club Full Name (Last, First, Middle Initial) Mailing Address 4361 Arrow Avenue City Sarasota State FL Zip Code 34232-2565 Purpose of Disbursement Ticket Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5245 Date of Disbursement 07 / 07 / 2006 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1642.65
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Sarasota Democratic Club		Transaction ID: B-E-5466 Date of Disbursement 08 / 11 / 2006
Mailing Address 4361 Arrow Avenue		Amount of Each Disbursement this Period 50.00
City Sarasota State FL Zip Code 34232-2565	Purpose of Disbursement Administrative/Salary/Overhead: Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Sarasota Rent-All Inc		Transaction ID: B-S-88 Date of Disbursement 07 / 20 / 2006
Mailing Address 5438 Ashton Court		Amount of Each Disbursement this Period 477.22
City Sarasota State FL Zip Code 34233-3403	Purpose of Disbursement Office Furniture Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Christine Jennings(07/20/06)

Full Name (Last, First, Middle Initial) C. Sarasota Tiger Bay Club		Transaction ID: B-E-5221 Date of Disbursement 07 / 01 / 2006
Mailing Address 3720 Allenwood Street		Amount of Each Disbursement this Period 21.00
City Sarasota State FL Zip Code 34232-1204	Purpose of Disbursement Membership Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	71.00
TOTAL This Period (last page this line number only)	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Signs Unlimited		Transaction ID: B-E-5469 Date of Disbursement 08 / 12 / 2006
Mailing Address 618 S Magnolia Avenue		Amount of Each Disbursement this Period 4880.83
City Ocala State FL Zip Code 34474-4276	Purpose of Disbursement Paraphanelia Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. The Maccabee Group		Transaction ID: B-E-5246 Date of Disbursement 07 / 11 / 2006
Mailing Address 3509 Connecticut Avenue NW Suite 805		Amount of Each Disbursement this Period 6000.00
City Washington State DC Zip Code 20008-2400	Purpose of Disbursement Research Consult Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. U. S. Postmaster		Transaction ID: B-S-60 Date of Disbursement 07 / 01 / 2006
Mailing Address Ringling Blvd		Amount of Each Disbursement this Period 342.00
City Sarasota State FL Zip Code 34230	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Jennifer Dziekan(07/01/06)

SUBTOTAL of Disbursements This Page (optional) ▶	10880.83
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)

PAGE 57 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. U. S. Postmaster		Transaction ID: B-S-63 Date of Disbursement 07 / 14 / 2006
Mailing Address Ringling Blvd		Amount of Each Disbursement this Period 14.40
City Sarasota State FL Zip Code 34230	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Gee Dee Kerr(07/14/06)

Full Name (Last, First, Middle Initial) B. U. S. Postmaster		Transaction ID: B-S-64 Date of Disbursement 07 / 14 / 2006
Mailing Address Ringling Blvd		Amount of Each Disbursement this Period 31.81
City Sarasota State FL Zip Code 34230	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Jerald Lentini(07/14/06)

Full Name (Last, First, Middle Initial) C. U. S. Postmaster		Transaction ID: B-S-77 Date of Disbursement 07 / 20 / 2006
Mailing Address Ringling Blvd		Amount of Each Disbursement this Period 1421.00
City Sarasota State FL Zip Code 34230	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Christine Jennings(07/20/06)

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
U. S. Postmaster

Mailing Address Ringling Blvd

City Sarasota State FL Zip Code 34230

Purpose of Disbursement Administrative/Salary/Overhead: Postage
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B-S-93
Date of Disbursement
08 / 11 / 2006

Amount of Each Disbursement this Period
781.83

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

[MEMO ITEM]
Subitemization of Angela Guyadeen(08/11/06)

B. Full Name (Last, First, Middle Initial)
U. S. Postmaster

Mailing Address Ringling Blvd

City Sarasota State FL Zip Code 34230

Purpose of Disbursement Administrative/Salary/Overhead: Postage
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B-E-5472
Date of Disbursement
08 / 12 / 2006

Amount of Each Disbursement this Period
66.00

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

C. Full Name (Last, First, Middle Initial)
USAirways

Mailing Address 111 W Rio Salado Parkway

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement Administrative/Salary/Overhead: Airfare
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B-S-76
Date of Disbursement
07 / 20 / 2006

Amount of Each Disbursement this Period
1456.10

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

[MEMO ITEM]
Subitemization of Christine Jennings(07/20/06)

SUBTOTAL of Disbursements This Page (optional) ▶

66.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Verizon Florida, Inc		Transaction ID: B-E-5225 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 52.17	
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Verizon Florida, Inc		Transaction ID: B-E-5233 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 763.60	
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. White Sand Works		Transaction ID: B-E-5294 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address PO Box 18608		Amount of Each Disbursement this Period 3600.00	
City Tampa State FL Zip Code 33679-8608	Purpose of Disbursement Website Design & Consulting Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	4415.77
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 60 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Angela Barranco		Transaction ID: B-E-5242 Date of Disbursement 07 / 01 / 2006
Mailing Address 1085 Warburton Avenue Apt. 415		Amount of Each Disbursement this Period 3769.50
City Yonkers State NY Zip Code 10701-1015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Angela Barranco		Transaction ID: B-E-5425 Date of Disbursement 07 / 16 / 2006
Mailing Address 1085 Warburton Avenue Apt. 415		Amount of Each Disbursement this Period 1884.75
City Yonkers State NY Zip Code 10701-1015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Angela Barranco		Transaction ID: B-E-5287 Date of Disbursement 07 / 31 / 2006
Mailing Address 1085 Warburton Avenue Apt. 415		Amount of Each Disbursement this Period 2057.53
City Yonkers State NY Zip Code 10701-1015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Expense REIMBURSEMENT Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7711.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Angela Barranco		Transaction ID: B-E-5438 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1085 Warburton Avenue Apt. 415		Amount of Each Disbursement this Period 1871.33
City State Zip Code Yonkers NY 10701-1015	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Melinda Briggs		Transaction ID: B-E-5296 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 855 Mecca Drive Apt. D		Amount of Each Disbursement this Period 81.30
City State Zip Code Sarasota FL 34234-2873	Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Melinda Briggs		Transaction ID: B-E-5313 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 855 Mecca Drive Apt. D		Amount of Each Disbursement this Period 555.22
City State Zip Code Sarasota FL 34234-2873	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2507.85
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Christine Jennings For Congress

A. Chef Caldwell Full Name (Last, First, Middle Initial) Mailing Address 1435 Main Street City Sarasota State FL Zip Code 34236-5714 Purpose of Disbursement Catering Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5247 Date of Disbursement 07 / 11 / 2006 Amount of Each Disbursement this Period 560.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Tahlah Campbell Full Name (Last, First, Middle Initial) Mailing Address 3526 Prado Drive City Sarasota State FL Zip Code 34235-3429 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5449 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 216.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Matt Capriotti Full Name (Last, First, Middle Initial) Mailing Address 9609 64th Avenue E City Bradenton State FL Zip Code 34202-9356 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5273 Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 41.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	818.31
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Matt Capriotti		Transaction ID: B-E-5298 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 9609 64th Avenue E		Amount of Each Disbursement this Period 44.70
City Bradenton State FL Zip Code 34202-9356	Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Matt Capriotti		Transaction ID: B-E-5304 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 9609 64th Avenue E		Amount of Each Disbursement this Period 100.00
City Bradenton State FL Zip Code 34202-9356	Purpose of Disbursement Salary Bonus Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Matt Capriotti		Transaction ID: B-E-5314 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 9609 64th Avenue E		Amount of Each Disbursement this Period 465.36
City Bradenton State FL Zip Code 34202-9356	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	610.06
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 64 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Matt Capriotti		Transaction ID: B-E-5326 Date of Disbursement 08 / 11 / 2006
Mailing Address 9609 64th Avenue E		Amount of Each Disbursement this Period 30.90
City Bradenton State FL Zip Code 34202-9356	Purpose of Disbursement Mileage Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Caitlin Carney		Transaction ID: B-E-5275 Date of Disbursement 07 / 28 / 2006
Mailing Address 2263 Pine View Circle		Amount of Each Disbursement this Period 25.11
City Sarasota State FL Zip Code 34231-6929	Purpose of Disbursement Mileage Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Caitlin Carney		Transaction ID: B-E-5308 Date of Disbursement 08 / 07 / 2006
Mailing Address 2263 Pine View Circle		Amount of Each Disbursement this Period 350.07
City Sarasota State FL Zip Code 34231-6929	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	406.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 65 / 91

<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)
Christine Jennings For Congress

<p>A. Caitlin Carney</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2263 Pine View Circle</p> <p>City Sarasota State FL Zip Code 34231-6929</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-5325</p> <p>Date of Disbursement</p> <p>08 / 11 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>22.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>B. Joseph Cooper</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 515 30th Avenue W Apt. H103</p> <p>City Bradenton State FL Zip Code 34205-8055</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-5218</p> <p>Date of Disbursement</p> <p>07 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>45.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>C. Joseph Cooper</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 515 30th Avenue W Apt. H103</p> <p>City Bradenton State FL Zip Code 34205-8055</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: 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>Transaction ID: B-E-5240</p> <p>Date of Disbursement</p> <p>07 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>743.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>811.13</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Joseph Cooper		Transaction ID: B-E-5244 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 136.82
City Bradenton State FL Zip Code 34205-8055	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Joseph Cooper		Transaction ID: B-E-5264 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 135.22
City Bradenton State FL Zip Code 34205-8055	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Expense Reimbursement	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joseph Cooper		Transaction ID: B-E-5265 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 48.20
City Bradenton State FL Zip Code 34205-8055	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	320.24
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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Joseph Cooper		Transaction ID: B-E-5432 Date of Disbursement 07 / 17 / 2006
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 1040.38
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Joseph Cooper		Transaction ID: B-E-5268 Date of Disbursement 07 / 20 / 2006
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 72.55
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Joseph Cooper		Transaction ID: B-E-5269 Date of Disbursement 07 / 20 / 2006
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 28.03
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1140.96
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Joseph Cooper		Transaction ID: B-E-5279 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 87.22
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Travel & Cell Phone Reimburse Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Joseph Cooper		Transaction ID: B-E-5295 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 100.02
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Travel Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Joseph Cooper		Transaction ID: B-E-5439 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 1039.99
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1227.23
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 69 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Joseph Cooper		Transaction ID: B-E-5323 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 61.38
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Joseph Cooper		Transaction ID: B-E-5324 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 515 30th Avenue W Apt. H103		Amount of Each Disbursement this Period 171.69
City Bradenton State FL Zip Code 34205-8055	Purpose of Disbursement Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Ms. Jennifer E Dziekan		Transaction ID: B-E-5234 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 674.44
City Canby State OR Zip Code 97013-3335	Purpose of Disbursement Supplies Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	907.51
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 70 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Ms. Jennifer E Dziekan		Transaction ID: B-E-5238 Date of Disbursement 07 / 01 / 2006
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 4105.24
City Canby State OR Zip Code 97013-3335	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Brian Frey		Transaction ID: B-E-5277 Date of Disbursement 07 / 28 / 2006
Mailing Address 7011 Dominion Lane		Amount of Each Disbursement this Period 26.72
City Bradenton State FL Zip Code 34202-5031	Purpose of Disbursement Mileage Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Brian Frey		Transaction ID: B-E-5300 Date of Disbursement 08 / 04 / 2006
Mailing Address 7011 Dominion Lane		Amount of Each Disbursement this Period 49.11
City Bradenton State FL Zip Code 34202-5031	Purpose of Disbursement Mileage Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4181.07
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)
Christine Jennings For Congress

A. Brian Frey Full Name (Last, First, Middle Initial) Mailing Address 7011 Dominion Lane City Bradenton State FL Zip Code 34202-5031 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5310 Date of Disbursement 08 / 07 / 2006 Amount of Each Disbursement this Period 411.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Angela Guyadeen Full Name (Last, First, Middle Initial) Mailing Address 1751 Mound Street City Sarasota State FL Zip Code 34236-7763 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5219 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 645.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Angela Guyadeen Full Name (Last, First, Middle Initial) Mailing Address 1751 Mound Street City Sarasota State FL Zip Code 34236-7763 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5220 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1117.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Angela Guyadeen		Transaction ID: B-E-5239 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 1751 Mound Street		Amount of Each Disbursement this Period 1040.37	
City Sarasota State FL Zip Code 34236-7763	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Angela Guyadeen		Transaction ID: B-E-5259 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6	
Mailing Address 1751 Mound Street		Amount of Each Disbursement this Period 379.63	
City Sarasota State FL Zip Code 34236-7763	Purpose of Disbursement Travel Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Angela Guyadeen		Transaction ID: B-E-5426 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 6	
Mailing Address 1751 Mound Street		Amount of Each Disbursement this Period 1040.27	
City Sarasota State FL Zip Code 34236-7763	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2460.27
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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Angela Guyadeen		Transaction ID: B-E-5270 Date of Disbursement 07 / 20 / 2006	
Mailing Address 1751 Mound Street		Amount of Each Disbursement this Period 81.23	
City Sarasota State FL Zip Code 34236-7763	Purpose of Disbursement Supplies Reimbursement Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Angela Guyadeen		Transaction ID: B-E-5440 Date of Disbursement 08 / 04 / 2006	
Mailing Address 1751 Mound Street		Amount of Each Disbursement this Period 1039.99	
City Sarasota State FL Zip Code 34236-7763	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Angela Guyadeen		Transaction ID: B-E-5319 Date of Disbursement 08 / 11 / 2006	
Mailing Address 1751 Mound Street		Amount of Each Disbursement this Period 1115.45	
City Sarasota State FL Zip Code 34236-7763	Purpose of Disbursement Expense Reimbursement Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2236.67
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 74 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Ms. Amy Harper		Transaction ID: B-E-5249 Date of Disbursement 07 / 13 / 2006	
Mailing Address 1635 Greenwood Drive		Amount of Each Disbursement this Period 62.15	
City Dunedin State FL Zip Code 34698-4746	Purpose of Disbursement Supplies Reimbursement Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Amy Harper		Transaction ID: B-E-5429 Date of Disbursement 07 / 17 / 2006	
Mailing Address 1635 Greenwood Drive		Amount of Each Disbursement this Period 471.78	
City Dunedin State FL Zip Code 34698-4746	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Amy Harper		Transaction ID: B-E-5280 Date of Disbursement 07 / 28 / 2006	
Mailing Address 1635 Greenwood Drive		Amount of Each Disbursement this Period 38.18	
City Dunedin State FL Zip Code 34698-4746	Purpose of Disbursement Postage Reimbursement Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	572.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 75 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Ms. Amy Harper		Transaction ID: B-E-5441 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 1635 Greenwood Drive		Amount of Each Disbursement this Period 846.62	
City Dunedin State FL Zip Code 34698-4746	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Samuel J Hewitt		Transaction ID: B-E-5241 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 2038.75	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Samuel J Hewitt		Transaction ID: B-E-5434 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 1211.26	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4096.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 91

<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)
Christine Jennings For Congress

A. Mr. Samuel J Hewitt Full Name (Last, First, Middle Initial) Mailing Address 5618 SE Riverboat Drive City Stuart State FL Zip Code 34997-1606 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-5442 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 1176.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mr. Samuel J Hewitt Full Name (Last, First, Middle Initial) Mailing Address 5618 SE Riverboat Drive City Stuart State FL Zip Code 34997-1606 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-5509 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 175.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Ms. Christine L. Jennings Full Name (Last, First, Middle Initial) Mailing Address 988 Boulevard Of The Arts Apt. 510 City Sarasota State FL Zip Code 34236-4835 Purpose of Disbursement Gas Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-5228 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 31.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1383.81
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Ms. Christine L. Jennings		Transaction ID: B-E-5232 Date of Disbursement MM / DD / YYYY 07 / 01 / 2006
Mailing Address 988 Boulevard Of The Arts Apt. 510		Amount of Each Disbursement this Period 1046.80
City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ms. Christine L. Jennings		Transaction ID: B-E-5272 Date of Disbursement MM / DD / YYYY 07 / 20 / 2006
Mailing Address 988 Boulevard Of The Arts Apt. 510		Amount of Each Disbursement this Period 6364.62
City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Expense Reimbursement	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sydney L Jones		Transaction ID: B-E-5302 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006
Mailing Address 400 Blairwood Drive		Amount of Each Disbursement this Period 389.00
City Fort Worth State TX Zip Code 76134-5349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7800.42
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 78 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Mrs Gee Dee Kerr		Transaction ID: B-E-5229 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 342.27
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Supplies Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mrs Gee Dee Kerr		Transaction ID: B-E-5237 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 2906.36
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Mrs Gee Dee Kerr		Transaction ID: B-E-5256 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 67.89
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3316.52
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 79 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Mrs Gee Dee Kerr		Transaction ID: B-E-5428 Date of Disbursement 07 / 16 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 1453.16
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mrs Gee Dee Kerr		Transaction ID: B-E-5283 Date of Disbursement 07 / 28 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 114.98
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Expense Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Mrs Gee Dee Kerr		Transaction ID: B-E-5443 Date of Disbursement 08 / 04 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 1432.08
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3000.22
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 80 / 91

<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)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial) Jerald M Lentini		Transaction ID: B-E-5258 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 4722 Stevens Drive		Amount of Each Disbursement this Period 171.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34234-3753	Purpose of Disbursement Mileage & Expense Reimbursemen Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

B. Full Name (Last, First, Middle Initial) Jerald M Lentini		Transaction ID: B-E-5262 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 4722 Stevens Drive		Amount of Each Disbursement this Period 22.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34234-3753	Purpose of Disbursement Expense Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

C. Full Name (Last, First, Middle Initial) Jerald M Lentini		Transaction ID: B-E-5431 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 4722 Stevens Drive		Amount of Each Disbursement this Period 539.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34234-3753	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

732.95

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)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial) Jerald M Lentini		Transaction ID: B-E-5286 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 4722 Stevens Drive		Amount of Each Disbursement this Period 41.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34234-3753	Purpose of Disbursement Food and Beverage Reimbursemen Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jerald M Lentini		Transaction ID: B-E-5444 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 4722 Stevens Drive		Amount of Each Disbursement this Period 867.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34234-3753	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Jerald M Lentini		Transaction ID: B-E-5320 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 4722 Stevens Drive		Amount of Each Disbursement this Period 62.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34234-3753	Purpose of Disbursement Expense Reimbursement Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	971.53
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)
Christine Jennings For Congress

A. Ludson Leon Full Name (Last, First, Middle Initial) Mailing Address 5420 25th Street W City Bradenton State FL Zip Code 34207-3501 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5315 Date of Disbursement 08 / 07 / 2006 Amount of Each Disbursement this Period 274.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. R Chase Llewellyn Full Name (Last, First, Middle Initial) Mailing Address 413 Whitfrin Ave City Sarasota State FL Zip Code 34243 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5290 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 12.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. R Chase Llewellyn Full Name (Last, First, Middle Initial) Mailing Address 413 Whitfrin Ave City Sarasota State FL Zip Code 34243 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5297 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 46.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶

333.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 83 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. R Chase Llewellyn		Transaction ID: B-E-5312 Date of Disbursement 08 / 07 / 2006
Mailing Address 413 Whitfrin Ave		Amount of Each Disbursement this Period 247.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34243	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Charles Mckenzie		Transaction ID: B-E-5271 Date of Disbursement 07 / 21 / 2006
Mailing Address PO Box 48583		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34230-5583	Purpose of Disbursement General Political Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charles Mckenzie		Transaction ID: B-E-5318 Date of Disbursement 08 / 08 / 2006
Mailing Address PO Box 48583		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34230-5583	Purpose of Disbursement General Political Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1047.03
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 84 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Wesley Pitts		Transaction ID: B-E-5274 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address 3913 Chapel Drive		Amount of Each Disbursement this Period 40.77	
City Sarasota State FL Zip Code 34234-5222	Purpose of Disbursement Mileage Reimbursement Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wesley Pitts		Transaction ID: B-E-5301 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 3913 Chapel Drive		Amount of Each Disbursement this Period 59.52	
City Sarasota State FL Zip Code 34234-5222	Purpose of Disbursement Mileage Reimbursement Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wesley Pitts		Transaction ID: B-E-5450 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 3913 Chapel Drive		Amount of Each Disbursement this Period 329.48	
City Sarasota State FL Zip Code 34234-5222	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	429.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 85 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Dean Witter Reynolds		Transaction ID: B-E-5461 Date of Disbursement 08 / 04 / 2006
Mailing Address 240 S Pineapple Avenue Floor 5		Amount of Each Disbursement this Period 34949.00
City Sarasota State FL Zip Code 34236-6711	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Buy Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dean Witter Reynolds		Transaction ID: B-E-5462 Date of Disbursement 08 / 11 / 2006
Mailing Address 240 S Pineapple Avenue Floor 5		Amount of Each Disbursement this Period 34949.00
City Sarasota State FL Zip Code 34236-6711	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Buy Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Janover Rubnroit		Transaction ID: B-E-5470 Date of Disbursement 08 / 12 / 2006
Mailing Address 845 3rd Avenue		Amount of Each Disbursement this Period 325.00
City New York State NY Zip Code 10022-6601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Fees Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	70223.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Angel Soto		Transaction ID: B-E-5276 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 8209 62nd Court E Apt. 1709		Amount of Each Disbursement this Period 27.00
City Sarasota State FL Zip Code 34243-3176	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimbursement Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 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. Angel Soto		Transaction ID: B-E-5311 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 8209 62nd Court E Apt. 1709		Amount of Each Disbursement this Period 319.99
City Sarasota State FL Zip Code 34243-3176	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Debra Stevens		Transaction ID: B-E-5278 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 4604 30th Street W		Amount of Each Disbursement this Period 19.20
City Bradenton State FL Zip Code 34207-1111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimbursement Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	366.19
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 87 / 91

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Debra Stevens		Transaction ID: B-E-5451 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 4604 30th Street W		Amount of Each Disbursement this Period 228.56	
City Bradenton State FL Zip Code 34207-1111	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kenya Taylor		Transaction ID: B-E-5452 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 537 Edwards Drive		Amount of Each Disbursement this Period 383.25	
City Sarasota State FL Zip Code 34243-2046	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Katherine Williams		Transaction ID: B-E-5303 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 5242 Rilma Avenue		Amount of Each Disbursement this Period 200.00	
City Sarasota State FL Zip Code 34234-2822	Purpose of Disbursement Salary Bonus	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

811.81

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)
Christine Jennings For Congress

A. Katherine Williams Full Name (Last, First, Middle Initial) Mailing Address 5242 Rilma Avenue City Sarasota State FL Zip Code 34234-2822 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5309 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 551.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Ronald Wimberly Full Name (Last, First, Middle Initial) Mailing Address 1921 5th Street Apt. 6 City Sarasota State FL Zip Code 34236-4206 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5317 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 299.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Greg Wool Full Name (Last, First, Middle Initial) Mailing Address 22 Jarombek Drive City Towaco State NJ Zip Code 07082-1444 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5260 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1019.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1869.79
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) A. Greg Wool		Transaction ID: B-E-5261 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 22 Jarombek Drive		Amount of Each Disbursement this Period 20.00	
City Towaco State NJ Zip Code 07082-1444	Purpose of Disbursement Meals Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jacob E Wright		Transaction ID: B-E-5299 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 537 Edwards Drive		Amount of Each Disbursement this Period 15.30	
City Sarasota State FL Zip Code 34243-2046	Purpose of Disbursement Mileage Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jacob E Wright		Transaction ID: B-E-5454 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 537 Edwards Drive		Amount of Each Disbursement this Period 300.14	
City Sarasota State FL Zip Code 34243-2046	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	335.44
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 91

<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)
Christine Jennings For Congress

A. Full Name (Last, First, Middle Initial)
Jacob E Wright

Mailing Address 537 Edwards Drive

City Sarasota State FL Zip Code 34243-2046

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-5307

Date of Disbursement

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

Amount of Each Disbursement this Period

150.00

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

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

305231.15

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 91 / 91
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Christine Jennings For Congress

Transaction ID: SC/10-L4

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms.(Personal Funds) Christine L. Jennings	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 988 Boulevard Of The Arts Apt. 510	
City Sarasota State FL ZIP Code 34236-4835	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred M M 09 D D 30 Y Y Y Y 2005	Date Due None	Interest Rate 0.000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.