

# 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  
JOHN T. DOOLITTLE FOR CONGRESS

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150  
 Check if different than previously reported. (ACC)  
SACRAMENTO CA 95833

2. **FEC IDENTIFICATION NUMBER** C00242768  
**CITY** STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 4

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 CA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 04 01 2006 through 05 17 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 David Bauer

Signature of Treasurer Electronically Filed by David Bauer Date 02 05 2007

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

JOHN T. DOOLITTLE FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
1	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	195011.63	1011477.44
(b) Total Contribution Refunds (from Line 20(d)).....	2350.00	2911.84
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	192661.63	1008565.60
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	333183.41	873925.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4141.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	333183.41	869783.88
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	265574.63	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	44263.11	

**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  
 JOHN T. DOOLITTLE FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
1	7

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).....

131897.28

528019.55

(ii) Unitemized.....

11414.35

123182.90

(iii) TOTAL of contributions

143311.63

651202.45

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

51700.00

360274.99

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

195011.63

1011477.44

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

4141.94

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

195011.63

1015619.38

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	333183.41	873925.82
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.....	2350.00	2911.84
(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)).....	2350.00	2911.84
21. OTHER DISBURSEMENTS.....	500.00	31628.86
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	336033.41	908466.52

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	406596.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	195011.63
25. SUBTOTAL (add Line 23 and Line 24).....	601608.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	336033.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	265574.63

**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 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
HERBERT H. DEARDORFF JR.

Mailing Address 5737 39TH ST.

City State Zip Code  
Sacramento CA 95824

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

Name of Employer none Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 524.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

**Transaction ID:** INC.A.66907

Amount of Each Receipt this Period  
14.00

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

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

Mailing Address 713 JANA CT.

City State Zip Code  
Roseville CA 95678

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

Name of Employer none Occupation housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 299.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

**Transaction ID:** INC.A.66904

Amount of Each Receipt this Period  
46.00

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

**C.** Full Name (Last, First, Middle Initial)  
JUSTIFIED FINANCIAL VENTURES

Mailing Address 395a S. HWY 65 #87

City State Zip Code  
LINCOLN CA 95648

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

Name of Employer Occupation  
LLC NOT TREATED AS A CORP BY IRS

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

**Transaction ID:** INC.A.66886

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2060.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOHN F. VALENSIN

Mailing Address 395A S. HWY 65 3187

City LINCORN State CA Zip Code 95648

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

Name of Employer JUSTIFIED FINANCIAL VENTURES Occupation PARTNER

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  
0 4 / 0 7 / 2 0 0 6

Transaction ID: IDT.A.10

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
LLOYD A. SMITH

Mailing Address P.O. BOX 626

City Placerville State CA Zip Code 95667

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

Name of Employer Occupation NONE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 236.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: INC.A.66905

Amount of Each Receipt this Period  
25.00

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

**C.** Full Name (Last, First, Middle Initial)  
EDWARD J. TIEDEMANN

Mailing Address 508 VINE WAY

City ROSEVILLE State CA Zip Code 95678

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

Name of Employer Kronick Moskovitz Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 236.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: INC.A.66894

Amount of Each Receipt this Period  
25.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CLEON WALLINE</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2006	
Mailing Address 7845 GLEN FIELD COURT		<b>Transaction ID: INC.A.66906</b>	
City State Zip Code Citrus Heights CA 95610	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 511.00		

Full Name (Last, First, Middle Initial) <b>B. JACK F. WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2006	
Mailing Address 2601 RETIREMENT LN.		<b>Transaction ID: INC.A.66895</b>	
City State Zip Code Placerville CA 95667	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 268.00		

Full Name (Last, First, Middle Initial) <b>C. KATHRYN D. WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2006	
Mailing Address 165 GINGER DR.		<b>Transaction ID: INC.A.66908</b>	
City State Zip Code Auburn CA 95603	Amount of Each Receipt this Period 7.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation NOT EMPLOYED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 253.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	89.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address P.O. BOX 230

City State Zip Code  
Wilton CA 95693

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

Name of Employer Occupation  
n/a

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

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

**Transaction ID:** INC.A.66964

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)  
CHARLES SOMERS

Mailing Address 2410 MANNING ST. , STE. E

City State Zip Code  
Sacramento CA 95815

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

Name of Employer Occupation  
CMS SERVICES CO-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 Y  
0 4 / 1 4 / 2 0 0 6

**Transaction ID:** INC.A.66945

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)  
ADAM PROBOLSKY

Mailing Address 23276 SOUTH POINTE DRIVE, # 206

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Occupation  
PROBOLSKY RESEARCH OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1023.28

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

**Transaction ID:** NON.A.67839

Amount of Each Receipt this Period  
1023.28

**CATERING**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2123.28**

**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 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
EUGENE J. ANTONE JR.

Mailing Address 1259 UPLANDS DR.

City State Zip Code  
Folsom CA 95630

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

Name of Employer Occupation  
SELF DOCTOR

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 236.00

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

**Transaction ID:** INC.A.67008

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
LOELLEN R. BONSER

Mailing Address 2590 NORTHRIDGE DR.

City State Zip Code  
Placerville CA 95667

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

Name of Employer Occupation  
NONE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 236.00

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

**Transaction ID:** INC.A.66985

Amount of Each Receipt this Period  
25.00

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

**C.** Full Name (Last, First, Middle Initial)  
IRVING N. CHRISTENSEN

Mailing Address P.O. BOX 1034

City State Zip Code  
Diamond Springs CA 95619

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

Name of Employer Occupation  
selef retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 436.00

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

**Transaction ID:** INC.A.66988

Amount of Each Receipt this Period  
25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 8921 MEMORY LANE

City State Zip Code  
AUBURN CA 95603

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 745.00

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

Transaction ID: INC.A.67010

Amount of Each Receipt this Period  
25.00

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

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

Mailing Address 1523 MISTY WOOD DR.

City State Zip Code  
ROSEVILLE CA 95747

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

Name of Employer N/A Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 408.00

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

Transaction ID: INC.A.67004

Amount of Each Receipt this Period  
39.00

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

**C.** Full Name (Last, First, Middle Initial)  
LAURA KOSBAU

Mailing Address 9345 WELLINGTON WAY

City State Zip Code  
GRANITE BAY CA 95746

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

Name of Employer SELF Occupation CHIROPRACTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 395.00

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

Transaction ID: INC.A.67005

Amount of Each Receipt this Period  
39.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	103.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 5074 GOLDFIELD WAY

City State Zip Code  
Roseville CA 95747

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

Name of Employer Occupation  
NONE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 236.00

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

**Transaction ID:** INC.A.67009

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
CAMILLE G. SWOBODA

Mailing Address 8337 LAKELAND DR.

City State Zip Code  
Granite Bay CA 95746

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 271.00

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

**Transaction ID:** INC.A.67006

Amount of Each Receipt this Period  
32.00

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

**C.** Full Name (Last, First, Middle Initial)  
JACK S. TAYLOR

Mailing Address 2005 PORT ALBANS CIR.

City State Zip Code  
Newport Beach CA 92660

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

Name of Employer Occupation  
N/A RETIRED

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

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

**Transaction ID:** INC.A.66986

Amount of Each Receipt this Period  
39.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>96.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 8149 GLEN ALTA WAY

City State Zip Code  
Citrus Heights CA 95610

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

Name of Employer NONE Occupation NONE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 247.00

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

Transaction ID: INC.A.67001

Amount of Each Receipt this Period  
21.00

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

**B.** Full Name (Last, First, Middle Initial)  
HENRY VAN MOURIK

Mailing Address 23 GOLFWOOD CT.

City State Zip Code  
ROSEVILLE CA 95678

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

Name of Employer self Occupation sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 243.00

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

Transaction ID: INC.A.67003

Amount of Each Receipt this Period  
32.00

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

**C.** Full Name (Last, First, Middle Initial)  
PAUL W. ZGRAGGEN

Mailing Address 13085 MOSS ROCK DR.

City State Zip Code  
Auburn CA 95602

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 636.00

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

Transaction ID: INC.A.66984

Amount of Each Receipt this Period  
25.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	78.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ROBERT C. CARSON

Mailing Address 1802 QUEENS CT.

City State Zip Code  
Roseville CA 95661

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

Name of Employer NONE Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 274.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67019

Amount of Each Receipt this Period  
35.00

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

**B.** Full Name (Last, First, Middle Initial)  
JANET D. DANIEL

Mailing Address 7250 MORNINGSIDE DR.

City State Zip Code  
Loomis CA 95650

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67014

Amount of Each Receipt this Period  
39.00

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

**C.** Full Name (Last, First, Middle Initial)  
DAVID GORDON

Mailing Address 8807 FORTUNA WAY

City State Zip Code  
Orangevale CA 95662

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67036

Amount of Each Receipt this Period  
110.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	184.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
EMMA MAE GRANT

Mailing Address P.O. BOX 298

City State Zip Code  
Foresthill CA 95631

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
211.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67034

Amount of Each Receipt this Period  
106.00

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

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

Mailing Address 488 D ST.

City State Zip Code  
LINCOLN CA 95648

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
306.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67012

Amount of Each Receipt this Period  
25.00

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

**C.** Full Name (Last, First, Middle Initial)  
CAROLE HARRISON

Mailing Address 3180 LAZURITE

City State Zip Code  
Rescue CA 95672

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

Name of Employer NONE Occupation NONE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
292.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67013

Amount of Each Receipt this Period  
39.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 2385 State Hwy. 49

City Placerville State CA Zip Code 95667

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

Name of Employer N/A Occupation Home Maker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 231.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

**Transaction ID:** INC.A.67016

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
TOM L. JONES

Mailing Address 12331 INCLINE DRIVE

City AUBURN State CA Zip Code 95603

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

Name of Employer n/a Occupation n/a

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

**Transaction ID:** INC.A.67021

Amount of Each Receipt this Period  
7.00

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

**C.** Full Name (Last, First, Middle Initial)  
PATRICIA POLETTE

Mailing Address 3945 SAILORS RAVINE RD.

City Auburn State CA Zip Code 95603

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

Name of Employer none Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 281.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

**Transaction ID:** INC.A.67018

Amount of Each Receipt this Period  
14.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	46.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ROBERT H. SMITH

Mailing Address 8870 NIMBUS WAY

City State Zip Code  
Orangevale CA 95662

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 379.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67020

Amount of Each Receipt this Period  
14.00

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

**B.** Full Name (Last, First, Middle Initial)  
JOHN W. WOLFENDEN

Mailing Address 6020 SOUTH SHINGLE RD.

City State Zip Code  
Shingle Springs CA 95682

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

Name of Employer PG&E Occupation gas estimator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 6

Transaction ID: INC.A.67015

Amount of Each Receipt this Period  
39.00

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

**C.** Full Name (Last, First, Middle Initial)  
DOROTHY E. ALLEN

Mailing Address 6303 HICKORY AVE.

City State Zip Code  
Orangevale CA 95662

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

Name of Employer NONE Occupation NONE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 475.00

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

Transaction ID: INC.A.67046

Amount of Each Receipt this Period  
75.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	128.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 5864 DOLOMITE DR.

City State Zip Code  
Diamond Springs CA 95619

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5400.00

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

Transaction ID: INC.A.67050

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)  
KAREN DIEPENBROCK

Mailing Address 5825 RIVER OAK WAY

City State Zip Code  
Carmichael CA 95608

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

Name of Employer Occupation  
THE DIEPENBROCK LAW FIRM ATTORNEY

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 806.00

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

Transaction ID: INC.A.67081

Amount of Each Receipt this Period  
106.00

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

**C.** Full Name (Last, First, Middle Initial)  
DARREL PIERCE

Mailing Address P.O. BOX 534

City State Zip Code  
PLACERVILLE CA 95667

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

Name of Employer Occupation  
retired

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  
0 4 / 2 4 / 2 0 0 6

Transaction ID: INC.A.67052

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) ..... ▶ **706.00**

**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 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 1131 LANDTERN VIEW DRIVE

City State Zip Code  
AUBURN CA 95603-583

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

Name of Employer PIONEER UNITED METHODIST CHURCH  
Occupation ADMIN. ASST.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 381.00

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

Transaction ID: INC.A.67076

Amount of Each Receipt this Period  
25.00

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

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

Mailing Address 1391 CAMPBELL LANE

City State Zip Code  
SACRAMENTO CA 95822

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

Name of Employer self  
Occupation MD

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 825.00

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

Transaction ID: INC.A.67047

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)  
HAZEN O. SUTTKUS

Mailing Address 102 BLUE CANYON WAY

City State Zip Code  
Folsom CA 95630

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

Name of Employer NONE  
Occupation NONE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 346.00

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

Transaction ID: INC.A.67079

Amount of Each Receipt this Period  
39.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	164.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
STANLEY L. BOSCH

Mailing Address 3145 GOLDNER ST.

City State Zip Code  
Placerville CA 95667

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

Name of Employer Occupation  
NONE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 236.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** INC.A.67168

Amount of Each Receipt this Period  
25.00

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

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

Mailing Address 8100 STAGE COACH CIRCLE

City State Zip Code  
Roseville CA 95747

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

Name of Employer Occupation  
retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** INC.A.67094

Amount of Each Receipt this Period  
106.00

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

**C.** Full Name (Last, First, Middle Initial)  
FRANK BURLESON

Mailing Address 8100 STAGE COACH CIRCLE

City State Zip Code  
Roseville CA 95747

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

Name of Employer Occupation  
retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** INC.A.67095

Amount of Each Receipt this Period  
14.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

**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 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address P.O. BOX 2177

City State Zip Code  
NEVADA CITY CA 95959

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

Name of Employer NONE 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  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67160

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)  
PAUL FERRARI

Mailing Address P.O. BOX614

City State Zip Code  
LINCOLN CA 95648

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67102

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)  
ELLEN B. FREDERICKS

Mailing Address P. O. BOX 712

City State Zip Code  
Placerville CA 95667

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67162

Amount of Each Receipt this Period  
14.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>364.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 1905 FINNELL RD.

City YOUNTVILLE State CA Zip Code 94599

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

Name of Employer N/A Occupation NOT EMPLOYED

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 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67169

Amount of Each Receipt this Period  
32.00

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

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

Mailing Address 7980 WEST HIDDEN LAKES DR.

City GRANITE BAY State CA Zip Code 95746

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 334.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67165

Amount of Each Receipt this Period  
14.00

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

**C.** Full Name (Last, First, Middle Initial)  
LYNN KYME

Mailing Address 7980 WEST HIDDEN LAKES DR.

City GRANITE BAY State CA Zip Code 95746

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 334.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67171

Amount of Each Receipt this Period  
106.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 152.00

**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 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PETER LENTINO</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2006
Mailing Address P.O. BOX 152		<b>Transaction ID: INC.A.67098</b>
City <b>IOWA HILL</b>	State <b>CA</b>	Zip Code <b>95713</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation <b>N/A</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 261.00	

Full Name (Last, First, Middle Initial) <b>B. Lee Lewis</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2006
Mailing Address 5803 Throughbred Ct.		<b>Transaction ID: INC.A.67167</b>
City <b>Rocklin</b>	State <b>CA</b>	Zip Code <b>95677</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer <b>none</b>	Occupation <b>retired</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 486.00	

Full Name (Last, First, Middle Initial) <b>C. KATE LOGUE</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2006
Mailing Address 44514 COUNTRY CLUB DR.		<b>Transaction ID: INC.A.67155</b>
City <b>EL MACERO</b>	State <b>CA</b>	Zip Code <b>95618</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer <b>none</b>	Occupation <b>retired</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. WINIFRED LYNN</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2006
Mailing Address 2320 N. CIRBY WAY		<b>Transaction ID:</b> INC.A.67105
City ROSEVILLE	State CA	Zip Code 95661
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>B. MARION D. MANSFIELD</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2006
Mailing Address 5712 LANCELOT DR.		<b>Transaction ID:</b> INC.A.67092
City Sacramento	State CA	Zip Code 95842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>C. CARL MAUTZ</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2006
Mailing Address 2803 RIFLE RIDGE RD.		<b>Transaction ID:</b> INC.A.67153
City OAKTON	State VA	Zip Code 22124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer WATSON WYATT	Occupation CFP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
TERRY N. MEINZER

Mailing Address 6525 32ND ST.

City State Zip Code  
North Highlands CA 95660

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

Name of Employer Occupation  
MEINCO MFG. OWNER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 356.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** INC.A.67111

Amount of Each Receipt this Period  
106.00

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

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

Mailing Address 5621 NICHORA WAY

City State Zip Code  
Sacramento CA 95841

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

Name of Employer Occupation  
SELF VETERINARIAN

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** INC.A.67104

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
JENNIE PEREZ

Mailing Address 8636 BRIARBROOK CIRCLE

City State Zip Code  
ORANGEVALE CA 95662

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

Name of Employer Occupation  
Easy Lift Door Company Executive Office Mgr.

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  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** INC.A.67114

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>356.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 2905 HUNTINGTON RD.

City State Zip Code  
Sacramento CA 95864

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

Name of Employer Occupation  
NONE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 405.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67173

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)  
LETITIA A. SEXTON

Mailing Address 12 FRONTIER DR.

City State Zip Code  
Jackson CA 95642

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

Name of Employer Occupation  
PLAZA FOODS OWNER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67086

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)  
ROBERT H. SMITH

Mailing Address 8870 NIMBUS WAY

City State Zip Code  
Orangevale CA 95662

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 379.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: INC.A.67166

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Paul Thomas</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address P.O.Box 11085		<b>Transaction ID: INC.A.67091</b>
City State Zip Code Truckee CA 96162	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. JACKIE B. TRUJILLO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 10330 TULA LN.		<b>Transaction ID: INC.A.67154</b>
City State Zip Code Cupertino CA 95014	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 HARMON MGMT. Occupation EXECUTIVE	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3100.00		

Full Name (Last, First, Middle Initial) <b>C. EDWIN WILLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 4455 GARDEN HIGHWAY		<b>Transaction ID: INC.A.67110</b>
City State Zip Code Sacramento CA 95837	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 none Occupation retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BONNIE WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address 9260 WINDING OAK DR.		<b>Transaction ID: INC.A.67170</b>	
City State Zip Code Fair Oaks CA 95628		Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation NONE housewife			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2307.00	

Full Name (Last, First, Middle Initial) <b>B. STEVEN AGOR</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 25462 MORNINGSTAR ROAD		<b>Transaction ID: INC.A.67254</b>	
City State Zip Code LAKE FOREST CA 92630		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation TETRA TECH CIVIL ENGINEER			
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) <b>C. RITA C. BANTA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address P.O. BOX 345		<b>Transaction ID: INC.A.67183</b>	
City State Zip Code Lee Vining CA 93541		Amount of Each Receipt this Period 106.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation none retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 211.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	661.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address P.O. BOX 27506

City State Zip Code  
TUCSON AZ 85726

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

Name of Employer Occupation  
GOLDEN EAGLE DISTRIBUTORS PRESIDENT AND CEO

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  
0 4 / 2 6 / 2 0 0 6

**Transaction ID:** INC.A.67253

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)  
JOHN FRESHMAN

Mailing Address 6716 VENDOME TERR.

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
SELF LOBBYEST

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

2000.00

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

**Transaction ID:** INC.A.67249

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)  
SALLY FURMAN

Mailing Address 7634 SPANISH BAY DR.

City State Zip Code  
Las Vegas NV 89113

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

Name of Employer Occupation  
HOUSEWIFE

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

2000.00

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

**Transaction ID:** INC.A.67252

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) ..... ► **2000.00**

**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 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Noel Graves</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address P.O.Box 2082		<b>Transaction ID: INC.A.67186</b>	
City State Zip Code Oroville CA 95965		Amount of Each Receipt this Period 50.00	
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 none	Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. ROGER GWINN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 504 IVY CIRCLE		<b>Transaction ID: INC.A.67250</b>	
City State Zip Code Alexandria VA 22302		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 THE FERGUSON COMPANY	Occupation LEGISLATIVE REPRESENTATIVE		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. ROBERT HURLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 9200 PURDY LANE		<b>Transaction ID: INC.A.67181</b>	
City State Zip Code GRANITE BAY CA 95746		Amount of Each Receipt this Period 106.00	
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 EHEALTH	Occupation EXECUTIVE MANAGER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 206.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1156.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 2055 NICOLAUS RD.

City Lincoln State CA Zip Code 95648

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

Name of Employer n/a Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** INC.A.67239

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)  
KOBRA PROPERTIES

Mailing Address 2251 DOUGLAS BLVD. # 120

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer Occupation PARTNERSHIP NOT INCORP.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

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

**Transaction ID:** INC.A.67221

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)  
KOBRA PROPERTIES

Mailing Address 2251 DOUGLAS BLVD. # 120

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer Occupation PARTNERSHIP NOT INCORP.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

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

**Transaction ID:** INC.A.67220

Amount of Each Receipt this Period  
 150.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 2251 DOUGLAS BLVD.

City State Zip Code  
ROSEVILLE CA 95661

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

Name of Employer Occupation  
KOBRA PROPERITES OWNER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00

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

Transaction ID: IDT.A.14

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2251 DOUGLAS BLVD.

City State Zip Code  
ROSEVILLE CA 95661

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

Name of Employer Occupation  
KOBRA PROPERITES OWNER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00

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

Transaction ID: IDT.A.13

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
DOUGLAS LEISZ

Mailing Address 2399 KINGS GATE RD.

City State Zip Code  
Placerville CA 95667

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

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 236.00

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

Transaction ID: INC.A.67194

Amount of Each Receipt this Period  
25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25.00

**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 32 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. THIERRY R. SANGLERAT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 339 CANAL STREET		Transaction ID: INC.A.67255
City NEWPORT BEACH	State CA	Zip Code 92663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GEOSYNTEC CONSULTANTS	Occupation EXEVUTIVE VICE PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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) <b>B. FRANK SCHETTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 209 DELTA OAKS WAY		Transaction ID: INC.A.67185
City Sacramento	State CA	Zip Code 95831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ELECTRIC SUPPLY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. STEVEN SPEIGHTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 226 SILVER SPUR CT.		Transaction ID: INC.A.67182
City FOLSOM	State CA	Zip Code 95630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PSOMAS	Occupation ENGINEER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CECIL WETSEL, JR.

Mailing Address P.O. BOX 5530

City State Zip Code  
El Dorado Hills CA 95762

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

Name of Employer Self Occupation Lumberman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1675.00

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

**Transaction ID:** INC.A.67248

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)  
CABOT N. ASHWILL

Mailing Address 4814 MIDDLE ROAD

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Occupation pastor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

**Transaction ID:** INC.A.67298

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)  
JOANNA ASHWILL

Mailing Address 4814 MIDDLE ROAD

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

**Transaction ID:** INC.A.67297

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 5454 SENEGAL STREET

City OCEANSIDE State CA Zip Code 92057

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

Name of Employer FEZZIWIG GROUP Occupation BUSINESS OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: INC.A.67282

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)  
BERNARD CARLSON

Mailing Address 5864 DOLOMITE DR.

City Diamond Springs State CA Zip Code 95619

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5400.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: INC.A.67302

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
BERNARD CARLSON

Mailing Address 5864 DOLOMITE DR.

City Diamond Springs State CA Zip Code 95619

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5400.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: INC.A.67303

Amount of Each Receipt this Period  
3200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE H. CASSIDY

Mailing Address P. O. BOX 13765

City State Zip Code  
Sacramento CA 95853

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

Name of Employer Occupation  
NCCS. INC. PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

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

**Transaction ID:** INC.A.67294

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)  
JAMES CONKEY

Mailing Address 1607 SWALLOW WAY

City State Zip Code  
Roseville CA 95678

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

Name of Employer Occupation  
SELF CONSTRUCTION MGMT.

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1305.00

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

**Transaction ID:** INC.A.67306

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)  
JAMES P. CURLEY

Mailing Address 14127 MIRANDA ROAD

City State Zip Code  
LOS ALTOS CA 94022

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

Name of Employer Occupation  
Nanotex CFO

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

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

**Transaction ID:** INC.A.67312

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) ..... ► **2250.00**

**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 36 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
HERBERT H. DEARDORFF JR.

Mailing Address 5737 39TH ST.

City State Zip Code  
Sacramento CA 95824

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

Name of Employer none Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 524.00

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

Transaction ID: INC.A.67292

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)  
MICHAEL GOWRING

Mailing Address 8921 MEMORY LANE

City State Zip Code  
AUBURN CA 95603

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 745.00

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

Transaction ID: INC.A.67304

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)  
BETTY HOOD

Mailing Address 15615 HUMMER LN.

City State Zip Code  
Grass Valley CA 95949

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

Name of Employer N/A Occupation NONE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 825.00

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

Transaction ID: INC.A.67293

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. JOHN LEDBETTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address P.O. BOX 340		Transaction ID: INC.A.67322	
City State Zip Code Victor CA 95253	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer SELF Occupation FARMER	Election Cycle-to-Date ▼ 450.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KATE LOGUE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 44514 COUNTRY CLUB DR.		Transaction ID: INC.A.67290	
City State Zip Code EL MACERO CA 95618	Amount of Each Receipt this Period 750.00		
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 none Occupation retired	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KATHY E. LUND</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 3840 CLOVER VALLEY RD.		Transaction ID: INC.A.67318	
City State Zip Code Rocklin CA 95677	Amount of Each Receipt this Period 106.00		
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 N/A Occupation NONE	Election Cycle-to-Date ▼ 306.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1106.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
TORRIE L. MAGEE

Mailing Address 1653 VLADIC LANE

City State Zip Code  
ESCONDIDO CA 92027

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

Name of Employer Occupation  
HUNTER INDUSTRIES EVENT PLANNER

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

500.00

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

Transaction ID: INC.A.67311

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 AILEEN MATHEIS

Mailing Address P.O. BOX 54172

City State Zip Code  
IRVINE CA 92619

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

Name of Employer Occupation  
IRVINE RANCH WATER DISTRICT DIRECTOR

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

250.00

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

Transaction ID: INC.A.67283

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)  
MALISSA MCKEITH

Mailing Address 221 NORTH FIGUEROA, STE. 1200

City State Zip Code  
LOS ANGELES CA 90012

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

Name of Employer Occupation  
LEWIS, BRISBOIS, BISGAARD & SMITH ATTORNEY

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

500.00

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

Transaction ID: INC.A.67281

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN D. NEELEMAN

Mailing Address 303 E. PHEASANT RIDGE ROAD

City State Zip Code  
ALPINE UT 84004

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

Name of Employer Occupation  
DOCTOR

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 5 / 0 2 / 2 0 0 6

Transaction ID: INC.A.67307

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)  
JAN PINNEY

Mailing Address 1750 HOWE AVE., #100

City State Zip Code  
Sacramento CA 95825

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

Name of Employer Occupation  
SELF INSURANCE

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  
0 5 / 0 2 / 2 0 0 6

Transaction ID: INC.A.67348

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)  
DOUG REINHART

Mailing Address 19 HOLLINWOOD

City State Zip Code  
IRVINE CA 92618

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

Name of Employer Occupation  
IRVINE RANCH WATER DISTRICT DIRECTOR

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 5 / 0 2 / 2 0 0 6

Transaction ID: INC.A.67284

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CARL SALONITES</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1510 WEST ST.		<b>Transaction ID: INC.A.67305</b>	
City State Zip Code Woodland CA 95695		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none Occupation retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3350.00	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH SCHARRER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 6703 MAGNOLIA WAY		<b>Transaction ID: INC.A.67310</b>	
City State Zip Code ROCKLIN CA 95765		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ROTORDYNAMICS-SEAL RESEARCH Occupation PRESIDENT			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2550.00	

Full Name (Last, First, Middle Initial) <b>C. RONALD J. SCHUTZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 865 NEVAJO ROAD W.		<b>Transaction ID: INC.A.67313</b>	
City State Zip Code MEDINA MN 55340		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Robins, Caplin, Miller, and Ciresi Occupation Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PEER SWAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 7 TERRAZA DRIVE		<b>Transaction ID: INC.A.67308</b>
City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Irvine Ranch Water District	Occupation President	
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) <b>B. JAMES SWEENEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address P.O. BOX 409		<b>Transaction ID: INC.A.67300</b>
City State Zip Code DIAMOND SPRINGS CA 95619	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer EL DORADO COUNTY BOARD OF SUPERVISORS	Occupation SUPERVISOR	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3250.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES SWEENEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address P.O. BOX 409		<b>Transaction ID: INC.A.67301</b>
City State Zip Code DIAMOND SPRINGS CA 95619	Amount of Each Receipt this Period 1150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer EL DORADO COUNTY BOARD OF SUPERVISORS	Occupation SUPERVISOR	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 490-425 HWY. 139

City State Zip Code  
Susanville CA 96130

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

Name of Employer Occupation  
FIVE DOT RANCH RANCHER

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

250.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: INC.A.67327

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
ROBERT C. TANNER

Mailing Address RT. 1, ROCKING K

City State Zip Code  
Bishop CA 93514

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

Name of Employer Occupation  
SELF RESORT OWNER

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

700.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: INC.A.67343

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
JACK S. TAYLOR

Mailing Address 2005 PORT ALBANS CIR.

City State Zip Code  
Newport Beach CA 92660

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

Name of Employer Occupation  
N/A RETIRED

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

600.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: INC.A.67299

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER TOWNSEND		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 26022 HORSESHOE CIRCLE		<b>Transaction ID:</b> INC.A.67309	
City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Townsend Public Affairs Inc.	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) JOHN R. VANDENBERG		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 10210 TIMBERLAND DR.		<b>Transaction ID:</b> INC.A.67291	
City State Zip Code GRASS VALLEY CA 95949	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none		Occupation retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1258.00		

<b>C.</b> Full Name (Last, First, Middle Initial) George Visman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 2901 High Hill Rd.		<b>Transaction ID:</b> INC.A.67295	
City State Zip Code Placerville CA 95667	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PAUL W. ZGRAGGEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 13085 MOSS ROCK DR.		Transaction ID: INC.A.67296
City Auburn State CA Zip Code 95602	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A Occupation RETIRED	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 636.00		

Full Name (Last, First, Middle Initial) <b>B. LESLIE BLOOM</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address P.O. BOX 3640		Transaction ID: INC.A.67358
City SONORA State CA Zip Code 95370	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer KENNEDY MEADOWS RESORT Occupation OWNER	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. MATTHEW BLOOM</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address P.O. BOX 3640		Transaction ID: INC.A.67357
City SONORA State CA Zip Code 95370	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer KENNEDY MEADOWS RESORT Occupation OWNER	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. JOSEPH E. DORR</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2006
Mailing Address 910 SUNRISE AVE., NO. A1		Transaction ID: INC.A.67359
City Roseville	State CA	Zip Code 95661
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>B. BRUCE FITE</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2006
Mailing Address 9745 Mira del Rio Road		Transaction ID: INC.A.67355
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer SELF	Occupation DEVELOPER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) <b>C. DARLYNE FITE</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2006
Mailing Address 9745 MIRA DEL RIO RD.		Transaction ID: INC.A.67356
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2100.00
Name of Employer N/A	Occupation NOT EMPLOYED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. GRACE KAMPHEFNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 5425 MOSS LANE		<b>Transaction ID: INC.A.67360</b>	
City State Zip Code GRANITE BAY CA 95746	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none Occupation housewife	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JAMES M. MARTINO</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 3088 BOEING RD.		<b>Transaction ID: INC.A.67353</b>	
City State Zip Code Shingle Springs CA 95682	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED	Election Cycle-to-Date ▼ 2750.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MELINDA ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 1131 LANDTERN VIEW DRIVE		<b>Transaction ID: INC.A.67352</b>	
City State Zip Code AUBURN CA 95603-583	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PIONEER UNITED METHODIST CHURCH Occupation ADMIN. ASST.	Election Cycle-to-Date ▼ 381.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 7660 WOODBOROUGH

City State Zip Code  
GRANITE BAY CA 95746

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

Name of Employer Occupation  
NONE NONE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 955.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

**Transaction ID:** INC.A.67403

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)  
JUSTIN BARBER

Mailing Address 3440 PINE RIDGE LN.

City State Zip Code  
AUBURN CA 95603

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

Name of Employer Occupation  
. retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 206.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

**Transaction ID:** INC.A.67408

Amount of Each Receipt this Period  
20.00

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

**C.** Full Name (Last, First, Middle Initial)  
GEORGIA DENIO

Mailing Address 107 DAVIS CT.

City State Zip Code  
Roseville CA 95678

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

Name of Employer Occupation  
NONE NONE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

**Transaction ID:** INC.A.67419

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2620.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. GEORGIA DENIO</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 107 DAVIS CT.		<b>Transaction ID: INC.A.67420</b>	
City State Zip Code Roseville CA 95678		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation NONE			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>B. KENNETH K. DENIO</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 2300 VIRGINIATOWN CT.		<b>Transaction ID: INC.A.67421</b>	
City State Zip Code Lincoln CA 95648		Amount of Each Receipt this Period 1400.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation DENIO'S MARKET OWNER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. TRACIE DENIO-KERBY</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 924 CIRCUIT DRIVE		<b>Transaction ID: INC.A.67418</b>	
City State Zip Code Roseville CA 95678		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation STUDENT			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. TRACIE DENIO-KERBY</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 924 CIRCUIT DRIVE		Transaction ID: INC.A.67417
City State Zip Code Roseville CA 95678	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation STUDENT Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>B. TRACIE DENIO-KERBY</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 924 CIRCUIT DRIVE		Transaction ID: INC.A.67416
City State Zip Code Roseville CA 95678	Amount of Each Receipt this Period 1950.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation STUDENT Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. HAROLD FURMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 7634 SPANISH BAY DRIVE		Transaction ID: INC.A.67428
City State Zip Code Las Vegas NV 89114	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lobbyist Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 7634 SPANISH BAY DRIVE

City State Zip Code  
Las Vegas NV 89114

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

Name of Employer Self Occupation  
Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

Transaction ID: INC.A.67427

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)  
DAVID KERBY

Mailing Address 924 CIRCUIT DR.

City State Zip Code  
Roseville CA 95678

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

Name of Employer SELF Occupation  
MUSIC PRODUCER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

Transaction ID: INC.A.67414

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)  
DAVID KERBY

Mailing Address 924 CIRCUIT DR.

City State Zip Code  
Roseville CA 95678

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

Name of Employer SELF Occupation  
MUSIC PRODUCER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

Transaction ID: INC.A.67413

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 924 CIRCUIT DR.

City State Zip Code  
Roseville CA 95678

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

Name of Employer SELF Occupation MUSIC PRODUCER

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  
0 5 / 0 9 / 2 0 0 6

**Transaction ID:** INC.A.67415

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
ROCCHINA J. LYERLY

Mailing Address 4786 OLD DOMINION DRIVE

City State Zip Code  
ARLINGTON VA 22207

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

Name of Employer E. Del Smith & Co. Occupation partner

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 5 / 0 9 / 2 0 0 6

**Transaction ID:** INC.A.67423

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)  
MUSOLINO CHILDREN PARTNERSHIP

Mailing Address 4220 DOUGLAS BLVD., STE. 1

City State Zip Code  
GRANITE BAY CA 95746

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

Name of Employer Occupation N/A

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  
0 5 / 0 9 / 2 0 0 6

**Transaction ID:** INC.A.67410

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 5621 NICHORA WAY

City State Zip Code  
Sacramento CA 95841

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

Name of Employer  
SELF

Occupation  
VETERINARIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

**Transaction ID:** INC.A.67409

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)  
DEL SMITH

Mailing Address 4712 N. 32ND STREET

City State Zip Code  
Arlington VA 22207

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

Name of Employer  
self

Occupation  
lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

**Transaction ID:** INC.A.67422

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)  
PAUL SNIDER

Mailing Address 5150 MADISON AVE.

City State Zip Code  
Sacramento CA 95841

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

Name of Employer  
SNIDER EXECUTIVE OFFICE

Occupation  
OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

**Transaction ID:** INC.A.67426

Amount of Each Receipt this Period  
800.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. RENEE SNIDER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 8933 MACKEY RD.		Transaction ID: INC.A.67424	
City Elk Grove	State CA	Amount of Each Receipt this Period 2100.00	
Zip Code 95624		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation NONE		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>B. RENEE SNIDER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 8933 MACKEY RD.		Transaction ID: INC.A.67425	
City Elk Grove	State CA	Amount of Each Receipt this Period 2100.00	
Zip Code 95624		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation NONE		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>C. HAROLD A. TRITCH</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 8149 GLEN ALTA WAY		Transaction ID: INC.A.67401	
City Citrus Heights	State CA	Amount of Each Receipt this Period 10.00	
Zip Code 95610		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NONE	Occupation NONE		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 247.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CHARLES BATES</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 43801 WILLOW GLEN WAY		<b>Transaction ID: INC.A.67439</b>
City ROCKLIN	State CA	Zip Code 95677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CESSNA AIRCRAFT CO.	Occupation SALES MANAGER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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) <b>B. DEL V. CALLAWAY</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address P.O. BOX 986		<b>Transaction ID: INC.A.67440</b>
City Folsom	State CA	Zip Code 95630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer CALLAWAY ENT.	Occupation ADMINISTRATOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 517.00	

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN JOINER</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 2055 NICOLAUS RD.		<b>Transaction ID: INC.A.67441</b>
City Lincoln	State CA	Zip Code 95648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer n/a	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 120
	<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)  
**JOHN T. DOOLITTLE FOR CONGRESS**

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

Mailing Address **2055 NICOLAUS RD.**

City **Lincoln** State **CA** Zip Code **95648**

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

Name of Employer n/a Occupation **RETIRED**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 11 / 2006**

**Transaction ID: INC.A.67442**

Amount of Each Receipt this Period  
**900.00**

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

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

Mailing Address **4055 GRASS VALLEY HIGHWAY #104**

City **AUBURN** State **CA** Zip Code **95602**

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

Name of Employer **BIZFLEX** Occupation **CEO**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 11 / 2006**

**Transaction ID: INC.A.67459**

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)  
**Lee Lewis**

Mailing Address **5803 Throughbred Ct.**

City **Rocklin** State **CA** Zip Code **95677**

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

Name of Employer none Occupation **retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **486.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 11 / 2006**

**Transaction ID: INC.A.67457**

Amount of Each Receipt this Period  
**250.00**

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BRADEN LYNCH</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 5051 ASHLEY WOODS DRIVE		Transaction ID: INC.A.67456
City State Zip Code GRANITE BAY CA 95746	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer PFIZER, INC.	Occupation PHARMACIST	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES M. MARTINO</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 3088 BOEING RD.		Transaction ID: INC.A.67461
City State Zip Code Shingle Springs CA 95682	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 475.00
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES M. MARTINO</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 3088 BOEING RD.		Transaction ID: INC.A.67462
City State Zip Code Shingle Springs CA 95682	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 525.00
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2750.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. JOHN MOURIER, III</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 1830 VERNON ST.		<b>Transaction ID: INC.A.67452</b>
City Roseville	State CA	Zip Code 95678
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2100.00	
Name of Employer JOHN MOURIER CONSTRUCTION	Occupation BUILDER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN MOURIER, III</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 1830 VERNON ST.		<b>Transaction ID: INC.A.67451</b>
City Roseville	State CA	Zip Code 95678
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1100.00	
Name of Employer JOHN MOURIER CONSTRUCTION	Occupation BUILDER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN MOURIER, III</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 1830 VERNON ST.		<b>Transaction ID: INC.A.67453</b>
City Roseville	State CA	Zip Code 95678
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer JOHN MOURIER CONSTRUCTION	Occupation BUILDER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. LAURA MOURIER</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 1830 VERNON ST., SUITE 9		<b>Transaction ID: INC.A.67455</b>	
City State Zip Code Roseville CA 95678		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation LAURA MOURIER MODEL HOMES DECORATOR			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>B. LAURA MOURIER</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 1830 VERNON ST., SUITE 9		<b>Transaction ID: INC.A.67454</b>	
City State Zip Code Roseville CA 95678		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation LAURA MOURIER MODEL HOMES DECORATOR			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. BRAD REGER</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address P.O. BOX 711		<b>Transaction ID: INC.A.67458</b>	
City State Zip Code SUSANVILLE CA 96130		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MTN. EMS TEACHER			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA SIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address P.O. BOX 255687		<b>Transaction ID: INC.A.67444</b>	
City State Zip Code Sacramento CA 95865		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Housewife			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA SIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address P.O. BOX 255687		<b>Transaction ID: INC.A.67443</b>	
City State Zip Code Sacramento CA 95865		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Housewife			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. DOUG SIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address P.O. Box 255687		<b>Transaction ID: INC.A.67446</b>	
City State Zip Code Sacramento CA 95865		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Businessman			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DOUG SIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 255687		Transaction ID: INC.A.67445
City State Zip Code Sacramento CA 95865	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Businessman Election Cycle-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>B. KEN STEERS</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 4901 TRAILS END RD.		Transaction ID: INC.A.67450
City State Zip Code CAMERON PARK CA 95682	Amount of Each Receipt this Period 1800.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer FSP Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PRESIDENT Election Cycle-to-Date ▼ 3900.00	

Full Name (Last, First, Middle Initial) <b>C. KEN STEERS</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 4901 TRAILS END RD.		Transaction ID: INC.A.67449
City State Zip Code CAMERON PARK CA 95682	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer FSP Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PRESIDENT Election Cycle-to-Date ▼ 3900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 11799 Trish Ct.

City Nevada City State CA Zip Code 95959

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

Name of Employer self Occupation Auto Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

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

Transaction ID: INC.A.67460

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)  
SAMMY CEMO

Mailing Address 4962 ROBERT J. MATHEWS PKY.

City El Dorado Hills State CA Zip Code 95762

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

Name of Employer SELF Occupation DEVELOPER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 605.00

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

Transaction ID: INC.A.67475

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)  
MR. ROBERT C. CLINE

Mailing Address 9127 S. CAMDEN WAY

City ELK GROVE State CA Zip Code 95624

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

Name of Employer CLINE AND DUPLISSEA Occupation CONSULTANT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: INC.A.67472

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. RODNEY C. COSTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6		
Mailing Address 5663 BLUFFS DRIVE		<b>Transaction ID: INC.A.67473</b>		
City State Zip Code ROCKLIN CA 95765	Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer N/A Occupation NOT EMPLOYED	Election Cycle-to-Date 250.00			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>B. CLAUDIA CUMMINGS</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6		
Mailing Address 1625 CREEKSIDE DR., SUITE 201		<b>Transaction ID: INC.A.67476</b>		
City State Zip Code FOLSOM CA 95630	Amount of Each Receipt this Period 2100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Occupation HOUSEWIFE	Election Cycle-to-Date 2100.00			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>C. WILLIAM C. CUMMINGS</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6		
Mailing Address 7700 COLLEGE TOWN DR., SUITE 208		<b>Transaction ID: INC.A.67477</b>		
City State Zip Code Sacramento CA 95826	Amount of Each Receipt this Period 400.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer SELF Occupation INVESTOR	Election Cycle-to-Date 2800.00			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address P.O. BOX 1679

City State Zip Code  
GRASS VALLEY CA 95945

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: INC.A.67495

Amount of Each Receipt this Period  
800.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. PEGGY DWELLE

Mailing Address 1420 SHADOW MOUNTAIN COURT

City State Zip Code  
AUBURN CA 95602

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

Name of Employer None Occupation None

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2800.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: INC.A.67465

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. PEGGY DWELLE

Mailing Address 1420 SHADOW MOUNTAIN COURT

City State Zip Code  
AUBURN CA 95602

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

Name of Employer None Occupation None

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2800.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: INC.A.67466

Amount of Each Receipt this Period  
700.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. TOM DWELLE</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 1420 SHADOW MOUNTAIN CT.		<b>Transaction ID: INC.A.67467</b>
City <b>AUBURN</b>	State <b>CA</b>	Zip Code <b>95602</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1700.00</b>
Name of Employer <b>NELLA OIL</b>	Occupation <b>PARTNER</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4200.00</b>	

Full Name (Last, First, Middle Initial) <b>B. LLOYD HARVEGO</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 540 CROCKER ROAD		<b>Transaction ID: INC.A.67482</b>
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95864</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1800.00</b>
Name of Employer <b>Harvego Enterprises, LLC</b>	Occupation <b>Chairman</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>3900.00</b>	

Full Name (Last, First, Middle Initial) <b>C. LLOYD HARVEGO</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 540 CROCKER ROAD		<b>Transaction ID: INC.A.67481</b>
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95864</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>700.00</b>
Name of Employer <b>Harvego Enterprises, LLC</b>	Occupation <b>Chairman</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>3900.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 4925 RJ MATTHEWS PARKWAY

City State Zip Code  
EL DORADO HILLS CA 95762

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

Name of Employer Occupation  
ALL PRO BUILDING SERVICES N/A

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

250.00

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

Transaction ID: INC.A.67480

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)  
TERRY N. MEINZER

Mailing Address 6525 32ND ST.

City State Zip Code  
North Highlands CA 95660

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

Name of Employer Occupation  
MEINCO MFG. OWNER

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

356.00

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

Transaction ID: INC.A.67479

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)  
WILLIAM H. MULLIN

Mailing Address 685 OAKHAVEN RD.

City State Zip Code  
Auburn CA 95603

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

Name of Employer Occupation  
TACO BELL INC. PRESIDENT/CEO

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

363.00

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

Transaction ID: INC.A.67463

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) DUNCAN V. PATTY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 13005 CREEKVIEW CT.		<b>Transaction ID:</b> INC.A.67464
City State Zip Code Auburn CA 95603	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF Occupation INVESTOR	Election Cycle-to-Date 1750.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) JOSEPH M. PELLETTI		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 6440 BUTLER ROAD		<b>Transaction ID:</b> INC.A.68179
City State Zip Code PENRYN CA 95663	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Rotordynamics-Seal Research Occupation General Manager	Election Cycle-to-Date 2450.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) JOSEPH M. PELLETTI		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 6440 BUTLER ROAD		<b>Transaction ID:</b> INC.A.67469
City State Zip Code PENRYN CA 95663	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Rotordynamics-Seal Research Occupation General Manager	Election Cycle-to-Date 2450.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 6220 24TH ST.

City Sacramento State CA Zip Code 95822

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

Name of Employer RADMAN AERIAL SURVEYS Occupation OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: INC.A.67499

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 6703 MAGNOLIA WAY

City ROCKLIN State CA Zip Code 95765

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

Name of Employer ROTORDYNAMICS-SEAL RESEARCH Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2550.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: INC.A.67470

Amount of Each Receipt this Period  
800.00

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

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH SCHARRER

Mailing Address 6703 MAGNOLIA WAY

City ROCKLIN State CA Zip Code 95765

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

Name of Employer ROTORDYNAMICS-SEAL RESEARCH Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2550.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: INC.A.67471

Amount of Each Receipt this Period  
450.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DEA SPANOS BERBERIAN</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006		
Mailing Address 10100 TRINITY PARKWAY		<b>Transaction ID: INC.A.67487</b>		
City State Zip Code STOCKTON CA 95219	Amount of Each Receipt this Period 2100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer A.G. SPANOS COMAPANIES	Occupation EXECUTIVE VICE PRESIDENT			
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>B. DEAN SPANOS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006		
Mailing Address P.O. BOX 609609		<b>Transaction ID: INC.A.67488</b>		
City State Zip Code SAN DIEGO CA 92160	Amount of Each Receipt this Period 2100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer A.G. SPANOS COMPAINES	Occupation PRESIDENT			
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>C. FAYE SPANOS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006		
Mailing Address 1341 ROBINHOOD DR.		<b>Transaction ID: INC.A.67485</b>		
City State Zip Code Stockton CA 95207	Amount of Each Receipt this Period 2100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer	Occupation HOUSEWIFE			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 10100 TRINITY PARKWAY, 5TH FLOOR

City State Zip Code  
STOCKTON CA 95219

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

Name of Employer Occupation  
HOMEMAKER

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

2100.00

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

**Transaction ID:** INC.A.67483

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)  
MICHAEL SPANOS

Mailing Address 10100 TRINITY PARKWAY, 5TH FLOOR

City State Zip Code  
STOCKTON CA 95207

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

Name of Employer Occupation  
A.G. SPANOS COMPANIES VICE PRESIDENT

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

2100.00

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

**Transaction ID:** INC.A.67486

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)  
SUSAN SPANOS

Mailing Address 7505 HILLSIDE DRIVE

City State Zip Code  
LA JOLLA CA 92037

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

Name of Employer Occupation  
HOMEMAKER

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

2100.00

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

**Transaction ID:** INC.A.67484

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 389 SILBERHORN DR.

City FOLSOM State CA Zip Code 95630

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

Name of Employer SELF Occupation PHOTOGRAPHER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 430.00

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

**Transaction ID:** NON.A.67531

Amount of Each Receipt this Period  
430.00

PHOTOGRAPHY

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

**B.** Full Name (Last, First, Middle Initial)  
MR. LESLIE DEAN FORMAN

Mailing Address 935 UNIVERSITY AVE.

City SACRAMENTO State CA Zip Code 95825

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

Name of Employer SELF Occupation FINANCIAL ADVISOR

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  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** INC.A.67503

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)  
TOM HIXON

Mailing Address P.O. BOX 5348

City EL DORADO HILLS State CA Zip Code 95762-000

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

Name of Employer APBSI INC. Occupation OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

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

**Transaction ID:** INC.A.67506

Amount of Each Receipt this Period  
1250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3680.00**

**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 71 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 9345 WELLINGTON WAY

City State Zip Code  
GRANITE BAY CA 95746

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

Name of Employer Occupation  
SELF CHIROPRACTOR

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

395.00

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

Transaction ID: INC.A.67508

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)  
BONNIE WILLIAMS

Mailing Address 9260 WINDING OAK DR.

City State Zip Code  
Fair Oaks CA 95628

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

Name of Employer Occupation  
NONE housewife

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

2307.00

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

Transaction ID: INC.A.67505

Amount of Each Receipt this Period  
348.00

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

**C.** Full Name (Last, First, Middle Initial)  
BONNIE WILLIAMS

Mailing Address 9260 WINDING OAK DR.

City State Zip Code  
Fair Oaks CA 95628

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

Name of Employer Occupation  
NONE housewife

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

2307.00

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

Transaction ID: INC.A.67504

Amount of Each Receipt this Period  
152.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 6221A ENTERPRISE DR.

City State Zip Code  
DIAMOND SPRINGS CA 95619

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

Name of Employer Occupation  
SELF SIGN CONTRACTOR

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

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: INC.A.67521

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 A. BRENINGER

Mailing Address 4020 EAGLES NEST

City State Zip Code  
Auburn CA 95603

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

Name of Employer Occupation  
PCWA Director

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

950.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: INC.A.67522

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)  
MARSHALL HORSMAN

Mailing Address 13887 RANGE COURT

City State Zip Code  
AUBURN CA 95602

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

Name of Employer Occupation  
N/A RETIRED

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

250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: INC.A.67530

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) ..... ▶ **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 73 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 8252 W GRANITE DRIVE

City State Zip Code  
GRANITE BAY CA 95746

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

Name of Employer Occupation  
N/A

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

**Transaction ID:** INC.A.67524

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)  
CYNTHIA MC KIM

Mailing Address 3755 OAKDALE COURT

City State Zip Code  
ROCKLIN CA 95677

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

Name of Employer Occupation  
HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

**Transaction ID:** INC.A.67536

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)  
CYNTHIA MC KIM

Mailing Address 3755 OAKDALE COURT

City State Zip Code  
ROCKLIN CA 95677

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

Name of Employer Occupation  
HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

**Transaction ID:** INC.A.67537

Amount of Each Receipt this Period  
400.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MIKE MCDOUGALL</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 989 GOVERNOR DRIVE		<b>Transaction ID: INC.A.67541</b>	
City State Zip Code EL DORADO HILLS CA 95762	Amount of Each Receipt this Period 1800.00		
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 MJM PROPERTIES DEVELOPER	Election Cycle-to-Date 3900.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. MIKE MCDOUGALL</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 989 GOVERNOR DRIVE		<b>Transaction ID: INC.A.67540</b>	
City State Zip Code EL DORADO HILLS CA 95762	Amount of Each Receipt this Period 700.00		
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 MJM PROPERTIES DEVELOPER	Election Cycle-to-Date 3900.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. RONALD C. MCKIM</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address P. O. BOX 548		<b>Transaction ID: INC.A.67535</b>	
City State Zip Code Rocklin CA 95677	Amount of Each Receipt this Period 800.00		
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 RON MCKIM CONSTRUCTION BUILDER	Election Cycle-to-Date 4200.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3300.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 7500 SIERRA DR.

City State Zip Code  
Granite Bay CA 95746

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2850.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

**Transaction ID:** INC.A.67523

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)  
ELTON RODMAN

Mailing Address P.O. BOX 278

City State Zip Code  
Pine Grove CA 95665

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

Name of Employer Occupation  
n/a RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3350.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

**Transaction ID:** INC.A.67525

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
JAMES SALFEN

Mailing Address 3150 NAVION COURT

City State Zip Code  
CAMERON PARK CA 95682

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

Name of Employer Occupation  
NMI INDUSTRIAL CONTRACTORS CFO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

**Transaction ID:** INC.A.67529

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 120
	(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)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 10 WHITTINGTON DR

City State Zip Code  
NEWCASTLE CA 95658

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

Name of Employer Occupation  
RETIREED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: INC.A.67526

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)  
JOHN WICKLAND

Mailing Address 925 SOMERSBY WAY

City State Zip Code  
Sacramento CA 95864

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

Name of Employer Occupation  
WICKLAND OIL EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: INC.A.67527

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	131897.28

**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 77 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ALTRIA PAC</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 101 CONSTITUTION AVE. NW		<b>Transaction ID:</b> INC.A.66890
City WASHINGTON State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b> C00089136	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. AMO VOLUNTARY PAF</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 2 W DIXIE HWY		<b>Transaction ID:</b> INC.A.66891
City DANIA BEACH State FL Zip Code 33004	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. BACK AMERICA'S CONSERVATIVES PAC</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 616 E STREET, NW STE 802		<b>Transaction ID:</b> INC.A.66889
City WASHINGTON State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> C00377028	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2500.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. FEDERAL VICTORY FUND</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 6429 DOWNING COURT		<b>Transaction ID: INC.A.66888</b>	
City State Zip Code ANNANDALE VA 22003		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00355271		<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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. SUN-MAID GROWERS OF CALIFORNIA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 13525 S. BETHEL AVE.		<b>Transaction ID: INC.A.66887</b>	
City State Zip Code Kingsburg CA 93631		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00108001		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation FEDERAL PAC			
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) <b>C. 13TH COLONY LEADERSHIP COMMITTEE, INC.</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2006	
Mailing Address P.O. BOX 2133		<b>Transaction ID: INC.A.67246</b>	
City State Zip Code SAVANNAH GA 31402		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00242768		<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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JACK KINGSTON

Mailing Address P.O. BOX 2133

City State Zip Code  
SAVANNAH GA 31402

FEC ID number of contributing federal political committee. **C** C00242768

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  
0 4 / 2 6 / 2 0 0 6

**Transaction ID:** INC.A.67247

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
HOUSE CONSERVATIVES FUND

Mailing Address 324 SECOND STREET

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00326439

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  
0 4 / 2 6 / 2 0 0 6

**Transaction ID:** INC.A.67242

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)  
MICROSOFT CORPORATION PAC

Mailing Address 16011 N.E. 36TH WAY BOX 97017

City State Zip Code  
Redmond WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation  
FEDERAL PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** INC.A.67243

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) ..... ► **9000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. NATIONAL CHICKEN CUNCIL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 1015 15TH STREET, N.W., SUITE 930		Transaction ID: INC.A.67245
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NA Occupation FEDERAL PAC		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. PRESTON GATES ELLIS ROUVELAS MEEDS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 1735 NEW YORK AVE.		Transaction ID: INC.A.67251
City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00213173		<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 ▼ 2540.00	

Full Name (Last, First, Middle Initial) <b>C. THE FREEDOM PROJECT</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 111 C STREET, SE		Transaction ID: INC.A.67241
City State Zip Code WASHINGTON DC 20003	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00305805		<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 ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. WESTERN UNITED DAIRYMEN PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 1315 K ST.		<b>Transaction ID: INC.A.67244</b>	
City State Zip Code Modesto CA 95354		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00186072		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation ID: #C0186072 FEDERAL PAC			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. AMGEN PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address ONE AMGEN CENTER DRIVE		<b>Transaction ID: INC.A.67288</b>	
City State Zip Code THOUSAND OAKS CA 91320		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00251876		<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. ICE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 550 NEWPORT CENTER DRIVE		<b>Transaction ID: INC.A.67286</b>	
City State Zip Code NEWPORT BEACH CA 92658		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00131615		<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 ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 82 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL RD.

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation  
FEDERAL PAC

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4950.00

Date of Receipt  

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

**Transaction ID:** INC.A.67287

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)  
PETE PAC

Mailing Address 3686 King Street, Ste. 146

City State Zip Code  
Alexandria VA 22303

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  

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

**Transaction ID:** INC.A.67285

Amount of Each Receipt this Period  

2500.00
---------

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

**C.** Full Name (Last, First, Middle Initial)  
PIONEER PAC

Mailing Address 412 1ST ST. SE #100

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt  

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

**Transaction ID:** NON.A.67364

Amount of Each Receipt this Period  

5000.00
---------

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

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

8500.00
---------

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

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**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 83 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CA INDEPENDENT PETROLEUM ASSN</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 1112 I STREET #350		Transaction ID: INC.A.67411
City State Zip Code SACRAMENTO CA 95814	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b> C00318766		<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 ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 2005 CORPORATE AVE.		Transaction ID: INC.A.67429
City State Zip Code Memphis TN 38132	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00068692		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation FEDERAL PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. National Assn. of Health Underwriters</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2000 N. 14th Street, Suite 450		Transaction ID: INC.A.67478
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 120
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. NRA-POLITICAL VICTORY FUND</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 11250 WAPLES MILL RD.		<b>Transaction ID: INC.A.67552</b>	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 2950.00		
FEC ID number of contributing federal political committee. <b>C</b> C00053553		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation FEDERAL PAC	Election Cycle-to-Date ▼ 4950.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CALIFORNIA DAIRIES PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address P.O. BOX 2198		<b>Transaction ID: INC.A.67538</b>	
City State Zip Code LOS BANOS CA 93635	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00349746		<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 ▼ 7500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CALIFORNIA DAIRIES PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address P.O. BOX 2198		<b>Transaction ID: INC.A.67539</b>	
City State Zip Code LOS BANOS CA 93635	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00349746		<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 ▼ 7500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>7950.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>51700.00</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DODGE, CANDACE</b>		Transaction ID: EXP.B.66808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 5240 ROCKLIN RD. #415		Amount of Each Disbursement this Period 1852.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ROCKLIN State CA Zip Code 95677		
Purpose of Disbursement 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>B. AVALON GRAPHICS</b>		Transaction ID: PAY.B.66809 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 106 N. SUNRISE AVE.		Amount of Each Disbursement this Period 3169.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95661		
Purpose of Disbursement PRINTING Candidate Name	004 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>C. JOHNSONCLARK ASSOC.</b>		Transaction ID: PAY.B.66810 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 6486.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95833		
Purpose of Disbursement POLLING Candidate Name	005 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11507.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

<p><b>A. MCNALLY TEMPLE ASSOC.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1818 CAPITOL AVE.</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement BUMPER STICKERS, SIGNS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: PAY.B.66811</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2289.91"/></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><input type="text" value="004"/></p>

<p><b>B. SCM ASSOC., INC.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 10 MAIN ST.</p> <p>City JAFFREY State NH Zip Code 03452</p> <p>Purpose of Disbursement PHONEBANKS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: PAY.B.66812</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5375.64"/></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><input type="text" value="004"/></p>

<p><b>C. MARK SIMMONS</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2013 ROBINBROOK WAY</p> <p>City ROSEVILLE State CA Zip Code 95661</p> <p>Purpose of Disbursement RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: EXP.B.66860</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1864.45"/></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><input type="text" value="001"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="9530.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. STATE COMPENSATION INSURANCE FUND</b>		<b>Transaction ID:</b> EXP.B.66861 Date of Disbursement
Mailing Address P. O. BOX 254700		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City SACRAMENTO	State CA	Zip Code 95865
Purpose of Disbursement INSURANCE	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input 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) ▼	Amount of Each Disbursement this Period <input type="text" value="260.00"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WILEY REIN &amp; FIELDING LLP</b>		<b>Transaction ID:</b> PAY.B.66813 Date of Disbursement
Mailing Address 1776 K ST. NW		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement LEGAL FEES	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input 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) ▼	Amount of Each Disbursement this Period <input type="text" value="1001.35"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CANDIDATES' OUTDOOR GRAPHIC SERVICE</b>		<b>Transaction ID:</b> EXP.B.66862 Date of Disbursement
Mailing Address 2401 E. ORANGEBURG AVE. #675		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City MODESTO	State CA	Zip Code 95355
Purpose of Disbursement SIGNS	<input type="text" value="004"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="37753.17"/>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="39014.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CITY OF ROSEVILLE</b>		<b>Transaction ID: EXP.B.66866</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 311 VERNON ST.		Amount of Each Disbursement this Period 200.00
City Roseville State CA Zip Code 95678	Purpose of Disbursement SIGN DEPOSIT 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>B. OFFICIAL NON-PARTISAN VOTER GUIDE</b>		<b>Transaction ID: EXP.B.66881</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 921 11TH ST. #400		Amount of Each Disbursement this Period 5860.00
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement MASS MAIL Candidate Name Category/Type 004	
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>C. SCM ASSOC., INC.</b>		<b>Transaction ID: PAY.B.66882</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 10 MAIN ST.		Amount of Each Disbursement this Period 1488.42
City JAFFREY State NH Zip Code 03452	Purpose of Disbursement PHONEBANKS Candidate Name Category/Type 004	
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7548.42</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. STARSTREAM COMMUNICATIONS</b>		Transaction ID: EXP.B.66885 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 4120 CITRUS AVE.		Amount of Each Disbursement this Period 56.71	
City Rocklin State CA Zip Code 95677	Purpose of Disbursement CABLE SVC.	<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>B. BAUER, DAVID</b>		Transaction ID: EXP.B.66966 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 492.80	
City Sacramento State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC.	<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>C. COMSTOCK AIR SERVICES</b>		Transaction ID: EXP.B.66971 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address P. O. BOX 22849		Amount of Each Disbursement this Period 497.00	
City Sacramento State CA Zip Code 95822	Purpose of Disbursement AIR CHARTER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1046.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CORNERSTONE PROTECTIVE SERVICES</b>		Transaction ID: EXP.B.66972 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 1711 CHELSEA WAY		Amount of Each Disbursement this Period 125.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ROSEVILLE State CA Zip Code 95661	Purpose of Disbursement SECURITY 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. JOHN DOOLITTLE</b>		Transaction ID: EXP.B.66981 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address HOUSE OF REPRESENTATIVES		Amount of Each Disbursement this Period 1782.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement REIMBURSEMENTS 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>C. ALICIA DAVIS</b>		Transaction ID: EDT.B.1016 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 10200 BUSHMAN DR. #121		Amount of Each Disbursement this Period 475.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City OAKTON State VA Zip Code 22124	Purpose of Disbursement CHILD CARE Candidate Name Category/Type 002	
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>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1908.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<p><b>A. FIRST CARD</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P. O. BOX 94014</p>		<p><b>Transaction ID:</b> EXP.B.66967 <b>Date of Disbursement</b> 04 / 18 / 2006</p>
<p>City PALATINE State IL Zip Code 60094</p>	<p>Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name</p>	<p>Amount of Each Disbursement this Period 7460.62</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>B. ALL AMERICAN STORAGE</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 3070 TAYLOR RD.</p>		<p><b>Transaction ID:</b> EDT.B.991 <b>Date of Disbursement</b> 04 / 18 / 2006</p>
<p>City ROSEVILLE State CA Zip Code 95678</p>	<p>Purpose of Disbursement STORAGE Candidate Name</p>	<p>Amount of Each Disbursement this Period 159.00</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

<p><b>C. CITY OF ROSEVILLE</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 311 VERNON ST.</p>		<p><b>Transaction ID:</b> EDT.B.980 <b>Date of Disbursement</b> 04 / 18 / 2006</p>
<p>City Roseville State CA Zip Code 95678</p>	<p>Purpose of Disbursement FACILITY RENTAL Candidate Name</p>	<p>Amount of Each Disbursement this Period 521.50</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>7460.62</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<p><b>A. COMPUSA</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address LEAD HILL RD.</p>		<p><b>Transaction ID:</b> EDT.B.994 <b>Date of Disbursement</b> 04 / 18 / 2006</p>
<p>City Roseville State CA Zip Code 95661</p>	<p>Purpose of Disbursement SUPPLIES</p>	<p>Amount of Each Disbursement this Period 96.49</p>
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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><b>[MEMO ITEM]</b></p>

<p><b>B. GARWOODS RESTAURANT</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5000 NORTH LAKE BLVD.</p>		<p><b>Transaction ID:</b> EDT.B.988 <b>Date of Disbursement</b> 04 / 18 / 2006</p>
<p>City CARNELIAN BAY State CA Zip Code 96140</p>	<p>Purpose of Disbursement MEALS</p>	<p>Amount of Each Disbursement this Period 287.28</p>
<p>Candidate Name</p>	<p>002 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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><b>[MEMO ITEM]</b></p>

<p><b>C. HYATT HOTEL</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 100 HERON BLVD.</p>		<p><b>Transaction ID:</b> EDT.B.998 <b>Date of Disbursement</b> 04 / 18 / 2006</p>
<p>City CAMBRIDGE State MD Zip Code 21613</p>	<p>Purpose of Disbursement TRAVEL EXP.</p>	<p>Amount of Each Disbursement this Period 831.00</p>
<p>Candidate Name</p>	<p>002 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

**A. OFFICE DEPOT**

Full Name (Last, First, Middle Initial)  
A. OFFICE DEPOT

Mailing Address 1607 DOUGLAS BLVD.

City Roseville State CA Zip Code 95661

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EDT.B.997

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**B. POSTMASTER**

Full Name (Last, First, Middle Initial)  
B. POSTMASTER

Mailing Address AUBURN-FOLSOM RD.

City GRANITE BAY State CA Zip Code 95674

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EDT.B.1000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**C. SEE'S CANDIES**

Full Name (Last, First, Middle Initial)  
C. SEE'S CANDIES

Mailing Address 1825 DOUGLAS BLVD.

City Roseville State CA Zip Code 95661

Purpose of Disbursement CANDY FOR FUNDRAISER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EDT.B.979

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

**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 94 / 120

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Transaction ID: EDT.B.996 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 8670 SIERRA COLLEGE BLVD.		Amount of Each Disbursement this Period 250.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City ROSEVILLE State CA Zip Code 95661		
Purpose of Disbursement SUPPLIES Candidate Name	001 Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. U.S. CAPITOL HISTORICAL SOCIETY</b>		Transaction ID: EDT.B.983 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 200 MARYLAND AVE. NE		Amount of Each Disbursement this Period 616.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City WASHINGTON State DC Zip Code 20002		
Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name	003 Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Transaction ID: EDT.B.999 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address DULLES AIRPORT		Amount of Each Disbursement this Period 1313.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22209		
Purpose of Disbursement TRAVEL EXP. Candidate Name	002 Category/Type	
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:		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.</b>		<b>Transaction ID:</b> EXP.B.66968 Date of Disbursement
Mailing Address 10531 MEREWORTH LN.		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City OAKTON	State VA	Zip Code 22124
Purpose of Disbursement FUNDRAISING FEE	<input type="text" value="003"/>	
Candidate Name	Category/ Type	
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:		
		Amount of Each Disbursement this Period <input type="text" value="29505.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. THE SUTTER CLUB</b>		<b>Transaction ID:</b> EXP.B.66969 Date of Disbursement
Mailing Address 1220 9TH ST.		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement DUES	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
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:		
		Amount of Each Disbursement this Period <input type="text" value="108.35"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. VOTENET SYSTEMS</b>		<b>Transaction ID:</b> EXP.B.66970 Date of Disbursement
Mailing Address 8345 CEDAR FALLS CT.		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City GRANITE BAY	State CA	Zip Code 95746
Purpose of Disbursement POLITICAL CONSULTING	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
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:		
		Amount of Each Disbursement this Period <input type="text" value="4000.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="33613.35"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ADAM PROBOLSKY</b>		<b>Transaction ID: NON.B.67839</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 23276 SOUTH POINTE DRIVE, # 206		Amount of Each Disbursement this Period 1023.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LAGUNA HILLS State CA Zip Code 92653	Purpose of Disbursement CATERING Candidate Name 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>B. CONSTITUENTS DIRECT</b>		<b>Transaction ID: EXP.B.67258</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 12121 WILSHIRE BLVD. #750		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LOS ANGELES State CA Zip Code 90025	Purpose of Disbursement E-MAIL SERVICE Candidate Name Category/Type 004	
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>C. DODGE, CANDACE</b>		<b>Transaction ID: EXP.B.67270</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 5240 ROCKLIN RD. #415		Amount of Each Disbursement this Period 1852.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ROCKLIN State CA Zip Code 95677	Purpose of Disbursement 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4375.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A. FEDEX</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. BOX 7221 City PASADENA State CA Zip Code 91109 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: EXP.B.67259</b> Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 23.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. INTERNAL REVENUE SVC.</b> Full Name (Last, First, Middle Initial) Mailing Address SERVICE CENTER City Fresno State CA Zip Code 93888 Purpose of Disbursement PAYROLL TAX 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) ▼		<b>Transaction ID: EXP.B.67256</b> Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 263.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. INTERNAL REVENUE SVC.</b> Full Name (Last, First, Middle Initial) Mailing Address SERVICE CENTER City Fresno State CA Zip Code 93888 Purpose of Disbursement PAYROLL TAX 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) ▼		<b>Transaction ID: EXP.B.67257</b> Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 1070.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1357.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A. JOHNSONCLARK ASSOC.</b> Full Name (Last, First, Middle Initial) Mailing Address 2150 RIVER PLAZA DR. #150 City Sacramento State CA Zip Code 95833 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: EXP.B.67260</b> Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 69.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. MCNALLY TEMPLE ASSOC.</b> Full Name (Last, First, Middle Initial) Mailing Address 1818 CAPITOL AVE. City Sacramento State CA Zip Code 95814 Purpose of Disbursement MASS MAIL 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) ▼		<b>Transaction ID: EXP.B.67262</b> Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 17629.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. META INFORMATION SVC.</b> Full Name (Last, First, Middle Initial) Mailing Address 2012 H ST. #100 City Sacramento State CA Zip Code 95814 Purpose of Disbursement DATA 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) ▼		<b>Transaction ID: EXP.B.67261</b> Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 1930.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>19629.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PG&amp;E</b>		<b>Transaction ID:</b> EXP.B.67264 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 151 N. SUNRISE AVE., #513		Amount of Each Disbursement this Period 82.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95661		
Purpose of Disbursement UTILITIES 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>B. PLACER MAILING SVC.</b>		<b>Transaction ID:</b> EXP.B.67265 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 383NEVADA ST.		Amount of Each Disbursement this Period 2741.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AUBURN State CA Zip Code 95603		
Purpose of Disbursement MAILING SVC. Candidate Name	004 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>C. SAVE PROPOSITION 13</b>		<b>Transaction ID:</b> EXP.B.67266 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 30011 IVY GLENN DR. #223		Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LAGUNA NIGUEL State CA Zip Code 92677		
Purpose of Disbursement MASS MAIL Candidate Name	004 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8824.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 120

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. SCM ASSOC., INC.</b>		Transaction ID: EXP.B.67267 Date of Disbursement 04 / 27 / 2006
Mailing Address 10 MAIN ST.		Amount of Each Disbursement this Period 1874.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City JAFFREY State NH Zip Code 03452	Purpose of Disbursement PHONEBANKS Candidate Name Category/Type 004	
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>B. SUREWEST COMMUNICATIONS</b>		Transaction ID: EXP.B.67268 Date of Disbursement 04 / 27 / 2006
Mailing Address P. O. BOX 1110		Amount of Each Disbursement this Period 280.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ROSEVILLE State CA Zip Code 95747	Purpose of Disbursement PHONE SVC. 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>C. WILEY REIN &amp; FIELDING LLP</b>		Transaction ID: EXP.B.67269 Date of Disbursement 04 / 27 / 2006
Mailing Address 1776 K ST. NW		Amount of Each Disbursement this Period 1001.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement LEGAL 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3156.31</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 120

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BUTTE COUNTY CLERK</b>		Transaction ID: EXP.B.67272 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 25 COUNTY CENTER DR.		Amount of Each Disbursement this Period 256.00	
City OROVILLE State CA Zip Code 95965	Purpose of Disbursement VOTER LIST	<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>B. JON FISH</b>		Transaction ID: EXP.B.67276 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 6420 TRAJAN DR.		Amount of Each Disbursement this Period 828.19	
City ORANGEVALE State CA Zip Code 95662	Purpose of Disbursement 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>C. MARK SIMMONS</b>		Transaction ID: EXP.B.67280 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 2013 ROBINBROOK WAY		Amount of Each Disbursement this Period 1854.45	
City ROSEVILLE State CA Zip Code 95661	Purpose of Disbursement RENT	<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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2938.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. JEFFREY VALUCK</b>		Transaction ID: EXP.B.67277 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 4120 DOUGLS BLVD.		Amount of Each Disbursement this Period 2258.40	
City GRANITE BAY State CA Zip Code 95746	Purpose of Disbursement PAYROLL Candidate Name	Category/Type 001 <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>B. PIONEER PAC</b>		Transaction ID: NON.B.67364 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 412 1ST ST. SE #100		Amount of Each Disbursement this Period 5000.00	
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement POSTAGE Candidate Name	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>C. POSTMASTER</b>		Transaction ID: EXP.B.67626 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address P. O. BOX 980875		Amount of Each Disbursement this Period 850.00	
City West Sacramento State CA Zip Code 95798	Purpose of Disbursement POSTAGE Candidate Name	Category/Type 004 <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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8108.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 120

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. AVALON GRAPHICS</b>		<b>Transaction ID:</b> EXP.B.67366 Date of Disbursement 05 / 05 / 2006
Mailing Address 106 N. SUNRISE AVE.		Amount of Each Disbursement this Period 2907.61
City Roseville State CA Zip Code 95661	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING		001 Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. CORNERSTONE PROTECTIVE SERVICES</b>		<b>Transaction ID:</b> EXP.B.67367 Date of Disbursement 05 / 05 / 2006
Mailing Address 1711 CHELSEA WAY		Amount of Each Disbursement this Period 125.95
City ROSEVILLE State CA Zip Code 95661	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PROTECTIVE SERVICES		001 Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. MCNALLY TEMPLE ASSOC.</b>		<b>Transaction ID:</b> EXP.B.67369 Date of Disbursement 05 / 05 / 2006
Mailing Address 1818 CAPITOL AVE.		Amount of Each Disbursement this Period 29032.52
City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MASS MAIL, PHONEBANKS		004 Category/Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>32066.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<p><b>A. REVIEW PUBLISHING</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5151 WISE RD.</p> <p>City LINCOLN State CA Zip Code 95648</p> <p>Purpose of Disbursement MAGAZINE AD Candidate Name</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><b>Transaction ID:</b> EXP.B.67371 <b>Date of Disbursement</b> 05 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 3600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B. SCM ASSOC., INC.</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 10 MAIN ST.</p> <p>City JAFFREY State NH Zip Code 03452</p> <p>Purpose of Disbursement PHONEBANKS Candidate Name</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><b>Transaction ID:</b> EXP.B.67372 <b>Date of Disbursement</b> 05 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 606.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C. THE GREENSBURGH GROUP</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 245 FISCHER AVE. C-3</p> <p>City COSTA MESA State CA Zip Code 92626</p> <p>Purpose of Disbursement VOTER LIST Candidate Name</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><b>Transaction ID:</b> EXP.B.67368 <b>Date of Disbursement</b> 05 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 3654.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**7861.08**

**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 105 / 120

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. WILLIAMS MULLEN</b>		Transaction ID: EXP.B.67370 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 8270 GREENSBORO DR. #700		Amount of Each Disbursement this Period 1274.60	
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement LEGAL 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>B. BAUER, DAVID</b>		Transaction ID: EXP.B.67373 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 828.00	
City Sacramento State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC. 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>C. STARSTREAM COMMUNICATIONS</b>		Transaction ID: EXP.B.67374 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 4120 CITRUS AVE.		Amount of Each Disbursement this Period 56.71	
City Rocklin State CA Zip Code 95677	Purpose of Disbursement INTERNET SVC. Candidate Name	002 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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2159.31</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 120

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A. CONSTITUENTS DIRECT</b> Full Name (Last, First, Middle Initial) Mailing Address 12121 WILSHIRE BLVD. #750 City LOS ANGELES State CA Zip Code 90025 Purpose of Disbursement BROADCAST E-MAIL 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) ▼		<b>Transaction ID: EXP.B.67433</b> Date of Disbursement 05 / 11 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. MCNALLY TEMPLE ASSOC.</b> Full Name (Last, First, Middle Initial) Mailing Address 1818 CAPITOL AVE. City Sacramento State CA Zip Code 95814 Purpose of Disbursement MASS MAIL 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) ▼		<b>Transaction ID: EXP.B.67435</b> Date of Disbursement 05 / 11 / 2006 Amount of Each Disbursement this Period 3705.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. PLACER MAILING SVC.</b> Full Name (Last, First, Middle Initial) Mailing Address 383NEVADA ST. City AUBURN State CA Zip Code 95603 Purpose of Disbursement MASS MAIL 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) ▼		<b>Transaction ID: EXP.B.67436</b> Date of Disbursement 05 / 11 / 2006 Amount of Each Disbursement this Period 3120.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7326.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN NATIONAL COMMITTEE</b>		<b>Transaction ID:</b> EXP.B.67437 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 310 1ST ST. SE		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name Category/Type 003	
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>B. THE GREENSBURGH GROUP</b>		<b>Transaction ID:</b> EXP.B.67434 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 245 FISCHER AVE. C-3		Amount of Each Disbursement this Period 808.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City COSTA MESA State CA Zip Code 92626	Purpose of Disbursement VOTER LIST Candidate Name Category/Type 004	
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>C. ROBIN WILMER</b>		<b>Transaction ID:</b> NON.B.67531 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 389 SILBERHORN DR.		Amount of Each Disbursement this Period 430.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City FOLSOM State CA Zip Code 95630	Purpose of Disbursement PHOTOGRAPHY Candidate Name 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16238.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MCNALLY TEMPLE ASSOC.</b>		Transaction ID: EXP.B.67501 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 1818 CAPITOL AVE.		Amount of Each Disbursement this Period 105642.38	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement MASS MAIL Candidate Name	004 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) .....

105642.38

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

331313.39

# 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 109 / 120

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. JOSEPH SCHARRER</b>		<b>Transaction ID: EXP.B.66929</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 6703 MAGNOLIA WAY		Amount of Each Disbursement this Period 500.00
City ROCKLIN State CA Zip Code 95765	Purpose of Disbursement CONTRIBUTION REFUND 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>B. TRACIE DENIO-KERBY</b>		<b>Transaction ID: EXP.B.67431</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 924 CIRCUIT DRIVE		Amount of Each Disbursement this Period 450.00
City Roseville State CA Zip Code 95678	Purpose of Disbursement CONTRIBUTION REFUND 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>C. DAVID KERBY</b>		<b>Transaction ID: EXP.B.67430</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 924 CIRCUIT DR.		Amount of Each Disbursement this Period 300.00
City Roseville State CA Zip Code 95678	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 120

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. JOHN MOURIER, III</b>		Transaction ID: EXP.B.67502 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 1830 VERNON ST.		Amount of Each Disbursement this Period 1000.00	
City Roseville State CA Zip Code 95678	Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 010		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

1000.00

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

2250.00

**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 111 / 120

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial)  
**A. CAPITOL RESOURCE INSTITUTE**

Mailing Address 1414 K ST., #200

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
DONATION

Candidate Name

**012**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.66982

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AVALON GRAPHICS	Nature of Debt (Purpose): PRINTING
Mailing Address 106 N. SUNRISE AVE.	
City State ZIP Code Roseville CA 95661	

Outstanding Balance Beginning This Period 3169.22	<b>Transaction ID: PAY:D:66809</b>	
Amount Incurred This Period 0.00	Payment This Period 3169.22	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JOHNSONCLARK ASSOC.	Nature of Debt (Purpose): POLLING
Mailing Address 2150 RIVER PLAZA DR. #150	
City State ZIP Code Sacramento CA 95833	

Outstanding Balance Beginning This Period 6486.00	<b>Transaction ID: PAY:D:66810</b>	
Amount Incurred This Period 0.00	Payment This Period 6486.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MCNALLY TEMPLE ASSOC.	Nature of Debt (Purpose): BUMPER STICKERS, SIGNS
Mailing Address 1818 CAPITOL AVE.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 2289.91	<b>Transaction ID: PAY:D:66811</b>	
Amount Incurred This Period 0.00	Payment This Period 2289.91	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	



**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 113 / 120
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM ASSOC., INC.	Nature of Debt (Purpose): PHONEBANKS
Mailing Address 10 MAIN ST.	
City State ZIP Code JAFFREY NH 03452	

Outstanding Balance Beginning This Period <input type="text" value="5375.64"/>	<b>Transaction ID: PAY:D:66812</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5375.64"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN & FIELDING LLP	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1776 K ST. NW	
City State ZIP Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="1001.35"/>	<b>Transaction ID: PAY:D:66813</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1001.35"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM ASSOC., INC.	Nature of Debt (Purpose): PHONEBANKS
Mailing Address 10 MAIN ST.	
City State ZIP Code JAFFREY NH 03452	

Outstanding Balance Beginning This Period <input type="text" value="1488.42"/>	<b>Transaction ID: PAY:D:66882</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1488.42"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 114 / 120
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE SUTTER CLUB	Nature of Debt (Purpose): DUES
Mailing Address 1220 9TH ST.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67544</b>	
Amount Incurred This Period 110.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 110.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor META INFORMATION SVC.	Nature of Debt (Purpose): MAILING LIST
Mailing Address 2012 H ST. #100	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67545</b>	
Amount Incurred This Period 650.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 650.89

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MCNALLY TEMPLE ASSOC.	Nature of Debt (Purpose): MASS MAIL
Mailing Address 1818 CAPITOL AVE.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67546</b>	
Amount Incurred This Period 1241.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 1241.38

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	2002.27
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 115 / 120
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PG&E	Nature of Debt (Purpose): UTILITIES
Mailing Address 151 N. SUNRISE AVE., #513	
City State ZIP Code Roseville CA 95661	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: PAY:D:67547</b>	
Amount Incurred This Period <input type="text" value="130.52"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="130.52"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM ASSOC., INC.	Nature of Debt (Purpose): SHIPPING
Mailing Address 10 MAIN ST.	
City State ZIP Code JAFFREY NH 03452	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: PAY:D:67548</b>	
Amount Incurred This Period <input type="text" value="10.08"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.08"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SUREWEST COMMUNICATIONS	Nature of Debt (Purpose): PHONE SVC.
Mailing Address P. O. BOX 1110	
City State ZIP Code ROSEVILLE CA 95747	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: PAY:D:67549</b>	
Amount Incurred This Period <input type="text" value="652.26"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="652.26"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="792.86"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FEDEX	Nature of Debt (Purpose): SHIPPING
Mailing Address P. O. BOX 7221	
City State ZIP Code PASADENA CA 91109	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67550</b>	
Amount Incurred This Period 116.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 116.95

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN & FIELDING LLP	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1776 K ST. NW	
City State ZIP Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67674</b>	
Amount Incurred This Period 1008.55	Payment This Period 0.00	Outstanding Balance at Close of This Period 1008.55

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JOHNSONCLARK ASSOC.	Nature of Debt (Purpose): POLLING
Mailing Address 2150 RIVER PLAZA DR. #150	
City State ZIP Code Sacramento CA 95833	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67677</b>	
Amount Incurred This Period 11753.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11753.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>12878.50</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 117 / 120
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MCNALLY TEMPLE ASSOC.	Nature of Debt (Purpose): NEWSPAPER AD
Mailing Address 1818 CAPITOL AVE.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67679</b>	
Amount Incurred This Period 377.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 377.13

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM ASSOC., INC.	Nature of Debt (Purpose): PHONEBANKS
Mailing Address 10 MAIN ST.	
City State ZIP Code JAFFREY NH 03452	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67680</b>	
Amount Incurred This Period 3170.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 3170.08

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PLACER MAILING SVC.	Nature of Debt (Purpose): MASS MAIL
Mailing Address 383NEVADA ST.	
City State ZIP Code AUBURN CA 95603	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67681</b>	
Amount Incurred This Period 3154.23	Payment This Period 0.00	Outstanding Balance at Close of This Period 3154.23

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	6701.44
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MCNALLY TEMPLE ASSOC.	Nature of Debt (Purpose): MASS MAIL
Mailing Address 1818 CAPITOL AVE.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67713</b>	
Amount Incurred This Period 1241.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 1241.38

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MCNALLY TEMPLE ASSOC.	Nature of Debt (Purpose): MASS MAIL
Mailing Address 1818 CAPITOL AVE.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:67864</b>	
Amount Incurred This Period 13912.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 13912.94

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WILLIAMS MULLEN	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 8270 GREENSBORO DR. #700	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:68144</b>	
Amount Incurred This Period 3518.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3518.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>18672.32</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 119 / 120
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor META INFORMATION SVC.	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 2012 H ST. #100	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period	<b>Transaction ID: PAY:D:68303</b>	
3215.72		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3215.72

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3215.72
2) <b>TOTALS</b> This Period (last page this line number only).....	44263.11
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Image# 27930126226

Form/Schedule: **F3A**      Summary page lines 17 & 21 column B updated from prior period  
Transaction ID:

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