

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 49135  
 Check if different than previously reported. (ACC) Sarasota FL 34230

2. **FEC IDENTIFICATION NUMBER** C00409664  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**  
FL 13

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

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Susan Flynn

Signature of Treasurer Electronically Filed by Susan Flynn Date 06 25 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Christine Jennings for Congress

Report Covering the Period:

From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	2733074.16
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	2733074.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	14192.85	2758584.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	482.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14192.85	2758101.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31241.22	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Christine Jennings for Congress

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

	0.00	1717716.04
--	------	------------

(ii) Unitemized.....

	0.00	395703.73
--	------	-----------

(iii) TOTAL of contributions

	0.00	2113419.77
--	------	------------

from individuals..... ▶

	0.00	7370.61
--	------	---------

(b) Political Party Committees.....

	0.00	601289.90
--	------	-----------

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

	0.00	10993.88
--	------	----------

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

	0.00	2733074.16
--	------	------------

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

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

	50192.85	50192.85
--	----------	----------

13. LOANS

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

	0.00	110000.00
--	------	-----------

(b) All Other Loans.....

	0.00	0.00
--	------	------

(c) TOTAL LOANS

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

	0.00	110000.00
--	------	-----------

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

	0.00	482.56
--	------	--------

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

	108830.74	302758.29
--	-----------	-----------

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

	159023.59	3196507.86
--	-----------	------------

**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.....	14192.85	2758584.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	208920.82	274163.01
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	223113.67	3132747.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	95331.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	159023.59
25. SUBTOTAL (add Line 23 and Line 24).....	254354.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	223113.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31241.22

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 138  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial) Colonial Bank, NA		Date of Receipt MM / DD / YYYY 12 / 19 / 2006
Mailing Address 2 N Tamiami Trl Ste 100		<b>Transaction ID:</b> C2340400
City Sarasota	State FL	Zip Code 34236-5562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13940.85
Name of Employer	Occupation	<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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 14320.00	

**B.**

Full Name (Last, First, Middle Initial) Colonial Bank, NA		Date of Receipt MM / DD / YYYY 12 / 19 / 2006
Mailing Address 2 N Tamiami Trl Ste 100		<b>Transaction ID:</b> C2340401
City Sarasota	State FL	Zip Code 34236-5562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer	Occupation	<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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 14320.00	

**C.**

Full Name (Last, First, Middle Initial) Florida 13 Recount Fund		Date of Receipt MM / DD / YYYY 12 / 29 / 2006
Mailing Address 430 S Capitol Street SE		<b>Transaction ID:</b> C16790
City Washington	State DC	Zip Code 20003-4024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36000.00
Name of Employer	Occupation	<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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Election Cycle-to-Date ▼ 36000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>50192.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 138  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERIPAC:The Fund For a Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 15000.00

Date of Receipt 11 / 22 / 2006  
Transaction ID: C18294  
Amount of Each Receipt this Period 5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814-4602

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 3000.00

Date of Receipt 11 / 29 / 2006  
Transaction ID: C18412  
Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Elliot L. Aronin

Mailing Address 5113 Cantabria Crst

City Sarasota State FL Zip Code 34238-4469

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 375.00

Date of Receipt 11 / 19 / 2006  
Transaction ID: C18551  
Amount of Each Receipt this Period 50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... **0.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address PO Box 260

City State Zip Code  
Newtonville MA 02460

FEC ID number of contributing federal political committee. **C** C00128868

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 5000.00

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

Transaction ID: C18415

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address 700 John Ringling Blvd, Apt N303

City State Zip Code  
Sarasota FL 34236-1501

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 6200.00

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

Transaction ID: C18422

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth L Brainerd

Mailing Address 23 Arnold Street

City State Zip Code  
Providence RI 02906-1001

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

Name of Employer Occupation  
Brown University Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 2000.00

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

Transaction ID: C18423

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 138</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" 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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Brickman	Date of Receipt MM / DD / YYYY 11 / 29 / 2006
	Mailing Address 1630 Harbor Sound Dr	<b>Transaction ID:</b> C18424
	City State Zip Code Longboat Key FL 34228-3542	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
	Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount 1700.00	*

<b>B.</b>	Full Name (Last, First, Middle Initial) Conyers For Congress	Date of Receipt MM / DD / YYYY 11 / 29 / 2006
	Mailing Address 1031 N Edgewood Street	<b>Transaction ID:</b> C18413
	City State Zip Code Arlington VA 22201-2119	Amount of Each Receipt this Period 2000.00
	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) <b>[MEMO ITEM]</b>
	Name of Employer Occupation Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount 3000.00	*

<b>C.</b>	Full Name (Last, First, Middle Initial) Emily's List	Date of Receipt MM / DD / YYYY 11 / 22 / 2006
	Mailing Address 1120 Connecticut Avenue NW Ste 1100	<b>Transaction ID:</b> C18298
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00193433	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
	Name of Employer Occupation Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount 72835.23	*

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lawrence W. Evans

Mailing Address PO Box 25789

City State Zip Code  
Sarasota FL 34277-2789

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 1500.00

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

Transaction ID: C18417

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Harriet J. Helman

Mailing Address 70 Juniper Avenue

City State Zip Code  
Ronkonkoma NY 11779

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 270.00

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

Transaction ID: C18274

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wayne Hogan, Esquire

Mailing Address 233 E Bay Street, Fl 8

City State Zip Code  
Jacksonville FL 32202-3459

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

Name of Employer Terrell Hogan Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 3466.00

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

Transaction ID: C18418

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Maher, Esquire  
Mailing Address 631 W Morse Blvd, Ste 200  
City Winter Park State FL Zip Code 32789-3730  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2006  
Transaction ID: C18420  
Amount of Each Receipt this Period  
2000.00

Name of Employer: Maher Guiley & Maher Occupation: Attorney  
Receipt For: 2006  
 Primary  General  
 Other (specify) Recount Election Cycle-to-Date 4100.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Association PAC  
Mailing Address 1325 Massachusetts Ave. NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00238725

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2006  
Transaction ID: C18288  
Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) Recount Election Cycle-to-Date 10000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ken M Slavin  
Mailing Address 3311 Bayou Sound  
City Longboat Key State FL Zip Code 34228  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2006  
Transaction ID: C18419  
Amount of Each Receipt this Period  
2100.00

Name of Employer: retired Occupation: retired  
Receipt For: 2006  
 Primary  General  
 Other (specify) Recount Election Cycle-to-Date 6100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 138
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Irving Smokler		Date of Receipt
	Mailing Address 1 S Ocean Blvd Ste 305		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Boca Raton	FL	33432-5144
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nephcure Foundation		Occupation Director	Transaction ID: C18292
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="500.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼ Recount		<input type="text" value="500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> *

<b>B.</b>	Full Name (Last, First, Middle Initial) Tim Ryan for Congress		Date of Receipt
	Mailing Address 1600 Roosevelt Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Niles	OH	44446-4108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C18414
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="2000.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼ Recount		<input type="text" value="4000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> *

<b>C.</b>	Full Name (Last, First, Middle Initial) VICTORY NOW PAC		Date of Receipt
	Mailing Address 10605 Concord Street-Ste. 202 Suite 202		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Kensington	MD	20895
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/> C00416743
Name of Employer		Occupation	Transaction ID: C18416
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="2000.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼ Recount		<input type="text" value="5000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> *

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="50192.85"/>

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

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

FOR LINE NUMBER: PAGE 12 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 2120 Harbourside Drive

City State Zip Code  
Longboat Key FL 34228-4279

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

**Transaction ID:** C17364

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 3064 Highland Oaks Terrace

City State Zip Code  
Tallahassee FL 32301-3841

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 5500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	6

**Transaction ID:** C18307

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]**  
 \*

**C.** Full Name (Last, First, Middle Initial)  
June Ansortge

Mailing Address 2301 Gulf Of Mexico Dr Unit 16

City State Zip Code  
Longboat Key FL 34228-3217

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  

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

**Transaction ID:** C16931

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rosemary E. Armstrong, Esquire  
Mailing Address 3415 W Mullen Avenue  
City Tampa State FL Zip Code 33609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Attorney  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 700.00  
Date of Receipt 11 / 29 / 2006  
Transaction ID: C16927  
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)  
Susan M. Baker  
Mailing Address 1200 Grassy Meadows Court  
City Chapin State SC Zip Code 29036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 2500.00  
Date of Receipt 12 / 06 / 2006  
Transaction ID: C16935  
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)  
Samuel P. Bell, Esquire  
Mailing Address 1298 Millstream  
City Tallahassee State FL Zip Code 32312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pennington, Moore Occupation Attorney  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 2100.00  
Date of Receipt 12 / 06 / 2006  
Transaction ID: C16936  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mandell L Berman

Mailing Address 30542 Hickory Ln

City State Zip Code  
Franklin MI 48025-1585

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

Name of Employer Occupation  
MLB Investments President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 2550.00

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

**Transaction ID:** C16942

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)  
Paul R. Booth

Mailing Address 3724 Benton Street NW

City State Zip Code  
Washington DC 20007-1803

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

Name of Employer Occupation  
AFSCME Labor Union Official

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

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

**Transaction ID:** C18113

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)  
Madeleine G. Brenner

Mailing Address 2301 Gulf Of Mexico Dr Ph 1

City State Zip Code  
Longboat Key FL 34228-5212

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

Name of Employer Occupation  
Retired Retired

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

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

**Transaction ID:** C16932

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 138
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Case		Date of Receipt
	Mailing Address 7200 Glenbrook Rd		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Bethesda	MD	20814-1243
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C16819
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2006		Election Cycle-to-Date ▼	<input type="text" value="100.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Other (specify) ▼ Recount		<input type="text" value="350.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Colonial Bank, NA		Date of Receipt
	Mailing Address 2 N Tamiami Trl Ste 100		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Sarasota	FL	34236-5562
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2160732
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2006		Election Cycle-to-Date ▼	<input type="text" value="78.30"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="14320.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Colonial Bank, NA		Date of Receipt
	Mailing Address 2 N Tamiami Trl Ste 100		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Sarasota	FL	34236-5562
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2160733
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2006		Election Cycle-to-Date ▼	<input type="text" value="44.82"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="14320.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="223.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Boulevard  
Suite 1612

City State Zip Code  
Los Angeles CA 90048-5018

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 4000.00

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

Transaction ID: C17400

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)  
Marvin I. Danto

Mailing Address 455 Longboat Club Road Apt. 504

City State Zip Code  
Longboat Key FL 34228-3839

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

Name of Employer Occupation  
Danto Investment Co Self Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 8200.00

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

Transaction ID: C16938

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)  
Nancy DeLong

Mailing Address 3344 Higel Avenue

City State Zip Code  
Sarasota FL 34242-1128

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 1400.00

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

Transaction ID: C17426

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4050.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Democrats for the Future

Mailing Address 20 Park Road  
Suite E

City State Zip Code  
Burlingame CA 94010-4443

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** C17438

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)  
Suzanne C. Dickie

Mailing Address 3110 -- 43rd Street West

City State Zip Code  
Bradenton FL 34209-6222

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 700.00

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

**Transaction ID:** C17402

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)  
David K. Donald

Mailing Address PO Box 60096

City State Zip Code  
Palo Alto CA 94306-0096

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C16945

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) ..... ► **3100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 138
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca Eger		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
	Mailing Address 324 N. Royal Flamingo		Transaction ID: C17393
	City Sarasota	State FL	Zip Code 34236
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Retired	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Election Cycle-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) _ FEC Audit Correction		Date of Receipt MM / DD / YYYY 12 / 31 / 2006
	Mailing Address 999 E Street, NW		Transaction ID: C2341549
	City Washington	State DC	Zip Code 20463
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20275.73
	Name of Employer Information Requested	Occupation Information Requested	<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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Election Cycle-to-Date 20275.73		

To correct ending cash-on-hand

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan K. Flynn		Date of Receipt MM / DD / YYYY 12 / 11 / 2006
	Mailing Address 8211 241st St E		Transaction ID: C17439
	City Myakka City	State FL	Zip Code 34251-6823
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Colonial Bank, N.A.	Occupation Vice President	<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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Election Cycle-to-Date 6426.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	22575.73
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tomme T Fullerton  
Mailing Address 416 S Myrtle St  
City Warren State AR Zip Code 71671-3300  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Investor  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 300.00  
Date of Receipt 12 / 22 / 2006  
Transaction ID: C16813  
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)  
Nick Generalovich  
Mailing Address 1200 Port Lane  
City Sarasota State FL Zip Code 34242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vanguard Pharmacy Occupation Management  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 1600.00  
Date of Receipt 12 / 22 / 2006  
Transaction ID: C17990  
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)  
Sam Gibbons  
Mailing Address 3501 Bayshore Blvd  
City Tampa State FL Zip Code 33629-8901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gibbons & Company Occupation Chairman  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 600.00  
Date of Receipt 12 / 11 / 2006  
Transaction ID: C17433  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 20 / 138</span>
	(check only one)
<input 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 checked="" type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur D. Ginsburg, Esquire		Date of Receipt
	Mailing Address 2033 Main Street		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Sarasota	FL	34237-6056
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Icard Merrill		Occupation Attorney	<b>Transaction ID:</b> C16839
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="50.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼	Recount	<input type="text" value="750.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ilene Gordon		Date of Receipt
	Mailing Address 5107 N 21st St		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Phoenix	AZ	85016-3409
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	<b>Transaction ID:</b> C17458
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="25.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼	Recount	<input type="text" value="225.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ilene Gordon		Date of Receipt
	Mailing Address 5107 N 21st St		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Phoenix	AZ	85016-3409
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	<b>Transaction ID:</b> C17459
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="25.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼	Recount	<input type="text" value="225.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Ilene Gordon

Mailing Address 5107 N 21st St

City Phoenix State AZ Zip Code 85016-3409

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 225.00

Date of Receipt 12 / 11 / 2006

Transaction ID: C17460

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)  
Ilene Gordon

Mailing Address 5107 N 21st St

City Phoenix State AZ Zip Code 85016-3409

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 225.00

Date of Receipt 12 / 11 / 2006

Transaction ID: C17461

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)  
Ilene Gordon

Mailing Address 5107 N 21st St

City Phoenix State AZ Zip Code 85016-3409

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 225.00

Date of Receipt 12 / 11 / 2006

Transaction ID: C17462

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 4196 Bowling Green Circle

City State Zip Code  
Sarasota FL 34233-3837

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 360.00

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

Transaction ID: C17365

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)  
Mildred Headdy

Mailing Address 2734 Seaspray St

City State Zip Code  
Sarasota FL 34231-6140

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 260.00

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

Transaction ID: C17429

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)  
Mildred Headdy

Mailing Address 2734 Seaspray St

City State Zip Code  
Sarasota FL 34231-6140

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 260.00

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

Transaction ID: C17430

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 2734 Seaspray St

City State Zip Code  
Sarasota FL 34231-6140

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 260.00

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

Transaction ID: C17446

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)  
Mildred Headdy

Mailing Address 2734 Seaspray St

City State Zip Code  
Sarasota FL 34231-6140

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 260.00

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

Transaction ID: C17447

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)  
Herseth For Congress

Mailing Address PO Box 2009

City State Zip Code  
Sioux Falls SD 57101-2009

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 2000.00

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

Transaction ID: C16947

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) ..... ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 2302 Ellicott Dr

City State Zip Code  
Tallahassee FL 32308-0918

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

Name of Employer Patients First Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 1100.00

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

**Transaction ID: C18076**

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)  
Linda E. Holland

Mailing Address PO Box 3073

City State Zip Code  
Sarasota FL 34230-3073

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

Name of Employer Self-employed Occupation Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 350.00

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

**Transaction ID: C16807**

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)  
Janet M. Holmes

Mailing Address 11 Sunset Drive, #203

City State Zip Code  
Sarasota FL 34236-5565

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 500.00

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

**Transaction ID: C18112**

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 504 Montezuma Dr

City Bradenton State FL Zip Code 34209-3231

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 250.00

Date of Receipt 12 / 26 / 2006  
**Transaction ID: C17299**  
 Amount of Each Receipt this Period 50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Daniel S Jacoby

Mailing Address 1957 N Honore Ave Apt C215

City State FL Zip Code

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

Name of Employer B. Shackman & Co. Occupation Retired, President

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 1100.00

Date of Receipt 11 / 29 / 2006  
**Transaction ID: C16928**  
 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)  
Jobs Opportunities and Education, PAC (JOE-PAC)

Mailing Address 8454 Grand Avenue

City Elmhurst State NY Zip Code 11373-4352

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 6000.00

Date of Receipt 12 / 11 / 2006  
**Transaction ID: C17418**  
 Amount of Each Receipt this Period 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... **2650.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harry Johnston  
Mailing Address PO Box 3475  
City State Zip Code  
West Palm Beach FL 33402-3475  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jones Foster et al Occupation Attorney  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Recount  
500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 6  
Transaction ID: C17454  
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)  
Alan F Katz  
Mailing Address 1525 Mallard Ln  
City State Zip Code  
Sarasota FL 34239-3750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Recount  
280.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6  
Transaction ID: C18078  
Amount of Each Receipt this Period  
30.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Herbert Kurz  
Mailing Address 511 Gair St  
City State Zip Code  
Piermont NY 10968-1081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Signature Insurance Occupation President  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Recount  
1500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 6  
Transaction ID: C17432  
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) ..... **780.00**  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 2315 McClellan Pkwy

City State Zip Code  
Sarasota FL 34239-3714

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  

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

**Transaction ID:** C16883

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)  
Leonard Lentz

Mailing Address 8126 Dukes Wood Ct

City State Zip Code  
Bradenton FL 34201-2013

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  

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

**Transaction ID:** C16933

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)  
Joyce Lipman-Gordon

Mailing Address 700 Ringling Blvd.  
Apt. 1208

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	6

**Transaction ID:** C16926

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) ..... ► **1075.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 28 / 138  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 11401 SW 40th St  
Ste 370

City Miami State FL Zip Code 33165-3340

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 4400.00

Date of Receipt 12 / 11 / 2006  
**Transaction ID: C16943**  
 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)  
Kevin Marshall

Mailing Address 5010 Lemon Bay Dr

City Venice State FL Zip Code 34293-7725

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

Name of Employer Information Requested Occupation Contractor

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

Date of Receipt 12 / 11 / 2006  
**Transaction ID: C16948**  
 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)  
Kevin Marshall

Mailing Address 5010 Lemon Bay Dr

City Venice State FL Zip Code 34293-7725

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

Name of Employer Information Requested Occupation Contractor

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

Date of Receipt 12 / 11 / 2006  
**Transaction ID: C16949**  
 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) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richmond Mayo-Smith

Mailing Address 5 Otis Place

City State Zip Code  
Boston MA 02108-1003

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

Name of Employer Occupation  
retired education

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 300.00

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

Transaction ID: C17358

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)  
Edwin McAmis, Esq.

Mailing Address 4110 Kiaora Ave

City State Zip Code  
Coconut Grove FL 33133-6350

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

Name of Employer Occupation  
Not employed Retired

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

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

Transaction ID: C17918

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)  
Molly K McCartney

Mailing Address 600 Manatee Ave

City State Zip Code  
Holmes Beach FL 34217-2902

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

Name of Employer Occupation  
Information Requested Information Requested

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

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

Transaction ID: C18073

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Jane Meyer  
Mailing Address 4430 Exeter Drive, Unit M306  
City Longboat Key State FL Zip Code 34228-2226  
FEC ID number of contributing federal political committee. C  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Recount 450.00  
Date of Receipt 12 / 26 / 2006  
Transaction ID: C6775  
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)  
Sally Minard  
Mailing Address 133 East 62nd Street  
City New York State NY Zip Code 10021  
FEC ID number of contributing federal political committee. C  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Recount 1000.00  
Date of Receipt 11 / 28 / 2006  
Transaction ID: C17913  
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)  
Marshall I Nurenberg  
Mailing Address 1211 Gulf Of Mexico Dr Apt 608  
City Longboat Key State FL Zip Code 34228-3650  
FEC ID number of contributing federal political committee. C  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Recount 1600.00  
Date of Receipt 12 / 01 / 2006  
Transaction ID: C17389  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tashery Otway-Smithers

Mailing Address 1031 Albee Farm Rd

City State Zip Code  
Venice FL 34285-6283

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

Name of Employer Occupation  
Midnight Sunshine Egyptians Horse Breeder

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 2675.00

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

**Transaction ID:** C17450

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)  
Gerald K Palmer

Mailing Address 1290 Kirkwood Ln

City State Zip Code  
Sarasota FL 34232-3329

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

Name of Employer Occupation  
Hudson Services, Inc. Manager

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

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

**Transaction ID:** C18075

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)  
Cornella Peterson

Mailing Address 1707 Waldemere St

City State Zip Code  
Sarasota FL 34239-2131

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

Name of Employer Occupation  
Information Requested Information Requested

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

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

**Transaction ID:** C17424

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) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
J. Robert Peterson  
Mailing Address 1111 Ritz Carlton Dr., #1501  
City Sarasota State FL Zip Code 34236-5597  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2006  
Transaction ID: C17917  
Amount of Each Receipt this Period  
4200.00

Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 10400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Norman Rodin  
Mailing Address 2103 Harbourside Dr  
City Longboat Key State FL Zip Code 34228-4251  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2006  
Transaction ID: C17423  
Amount of Each Receipt this Period  
50.00

Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 450.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Patricia Catherine Rounds  
Mailing Address 4575 San Siro Drive  
City Sarasota State FL Zip Code 34235-3642  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2006  
Transaction ID: C16921  
Amount of Each Receipt this Period  
100.00

Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 800.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4350.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 1255 N Gulfstream Ave  
Apt 1107

City State Zip Code  
Sarasota FL 34236-8933

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 550.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: C17386

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)  
Service Employees International Union (SEIU)

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 10000.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: C16929

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)  
Ruth V. Simpson

Mailing Address 1255 N Gulfstream Ave., #607

City State Zip Code  
Sarasota FL 34236-8959

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 1250.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2006

Transaction ID: C17914

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) ..... ► **5500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 770 S Palm Ave  
Apt 802

City State Zip Code  
Sarasota FL 34236-8700

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

Name of Employer Retired Occupation Retired

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

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

Transaction ID: C17391

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)  
George Stassa

Mailing Address 3560 Fair Oaks Lane

City State Zip Code  
Longboat Key FL 34228-4106

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 1850.00

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

Transaction ID: C17442

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)  
James L Stern

Mailing Address 816 Bayport Way

City State Zip Code  
Longboat Key FL 34228-2664

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 900.00

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

Transaction ID: C16924

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan Davis for Congress

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138-4049

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 2000.00

Date of Receipt 12 / 11 / 2006

Transaction ID: C17421

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)  
Robina Twitchell

Mailing Address 2003 79th St NW

City Bradenton State FL Zip Code 34209-9500

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

Name of Employer Occupation  
Pine Shores Investments CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 1600.00

Date of Receipt 11 / 28 / 2006

Transaction ID: C18069

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)  
Welch For Congress

Mailing Address PO Box 1086

City Montpelier State VT Zip Code 05601-1086

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 1000.00

Date of Receipt 12 / 22 / 2006

Transaction ID: C6774

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) ..... **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 138

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
I.E. Whisnant

Mailing Address 2424 Manatee Ave W  
Ste 101

City State Zip Code  
Bradenton FL 34205-4954

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

Name of Employer Self Employed Occupation  
Attorney

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

Date of Receipt

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

Transaction ID: C17916

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)  
Sharon Winkler

Mailing Address 1728 Meadowood St

City State Zip Code  
Sarasota FL 34231-3014

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

Name of Employer Homemaker Occupation  
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 625.00

Date of Receipt

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

Transaction ID: C18070

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)  
Women's Campaign Forum PAC

Mailing Address 734 15th Street NW, Suite 500

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00424150

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 4000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: C17356

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) .....

1200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Yurosko  
Mailing Address 2400 Kilpatrick Rd  
City State Zip Code  
Nokomis FL 34275-4929  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Oral Surgery Center Occupation Oral Surgeon  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 1250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 6  
Transaction ID: C17444  
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)  
Stanley E. Zeeman, M.D.  
Mailing Address 535 Sanctuary Dr Apt C406  
City State Zip Code  
Longboat Key FL 34228-4805  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 600.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6  
Transaction ID: C16930  
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)  
J. Robert Peterson  
Mailing Address 1111 Ritz Carlton Dr., #1501  
City State Zip Code  
Sarasota FL 34236-5597  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 10400.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6  
Transaction ID: C2341007  
Amount of Each Receipt this Period  
-2100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
\* Reatribution of 11/28/-2006 Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 138

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Lee M. Peterson

Mailing Address 1111 Ritz Carlton Dr., #1501

City State Zip Code  
Sarasota FL 34236-5597

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 8300.00

Date of Receipt

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

Transaction ID: C2334195

Amount of Each Receipt this Period

2100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Alan E. Bandler

Mailing Address 1241 Gulf of Mexico Drive

City State Zip Code  
Longboat Key FL 34228

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5200.00

Date of Receipt

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

Transaction ID: C1710302A

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42

Date of Receipt

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

Transaction ID: C1710302AB

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]**  
Note: Above Contribution earmarked through this organization.

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

500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Alec S Bash

Mailing Address 936 Church Street

City State Zip Code  
San Francisco CA 94114

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: C1710277A

Amount of Each Receipt this Period  
200.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

Transaction ID: C1710277AB

Amount of Each Receipt this Period  
200.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Dan Beach

Mailing Address 8717 Wythmere Lane

City State Zip Code  
Orlando FL 32835

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

Name of Employer Self Occupation Designer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: C4683

Amount of Each Receipt this Period  
100.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 40 / 138</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) ACTBLUE</p> <p>Mailing Address P.O. Box 382110</p> <p>City State Zip Code Cambridge MA 02238</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00401224</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Recount</p> <p>Election Cycle-to-Date ▼ 47725.42</p>	<p>Date of Receipt MM / DD / YYYY 11 / 29 / 2006</p> <p><b>Transaction ID:</b> C4683B</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p><b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Karen A. Case</p> <p>Mailing Address 2212 Harbour Court Drive</p> <p>City State Zip Code Longboat Key FL 34228</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation none none</p> <p>Receipt For: 2006  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 650.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 06 / 2006</p> <p><b>Transaction ID:</b> C1710295A</p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>* Earmarked Contribution: See Below</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) ACTBLUE</p> <p>Mailing Address P.O. Box 382110</p> <p>City State Zip Code Cambridge MA 02238</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00401224</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 47725.42</p>	<p>Date of Receipt MM / DD / YYYY 12 / 06 / 2006</p> <p><b>Transaction ID:</b> C1710295AB</p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p><b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>50.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



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

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

FOR LINE NUMBER: PAGE 41 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Diane Christner  
Mailing Address PO Box 20426  
City Bradenton State FL Zip Code 34204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer independent contractor Occupation Real Estate Associate  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00  
Date of Receipt 12 / 12 / 2006  
Transaction ID: C1710579A  
Amount of Each Receipt this Period 50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City Cambridge State MA Zip Code 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42  
Date of Receipt 12 / 14 / 2006  
Transaction ID: C1710579AB  
Amount of Each Receipt this Period 50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Donald Crabb  
Mailing Address 804 Pennsylvania Way  
City Sarasota State FL Zip Code 34243  
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) ▼ 275.00  
Date of Receipt 12 / 12 / 2006  
Transaction ID: C1710591A  
Amount of Each Receipt this Period 75.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710591AB

Amount of Each Receipt this Period  
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Peter Danzig

Mailing Address 875 College Ave

City State Zip Code  
Menlo Park CA 94025

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

Name of Employer Occupation  
Self Engineer/Scientist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C1710153A

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710153AB

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 43 / 138</span> (check only one) <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15
---	--

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) William J Dower</p> <p>Mailing Address 2307 Branner Dr</p> <p>City State Zip Code Menlo Park CA 94025</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation XenoPort, Inc Scientist</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼ <span style="float: right;">300.00</span></p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6</p> <p><b>Transaction ID:</b> C1710493A</p> <p>Amount of Each Receipt this Period <span style="float: right;">100.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>* Earmarked Contribution: See Below</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) ACTBLUE</p> <p>Mailing Address P.O. Box 382110</p> <p>City State Zip Code Cambridge MA 02238</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00401224</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼ <span style="float: right;">47725.42</span></p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6</p> <p><b>Transaction ID:</b> C1710493AB</p> <p>Amount of Each Receipt this Period <span style="float: right;">100.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p><b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Hamilton Emmons</p> <p>Mailing Address 16800 S Woodland Rd</p> <p>City State Zip Code Shaker Heights OH 44120</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Info Requested Info Requested</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼ <span style="float: right;">250.00</span></p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6</p> <p><b>Transaction ID:</b> C1710497A</p> <p>Amount of Each Receipt this Period <span style="float: right;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>* Earmarked Contribution: See Below</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

Transaction ID: C1710497AB

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Tobias Frere-Jones

Mailing Address 66 Verandah Place

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Occupation  
Hoefler & Frere-Jones Principal

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: C1710625A

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

Transaction ID: C1710625AB

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tobias Frere-Jones

Mailing Address 66 Verandah Place

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Occupation  
Hoefler & Frere-Jones Principal

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

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

**Transaction ID:** C1710648A

Amount of Each Receipt this Period  
100.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42

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

**Transaction ID:** C1710648AB

Amount of Each Receipt this Period  
100.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Tobias Frere-Jones

Mailing Address 66 Verandah Place

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Occupation  
Hoefler & Frere-Jones Principal

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

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

**Transaction ID:** C6296

Amount of Each Receipt this Period  
100.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 46 / 138</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) ACTBLUE</p> <p>Mailing Address P.O. Box 382110</p> <p>City State Zip Code Cambridge MA 02238</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00401224</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Recount</p> <p>Election Cycle-to-Date ▼ 47725.42</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6</p> <p><b>Transaction ID:</b> C6296B</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p><b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Lucy Gordon</p> <p>Mailing Address 9 E 79th Street</p> <p>City State Zip Code New York NY 10021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation n/a retired</p> <p>Receipt For: 2006  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6</p> <p><b>Transaction ID:</b> C1710534A</p> <p>Amount of Each Receipt this Period 200.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>* Earmarked Contribution: See Below</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) ACTBLUE</p> <p>Mailing Address P.O. Box 382110</p> <p>City State Zip Code Cambridge MA 02238</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00401224</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 47725.42</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6</p> <p><b>Transaction ID:</b> C1710534AB</p> <p>Amount of Each Receipt this Period 200.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p><b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>200.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: PAGE 47 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 9 E 79th Street

City State Zip Code  
New York NY 10021

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

Name of Employer n/a Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 400.00

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

**Transaction ID: C4735**

Amount of Each Receipt this Period  
200.00

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

\* Earmarked Contribution: See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 47725.42

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

**Transaction ID: C4735B**

Amount of Each Receipt this Period  
200.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Andrew Gunther

Mailing Address 1160 Clarendon Crescent

City State Zip Code  
Oakland CA 94610

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

Name of Employer CEMAR Occupation scientist

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  
 1 2 / 0 4 / 2 0 0 6

**Transaction ID: C1710116A**

Amount of Each Receipt this Period  
75.00

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

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... **275.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City State Zip Code  
Cambridge MA 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 47725.42  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 6  
Transaction ID: C1710116AB  
Amount of Each Receipt this Period  
75.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Jerry M Hamovit  
Mailing Address 775 Longboat Club Rd Unit 608  
City State Zip Code  
Longboat Key FL 34228-3878  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Social Worker  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Recount Election Cycle-to-Date ▼ 1250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6  
Transaction ID: C4645  
Amount of Each Receipt this Period  
250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City State Zip Code  
Cambridge MA 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Recount Election Cycle-to-Date ▼ 47725.42  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6  
Transaction ID: C4645B  
Amount of Each Receipt this Period  
250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 49 / 138</span>
	(check only one)
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Harriet J. Helman		Date of Receipt MM / DD / YYYY 12 / 09 / 2006
	Mailing Address 70 Juniper Avenue		<b>Transaction ID:</b> C1710431A
	City Ronkonkoma	State NY	Zip Code 11779
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer Retired	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 270.00	* Earmarked Contribution: See Below	

<b>B.</b>	Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt MM / DD / YYYY 12 / 10 / 2006
	Mailing Address P.O. Box 382110		<b>Transaction ID:</b> C1710431AB
	City Cambridge	State MA	Zip Code 02238
	FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 35.00
	Name of Employer	Occupation	<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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 47725.42	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harriet J. Helman		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
	Mailing Address 70 Juniper Avenue		<b>Transaction ID:</b> C1710545A
	City Ronkonkoma	State NY	Zip Code 11779
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Retired	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 270.00	* Earmarked Contribution: See Below	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
47725.42

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

Transaction ID: C1710545AB

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Ty Hines

Mailing Address 7146 Montevideo Road

City State Zip Code  
Jessup MD 20794

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

Name of Employer Occupation  
ERC Corporation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

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

Transaction ID: C1710258A

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
47725.42

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

Transaction ID: C1710258AB

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **50.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ty Hines  
Mailing Address 7146 Montevideo Road  
City Jessup State MD Zip Code 20794  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ERC Corporation Occupation President  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 350.00  
Date of Receipt 11 / 29 / 2006  
Transaction ID: C6291  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City Cambridge State MA Zip Code 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 47725.42  
Date of Receipt 11 / 29 / 2006  
Transaction ID: C6291B  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Robert Howe  
Mailing Address 138 Shore Rd  
City Harpswell State ME Zip Code 04079-4163  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Howe Management Co.; Inc. Occupation business owner  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 250.00  
Date of Receipt 11 / 29 / 2006  
Transaction ID: C4744  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 52 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼  
47725.42

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

**Transaction ID:** C4744B

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 2912 Ellicott Street NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Jones Day Tax Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

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

**Transaction ID:** C1710033A

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
47725.42

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

**Transaction ID:** C1710033AB

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 138
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) James B. Klutznick	Date of Receipt MM / DD / YYYY 11 / 30 / 2006
	Mailing Address 1260 Astor Street	<b>Transaction ID:</b> C1709969A
	City State Zip Code Chicago IL 60610	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 Senior Lifestyle Corporation Occupation Real Estate Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	* Earmarked Contribution: See Below

<b>B.</b>	Full Name (Last, First, Middle Initial) ACTBLUE	Date of Receipt MM / DD / YYYY 12 / 03 / 2006
	Mailing Address P.O. Box 382110	<b>Transaction ID:</b> C1709969AB
	City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00401224	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 47725.42	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Kohn	Date of Receipt MM / DD / YYYY 12 / 04 / 2006
	Mailing Address 1741 Sunset Dr	<b>Transaction ID:</b> C1710133A
	City State Zip Code Pacific Grove CA 93950	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 FlyDash Occupation Executive Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	* Earmarked Contribution: See Below

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710133AB

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]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Kovner

Mailing Address 27 West 67th Street

City State Zip Code  
New York NY 10023-6258

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

Name of Employer self employed Occupation  
Unemployed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

**Transaction ID:** C1710631A

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**\* Earmarked Contribution:  
See Below**

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710631AB

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Sarah Kovner

Mailing Address 27 West 67th Street

City State Zip Code  
New York NY 10023-6258

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

Name of Employer self employed Occupation Unemployed

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

Date of Receipt  

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

**Transaction ID:** C4800

Amount of Each Receipt this Period  
100.00

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

\* Earmarked Contribution:  
See Below

**B.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 47725.42

Date of Receipt  

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

**Transaction ID:** C4800B

Amount of Each Receipt this Period  
100.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.**

Full Name (Last, First, Middle Initial)  
William Laimbeer

Mailing Address 220 S Collier Blvd, Unit A

City State Zip Code  
Marco Island FL 34145-4852

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	6

**Transaction ID:** C1710457A

Amount of Each Receipt this Period  
250.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710457AB

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
David Lake

Mailing Address 67 West Shore Road

City State Zip Code  
Bedereelv CA 94920

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

Name of Employer Occupation  
none none

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  
 1 2 / 0 1 / 2 0 0 6

**Transaction ID:** C1710066A

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710066AB

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]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 1300 Oak Haven Rd

City State Zip Code  
Jacksonville FL 32207

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

Name of Employer Occupation  
LB Jax Development Developer

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  
1 2 / 0 5 / 2 0 0 6

Transaction ID: C1710255A

Amount of Each Receipt this Period  
500.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42

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

Transaction ID: C1710255AB

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]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Marsha Laufer

Mailing Address 178 Old Field Road

City State Zip Code  
Setauket NY 11733

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) ▼ 250.00

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

Transaction ID: C1710483A

Amount of Each Receipt this Period  
250.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710483AB

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 349 Tonetta Lake Rd

City State Zip Code  
Brewster NY 10509-4135

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

Name of Employer self Occupation  
software developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C4739

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
 See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C4739B

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Julie B. Lovins  
Mailing Address PO Box 390689  
City Mountain View State CA Zip Code 94039-0689  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Language Doctor Occupation Consulting Linguist  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 12 / 11 / 2006  
Transaction ID: C1710526A  
Amount of Each Receipt this Period 50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City Cambridge State MA Zip Code 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 47725.42  
Date of Receipt 12 / 14 / 2006  
Transaction ID: C1710526AB  
Amount of Each Receipt this Period 50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Virginia McCormick  
Mailing Address 9696 Culver Blvd. Suite 203  
City Culver City State CA Zip Code 90232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NBC-Universal Occupation Writer  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 12 / 04 / 2006  
Transaction ID: C1710171A  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710171AB

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
David Michealson

Mailing Address 195 Garfield Place #11

City State Zip Code  
Brooklyn NY 11215

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

Name of Employer Occupation  
NYU Research Scientist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 295.00

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

**Transaction ID:** C1710650A

Amount of Each Receipt this Period  
35.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710650AB

Amount of Each Receipt this Period  
35.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 3633 Glen Oaks Manor Drive

City State Zip Code  
Sarasota FL 34232

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

Name of Employer Information Requested Occupation Information Requested

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  
1 2 / 1 2 / 2 0 0 6

Transaction ID: C1710555A

Amount of Each Receipt this Period  
50.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42

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

Transaction ID: C1710555AB

Amount of Each Receipt this Period  
50.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Gloria Moss

Mailing Address 1535 Harbor Place

City State Zip Code  
Sarasota FL 34239

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 4100.00

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

Transaction ID: C4641

Amount of Each Receipt this Period  
1000.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

11a  11b  11c  11d  
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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Election Cycle-to-Date ▼  
47725.42

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

Transaction ID: C4641B

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Alice Neuhauser

Mailing Address 1466 11th Street

City State Zip Code  
Manhattan Beach CA 90266-6108

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

Name of Employer Occupation  
The Kushner-Locke Company Executive

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  
1 2 / 1 2 / 2 0 0 6

Transaction ID: C1710574A

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
47725.42

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

Transaction ID: C1710574AB

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **50.00**

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

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 321 West 89th Street, Apt. 6

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Law Offices of Leon H. Charney Attorney

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  
1 2 / 1 2 / 2 0 0 6

**Transaction ID:** C1710568A

Amount of Each Receipt this Period  
250.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42

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

**Transaction ID:** C1710568AB

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Richard Pelz

Mailing Address 900 University Street, Apt. 13P

City State Zip Code  
Seattle WA 98101

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

Name of Employer Occupation  
Retired Retired

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  
1 2 / 1 2 / 2 0 0 6

**Transaction ID:** C1710581A

Amount of Each Receipt this Period  
50.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710581AB

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Richard Pettigrew, Esq.

Mailing Address 1151 Sunset Road

City State Zip Code  
Coral Gables FL 33143

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

Name of Employer self Occupation  
attorney;semi-retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 775.00

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

**Transaction ID:** C1710642A

Amount of Each Receipt this Period  
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710642AB

Amount of Each Receipt this Period  
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 138
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Marjorie Randolph	Date of Receipt MM / DD / YYYY 12 / 03 / 2006
	Mailing Address 2175 Vista del Mar	<b>Transaction ID:</b> C1710105A
	City State Zip Code Los Angeles CA 90068	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Walt Disney Studios Sr. Vice President Human Resources	<b>* Earmarked Contribution: See Below</b>
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ACTBLUE	Date of Receipt MM / DD / YYYY 12 / 03 / 2006
	Mailing Address P.O. Box 382110	<b>Transaction ID:</b> C1710105AB
	City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C C00401224	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 47725.42	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paula Rantz	Date of Receipt MM / DD / YYYY 12 / 10 / 2006
	Mailing Address 2122 Waverley Street	<b>Transaction ID:</b> C1710474A
	City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation none none	<b>* Earmarked Contribution: See Below</b>
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 66 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710474AB

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 1241 Tree Bay Ln

City State Zip Code  
Sarasota FL 34242-3846

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

Name of Employer Occupation  
St. Armands Development Real Estate Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** C4642

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
 See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Recount

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C4642B

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]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 67 / 138  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sylvia Reynolds  
Mailing Address 14 Heron Drive  
City Mill Valley State CA Zip Code 94941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wells Fargo Occupation Marketing executive  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00  
Date of Receipt 11 / 30 / 2006  
Transaction ID: C1710060A  
Amount of Each Receipt this Period 400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City Cambridge State MA Zip Code 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 47725.42  
Date of Receipt 12 / 03 / 2006  
Transaction ID: C1710060AB  
Amount of Each Receipt this Period 400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Glen E. Robertson  
Mailing Address 1304 S Orange Avenue  
City Sarasota State FL Zip Code 34239-2030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mini-Systems Inc. Occupation Engineer  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3000.00  
Date of Receipt 12 / 12 / 2006  
Transaction ID: C1710567A  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710567AB

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]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 1830 White Oak Dr

City State Zip Code  
Menlo Park CA 94025-6129

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

Name of Employer Occupation  
SRI International Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C6282

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**\* Earmarked Contribution:  
See Below**

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C6282B

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]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 615 N. Owl Drive

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1214.00

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

Transaction ID: C1710283A

Amount of Each Receipt this Period  
100.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42

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

Transaction ID: C1710283AB

Amount of Each Receipt this Period  
100.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Lisa D. Rubinstein

Mailing Address 6320 Watercrest Way, #302

City State Zip Code  
Lakewood Ranch FL 34202-5212

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

Name of Employer LDR Creative Occupation Owner

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

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

Transaction ID: C1710492A

Amount of Each Receipt this Period  
100.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City State Zip Code  
Cambridge MA 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 47725.42  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6  
Transaction ID: C1710492AB  
Amount of Each Receipt this Period  
100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Adrea D. Seligsohn  
Mailing Address 7183 Sandhill Place  
City State Zip Code  
Bradenton FL 34202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Retired Retired  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2700.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6  
Transaction ID: C1710077A  
Amount of Each Receipt this Period  
1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City State Zip Code  
Cambridge MA 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 47725.42  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 6  
Transaction ID: C1710077AB  
Amount of Each Receipt this Period  
1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Gary M. Shapiro

Mailing Address 12468 Mallet Cir

City Wellington State FL Zip Code 33414-8407

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

Name of Employer Shapiro & Fishman Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 500.00

Date of Receipt 11 / 29 / 2006

Transaction ID: C4687

Amount of Each Receipt this Period 250.00

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

\* Earmarked Contribution: See Below

**B.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 47725.42

Date of Receipt 11 / 29 / 2006

Transaction ID: C4687B

Amount of Each Receipt this Period 250.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.**

Full Name (Last, First, Middle Initial)  
Gary M. Shapiro

Mailing Address 12468 Mallet Cir

City Wellington State FL Zip Code 33414-8407

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

Name of Employer Shapiro & Fishman Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 500.00

Date of Receipt 11 / 29 / 2006

Transaction ID: C4703

Amount of Each Receipt this Period 250.00

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

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... **500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 47725.42

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2006

Transaction ID: C4703B

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Sher

Mailing Address 123 W 93rd St

City State Zip Code  
New York NY 10025-7572

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

Name of Employer self Occupation  
writer

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2006

Transaction ID: C6264

Amount of Each Receipt this Period  
250.00

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

\* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 47725.42

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2006

Transaction ID: C6264B

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Kent Spriggs

Mailing Address 324 W College Ave

City State Zip Code  
Tallahassee FL 32301

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C1710608A

Amount of Each Receipt this Period  
500.00

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

\* Earmarked Contribution:  
See Below

**B.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

Transaction ID: C1710608AB

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]**  
Note: Above Contribution earmarked through this organization.

**C.**

Full Name (Last, First, Middle Initial)  
Alan Steinberg

Mailing Address 1051 Venera Ave.  
Suite 205

City State Zip Code  
Coral Gables FL 33146

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

Name of Employer SELF Occupation INVESTMENTS

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  
 1 1 / 3 0 / 2 0 0 6

Transaction ID: C1710006A

Amount of Each Receipt this Period  
500.00

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

\* Earmarked Contribution:  
See Below

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710006AB

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]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Mary L. Tavarozzi

Mailing Address 12301 Baypointe Terr

City State Zip Code  
Cortez FL 34215

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

Name of Employer Occupation  
Towers Perrin Principal Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

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

**Transaction ID:** C1710616A

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**\* Earmarked Contribution:  
See Below**

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

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

**Transaction ID:** C1710616AB

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **50.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Terry  
 Mailing Address 51 Sevlard Rd  
 City State Zip Code  
 Newton MA 02459-2841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brigham and Women's Hospital Research  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 6  
**Transaction ID:** C1710626A  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
 See Below

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
 Mailing Address P.O. Box 382110  
 City State Zip Code  
 Cambridge MA 02238  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 5 / 2 0 0 6  
**Transaction ID:** C1710626AB  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
William Terry  
 Mailing Address 51 Sevlard Rd  
 City State Zip Code  
 Newton MA 02459-2841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brigham and Women's Hospital Research  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 6  
**Transaction ID:** C6297  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* Earmarked Contribution:  
 See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 47725.42

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

Transaction ID: C6297B

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 6 Hemlock Drive

City State Zip Code  
Chelmsford MA 01824

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

Name of Employer Occupation  
Hands On Tech Transfer, Inc. CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 500.00

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

Transaction ID: C18063

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**\* Earmarked Contribution:  
See Below**

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 47725.42

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

Transaction ID: C18063B

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]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

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

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

FOR LINE NUMBER: PAGE 77 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline G. Wells  
Mailing Address 4255 Gulf Drive, #123  
City State Zip Code  
Holmes Beach FL 34217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6  
Transaction ID: C1710627A  
Amount of Each Receipt this Period  
25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City State Zip Code  
Cambridge MA 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 47725.42  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 6  
Transaction ID: C1710627AB  
Amount of Each Receipt this Period  
25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Jacqueline G. Wells  
Mailing Address 4255 Gulf Drive, #123  
City State Zip Code  
Holmes Beach FL 34217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Recount 340.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6  
Transaction ID: C6298  
Amount of Each Receipt this Period  
25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 50.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 78 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City State Zip Code  
Cambridge MA 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) Recount  
Election Cycle-to-Date 47725.42  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6  
Transaction ID: C6298B  
Amount of Each Receipt this Period  
25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Robert C West  
Mailing Address 305 Nautilus Dr  
City State Zip Code  
Madison WI 53705-4333  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Univ. of Wisconsin professor  
Receipt For: 2006  
 Primary  General  
 Other (specify) Recount  
Election Cycle-to-Date 300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 6  
Transaction ID: C4648  
Amount of Each Receipt this Period  
200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.** Full Name (Last, First, Middle Initial)  
ACTBLUE  
Mailing Address P.O. Box 382110  
City State Zip Code  
Cambridge MA 02238  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) Recount  
Election Cycle-to-Date 47725.42  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 6  
Transaction ID: C4648B  
Amount of Each Receipt this Period  
200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 200.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 79 / 138  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

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

Mailing Address 205-A Garrett Rd

City Windsor State NY Zip Code 13865

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

Name of Employer: Bearsch Compeau Knudson Architects & E  
Occupation: manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 12 / 26 / 2006  
**Transaction ID: C1710634A**  
 Amount of Each Receipt this Period: 50.00

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

\* Earmarked Contribution: See Below

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

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer: Occupation:

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 47725.42

Date of Receipt: 12 / 31 / 2006  
**Transaction ID: C1710634AB**  
 Amount of Each Receipt this Period: 50.00

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

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Elinor D. Woodward

Mailing Address 822 Paradise Way

City Sarasota State FL Zip Code 34242-1827

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt: 12 / 10 / 2006  
**Transaction ID: C1710471A**  
 Amount of Each Receipt this Period: 50.00

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

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 138  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
47725.42

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

Transaction ID: C1710471AB

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	72098.85



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Colonial Bank, NA

Transaction ID: D1590  
Date of Disbursement

Mailing Address 2 N Tamiami Trl  
Ste 100

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	6

City Sarasota State FL Zip Code 34236-5562

Amount of Each Disbursement this Period

252.00
--------

Purpose of Disbursement  
Bank Charges  
Candidate Name

001
-----

Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Transaction ID: D1589  
Date of Disbursement

Mailing Address IRS

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

City Ogden State UT Zip Code 84201-0001

Amount of Each Disbursement this Period

13940.85
----------

Purpose of Disbursement  
Taxes  
Candidate Name

001
-----

Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

14192.85
----------

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

14192.85
----------

# 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 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: D1502  
Date of Disbursement

Mailing Address PO Box 360001

12 /  01 /  2006

City Fort Lauderdale State FL Zip Code 33336-0001

Amount of Each Disbursement this Period

8753.80

Purpose of Disbursement  
Credit Card Payment

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

B.

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: D1552  
Date of Disbursement

Mailing Address PO Box 360001

12 /  06 /  2006

City Fort Lauderdale State FL Zip Code 33336-0001

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement  
Merchant Fees

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

C.

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: D1646  
Date of Disbursement

Mailing Address PO Box 360001

12 /  05 /  2006

City Fort Lauderdale State FL Zip Code 33336-0001

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement  
Merchant Fees

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

SUBTOTAL of Disbursements This Page (optional) .....

8763.80

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) AT & T Universal Card	Transaction ID: D1639 Date of Disbursement 12 / 15 / 2006
	Mailing Address PO Box 44167	Amount of Each Disbursement this Period 613.10
	City Jacksonville State FL Zip Code 32231-4167	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

B.	Full Name (Last, First, Middle Initial) Avenet, LLC	Transaction ID: D1658 Date of Disbursement 12 / 08 / 2006
	Mailing Address 1380 Energy Lane, Ste 206	Amount of Each Disbursement this Period 54.00
	City Saint Paul State MN Zip Code 55108-5253	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

C.	Full Name (Last, First, Middle Initial) Colin Bishop	Transaction ID: D1504 Date of Disbursement 12 / 20 / 2006
	Mailing Address 5306 Wren St	Amount of Each Disbursement this Period 3352.89
	City Orlando State FL Zip Code 32807-1745	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4019.99</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 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)  
Christine Jennings for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Colin Bishop <hr/> Mailing Address 5306 Wren St <hr/> City Orlando State FL Zip Code 32807-1745 <hr/> Purpose of Disbursement Expense Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1583 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1452.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Colin Bishop <hr/> Mailing Address 5306 Wren St <hr/> City Orlando State FL Zip Code 32807-1745 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1594 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 3352.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Colin Bishop <hr/> Mailing Address 5306 Wren St <hr/> City Orlando State FL Zip Code 32807-1745 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1602 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 6
	Amount of Each Disbursement this Period 1724.66 <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>6529.69</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 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Colin Bishop	Transaction ID: D1655 Date of Disbursement 12 / 01 / 2006
	Mailing Address 5306 Wren St	Amount of Each Disbursement this Period 1488.38
	City Orlando State FL Zip Code 32807-1745	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reimbursement 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	Category/Type 001

B.	Full Name (Last, First, Middle Initial) Colin Bishop	Transaction ID: D1667 Date of Disbursement 12 / 08 / 2006
	Mailing Address 5306 Wren St	Amount of Each Disbursement this Period 32.05
	City Orlando State FL Zip Code 32807-1745	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	Category/Type 001

C.	Full Name (Last, First, Middle Initial) BTS Strategies	Transaction ID: D1570 Date of Disbursement 12 / 13 / 2006
	Mailing Address 74 Lawley St	Amount of Each Disbursement this Period 18000.00
	City Dorchester State MA Zip Code 02122-3608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement General Political Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	19520.43
<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 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)  
Christine Jennings for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Charges</p> <p>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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1536</p> <p>Date of Disbursement 12 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Charges</p> <p>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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1587</p> <p>Date of Disbursement 12 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 33.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Charges</p> <p>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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1612</p> <p>Date of Disbursement 12 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 55.00</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) ..... ▶

98.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Christine Jennings for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Charges</p> <p>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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1613</p> <p>Date of Disbursement 12 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 109.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Charges</p> <p>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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1629</p> <p>Date of Disbursement 12 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 33.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Charges</p> <p>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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1644</p> <p>Date of Disbursement 12 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 33.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>175.50</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 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Colonial Bank, NA	Transaction ID: D1647 Date of Disbursement 12 / 12 / 2006
	Mailing Address 2 N Tamiami Trl Ste 100	Amount of Each Disbursement this Period 59.95
	City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

B.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: D1621 Date of Disbursement 12 / 18 / 2006
	Mailing Address 610 Gateway Center Way Ste K	Amount of Each Disbursement this Period 520.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mercent Service Fees 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

C.	Full Name (Last, First, Middle Initial) Jay Delaney	Transaction ID: D1559 Date of Disbursement 12 / 01 / 2006
	Mailing Address 1101 Wilmington Ave Apt G	Amount of Each Disbursement this Period 2000.00
	City Dayton State OH Zip Code 45420-1681	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2579.95
<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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jay Delaney</p> <p>Mailing Address 1101 Wilmington Ave Apt G</p> <p>City Dayton State OH Zip Code 45420-1681</p> <p>Purpose of Disbursement Travel Reimbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p><b>Transaction ID:</b> D1584 <b>Date of Disbursement</b> 12 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 240.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Patrick Delaney</p> <p>Mailing Address 128 N 1st St</p> <p>City Brooklyn State NY Zip Code 11211-4020</p> <p>Purpose of Disbursement Payroll Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p><b>Transaction ID:</b> D1505 <b>Date of Disbursement</b> 12 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 2221.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Patrick Delaney</p> <p>Mailing Address 128 N 1st St</p> <p>City Brooklyn State NY Zip Code 11211-4020</p> <p>Purpose of Disbursement Payroll Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p><b>Transaction ID:</b> D1595 <b>Date of Disbursement</b> 12 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 274.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2736.95</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 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Gustavo Diaz

Mailing Address

City State Zip Code

Purpose of Disbursement  
General Political Consulting

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1601

Date of Disbursement

12 / 03 / 2006

Amount of Each Disbursement this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Dr. Don's Buttons, Badges and Magnets

Mailing Address 3906 W Morrow Dr

City State Zip Code  
Glendale AZ 85308-7531

Purpose of Disbursement  
Grassroots Campaign Materials

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1638

Date of Disbursement

12 / 14 / 2006

Amount of Each Disbursement this Period

1270.11

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

C.

Full Name (Last, First, Middle Initial)

Scott Dworkin

Mailing Address 101 E Camden Forest Dr

City State Zip Code  
Cary NC 27518-9045

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1556

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

2186.71

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

SUBTOTAL of Disbursements This Page (optional) ▶

3781.82

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Scott Dworkin

Transaction ID: D1575  
Date of Disbursement

Mailing Address 101 E Camden Forest Dr

/   /

City Cary State NC Zip Code 27518-9045

Amount of Each Disbursement this Period

Purpose of Disbursement  
Health Insurance Reimbursement

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District: Recount

B.

Full Name (Last, First, Middle Initial)  
Scott Dworkin

Transaction ID: D1596  
Date of Disbursement

Mailing Address 101 E Camden Forest Dr

/   /

City Cary State NC Zip Code 27518-9045

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District: Recount

C.

Full Name (Last, First, Middle Initial)  
Scott Dworkin

Transaction ID: D1624  
Date of Disbursement

Mailing Address 101 E Camden Forest Dr

/   /

City Cary State NC Zip Code 27518-9045

Amount of Each Disbursement this Period

Purpose of Disbursement  
Health Insurance Reimbursement

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District: Recount

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)

<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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Scott Dworkin	Transaction ID: D1662 Date of Disbursement 12 / 08 / 2006
	Mailing Address 101 E Camden Forest Dr	Amount of Each Disbursement this Period 90.14
	City Cary State NC Zip Code 27518-9045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

B.	Full Name (Last, First, Middle Initial) Scott Dworkin	Transaction ID: D1664 Date of Disbursement 12 / 08 / 2006
	Mailing Address 101 E Camden Forest Dr	Amount of Each Disbursement this Period 145.07
	City Cary State NC Zip Code 27518-9045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

C.	Full Name (Last, First, Middle Initial) Enterprise Leasing Co	Transaction ID: D1642 Date of Disbursement 12 / 19 / 2006
	Mailing Address 6920 S Tamiami Trl	Amount of Each Disbursement this Period 687.65
	City Sarasota State FL Zip Code 34231-5606	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Van Rental 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	922.86
<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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Enterprise Leasing Co</p> <p>Mailing Address 6920 S Tamiami Trl</p> <p>City Sarasota State FL Zip Code 34231-5606</p> <p>Purpose of Disbursement Van Rental</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1643</p> <p>Date of Disbursement 12 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 2048.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) _ FEC Audit Correction</p> <p>Mailing Address 999 E Street, NW</p> <p>City Washington State DC Zip Code 20463</p> <p>Purpose of Disbursement To correct ending cash-on-hand</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D151892</p> <p>Date of Disbursement 12 / 31 / 2006</p> <p>Amount of Each Disbursement this Period -5436.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>To correct ending COH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adrienne Filardo</p> <p>Mailing Address 5408 35th St E</p> <p>City Bradenton State FL Zip Code 34203-5244</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1574</p> <p>Date of Disbursement 12 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 55.14</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) ..... ▶

**-3331.91**

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

.....

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Adrienne Filardo	Transaction ID: D1622 Date of Disbursement 12 / 06 / 2006
	Mailing Address 5408 35th St E	Amount of Each Disbursement this Period 1233.37
	City Bradenton State FL Zip Code 34203-5244	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

B.	Full Name (Last, First, Middle Initial) Kimberly Gutzler	Transaction ID: D1551 Date of Disbursement 12 / 01 / 2006
	Mailing Address	Amount of Each Disbursement this Period 4000.00
	City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement General Political Consulting Fees Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

C.	Full Name (Last, First, Middle Initial) Kimberly Gutzler	Transaction ID: D1623 Date of Disbursement 12 / 06 / 2006
	Mailing Address	Amount of Each Disbursement this Period 1688.76
	City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6922.13</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 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Ms. Amy Harper	Transaction ID: D1631 Date of Disbursement 12 / 20 / 2006
	Mailing Address 1635 Greenwood Dr	Amount of Each Disbursement this Period 1750.33
	City Dunedin State FL Zip Code 34243	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	Category/Type 001

B.	Full Name (Last, First, Middle Initial) Ms. Amy Harper	Transaction ID: D1654 Date of Disbursement 12 / 20 / 2006
	Mailing Address 1635 Greenwood Dr	Amount of Each Disbursement this Period 1233.37
	City Dunedin State FL Zip Code 34243	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	Category/Type 001

C.	Full Name (Last, First, Middle Initial) Ms. Amy Harper	Transaction ID: D1659 Date of Disbursement 12 / 08 / 2006
	Mailing Address 1635 Greenwood Dr	Amount of Each Disbursement this Period 572.38
	City Dunedin State FL Zip Code 34243	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3556.08</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)

<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)  
Christine Jennings for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Samuel J Hewitt <hr/> Mailing Address 5618 SE Riverboat Dr <hr/> City Stuart State FL Zip Code 34997-1606 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	<b>Transaction ID:</b> D1580 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 453.91
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Samuel J Hewitt <hr/> Mailing Address 5618 SE Riverboat Dr <hr/> City Stuart State FL Zip Code 34997-1606 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	<b>Transaction ID:</b> D1581 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 284.77
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Samuel J Hewitt <hr/> Mailing Address 5618 SE Riverboat Dr <hr/> City Stuart State FL Zip Code 34997-1606 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	<b>Transaction ID:</b> D1625 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1513.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2251.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Blank)



**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 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Samuel J Hewitt	Transaction ID: D1632 Date of Disbursement 12 / 20 / 2006
	Mailing Address 5618 SE Riverboat Dr	Amount of Each Disbursement this Period 2186.71
	City Stuart State FL Zip Code 34997-1606	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	001 Category/ Type
	Recount	

B.	Full Name (Last, First, Middle Initial) Mr. Samuel J Hewitt	Transaction ID: D1663 Date of Disbursement 12 / 08 / 2006
	Mailing Address 5618 SE Riverboat Dr	Amount of Each Disbursement this Period 41.18
	City Stuart State FL Zip Code 34997-1606	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	001 Category/ Type
	Recount	

C.	Full Name (Last, First, Middle Initial) Krystal Jimerson	Transaction ID: D1618 Date of Disbursement 12 / 26 / 2006
	Mailing Address 46 Aspen Dr Apt H	Amount of Each Disbursement this Period 372.00
	City Greensboro State NC Zip Code 27409-3118	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	001 Category/ Type
	Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2599.89
<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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kangas &amp; Assoc.</p> <p>Mailing Address 4545 Mariotti Ct Unit J</p> <p>City Sarasota State FL Zip Code 34233-3433</p> <p>Purpose of Disbursement Telephone Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1668 <b>Date of Disbursement</b> 12 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 2002.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Kellar</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Payroll Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1557 <b>Date of Disbursement</b> 12 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 2747.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Kellar</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Reimbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1562 <b>Date of Disbursement</b> 12 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 192.49</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) ..... ▶

4942.89

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Kellar <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	<b>Transaction ID:</b> D1652 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 2812.24
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs Gee Dee Kerr <hr/> Mailing Address 5524 Beneva Woods Cir <hr/> City State Zip Code Sarasota FL 34233-4121 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	<b>Transaction ID:</b> D1604 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 249.93
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs Gee Dee Kerr <hr/> Mailing Address 5524 Beneva Woods Cir <hr/> City State Zip Code Sarasota FL 34233-4121 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	<b>Transaction ID:</b> D1626 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1689.92
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4752.09
<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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs Gee Dee Kerr</p> <p>Mailing Address 5524 Beneva Woods Cir</p> <p>City Sarasota State FL Zip Code 34233-4121</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1633</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2076.67"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Kochman</p> <p>Mailing Address 4315 Buchanan St</p> <p>City Hollywood State FL Zip Code 33021-5916</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1503</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <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="3660.89"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Kochman</p> <p>Mailing Address 4315 Buchanan St</p> <p>City Hollywood State FL Zip Code 33021-5916</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1558</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3660.89"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="9398.45"/></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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) David Kochman</p> <p>Mailing Address 4315 Buchanan St</p> <p>City Hollywood State FL Zip Code 33021-5916</p> <p>Purpose of Disbursement Expense Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1561</p> <p>Date of Disbursement 12 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 2298.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Kochman</p> <p>Mailing Address 4315 Buchanan St</p> <p>City Hollywood State FL Zip Code 33021-5916</p> <p>Purpose of Disbursement Expense Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1578</p> <p>Date of Disbursement 12 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1921.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Kochman</p> <p>Mailing Address 4315 Buchanan St</p> <p>City Hollywood State FL Zip Code 33021-5916</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1661</p> <p>Date of Disbursement 12 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 419.76</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) ..... ▶

4640.59

**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 102 / 138

<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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
La Quinta

Mailing Address PO Box 2636

City San Antonio State TX Zip Code 78299-2636

Purpose of Disbursement  
Lodging Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District: Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1588

Date of Disbursement

1 2 / 2 6 / 2 0 0 6

Amount of Each Disbursement this Period

956.34

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

B.

Full Name (Last, First, Middle Initial)  
Christine Lamb

Mailing Address 1520 Clarendon Blvd., Apt 2

City Arlington State VA Zip Code 22209-2730

Purpose of Disbursement  
Reimbursement

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District: Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1576

Date of Disbursement

1 2 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

365.84

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

C.

Full Name (Last, First, Middle Initial)  
Christine Lamb

Mailing Address 1520 Clarendon Blvd., Apt 2

City Arlington State VA Zip Code 22209-2730

Purpose of Disbursement  
Reimbursement

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District: Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1657

Date of Disbursement

1 2 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

1466.66

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

SUBTOTAL of Disbursements This Page (optional) .....

2788.84

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Justin Lindsay</p> <p>Mailing Address 3724 Hathaway Rd</p> <p>City Kalamazoo State MI Zip Code 49009-4911</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1603</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Justin Lindsay</p> <p>Mailing Address 3724 Hathaway Rd</p> <p>City Kalamazoo State MI Zip Code 49009-4911</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1634</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period 1195.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LTM Party</p> <p>Mailing Address 170 Shopping Ave</p> <p>City Sarasota State FL Zip Code 34237-7124</p> <p>Purpose of Disbursement Facility Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1608</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period 232.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4427.92</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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Media Training World</p> <p>Mailing Address 110 W 40th St Rm 203</p> <p>City New York State NY Zip Code 10018-8544</p> <p>Purpose of Disbursement General Political Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1670</p> <p>Date of Disbursement 12 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Beatrice Moritz</p> <p>Mailing Address 1700 York Ave Ste 4</p> <p>City New York State NY Zip Code 10128-7814</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1609</p> <p>Date of Disbursement 12 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 475.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Farmer</p> <p>Mailing Address 400 New Jersey Ave SE</p> <p>City Washington State DC Zip Code 20003-4008</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1565</p> <p>Date of Disbursement 12 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 263.01</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) ..... ▶

4738.01

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Daniel Farmer	Transaction ID: D1566 Date of Disbursement 12 / 08 / 2006
	Mailing Address 400 New Jersey Ave SE	Amount of Each Disbursement this Period 58.84
	City Washington State DC Zip Code 20003-4008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

B.	Full Name (Last, First, Middle Initial) Ms. Deborah Buckland	Transaction ID: D1564 Date of Disbursement 12 / 06 / 2006
	Mailing Address 10740 Strawberry Hill Ln	Amount of Each Disbursement this Period 3000.00
	City Whitmore Lake State MI Zip Code 48189-9787	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement General Political Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

C.	Full Name (Last, First, Middle Initial) Ms. Deborah Buckland	Transaction ID: D1579 Date of Disbursement 12 / 15 / 2006
	Mailing Address 10740 Strawberry Hill Ln	Amount of Each Disbursement this Period 1943.34
	City Whitmore Lake State MI Zip Code 48189-9787	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5002.18</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 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Ms. Deborah Buckland

Mailing Address 10740 Strawberry Hill Ln

City Whitmore Lake State MI Zip Code 48189-9787

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1630  
Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

732.04

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

B.

Full Name (Last, First, Middle Initial)  
NGP Software, Inc.

Mailing Address 1225 Eye Street NW, Ste 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Voter File Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1568  
Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

3000.00

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

C.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 4940 S Tamiami Trl

City Sarasota State FL Zip Code 34231-4354

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1571  
Date of Disbursement

12 / 14 / 2006

Amount of Each Disbursement this Period

321.71

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4053.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 4940 S Tamiami Trl</p> <p>City Sarasota State FL Zip Code 34231-4354</p> <p>Purpose of Disbursement Office Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p><b>Transaction ID:</b> D1585 <b>Date of Disbursement</b> 12 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 16.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Dr Ste 200</p> <p>City Fairfax State VA Zip Code 22031-4642</p> <p>Purpose of Disbursement Payroll Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p><b>Transaction ID:</b> D1591 <b>Date of Disbursement</b> 11 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 196.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Dr Ste 200</p> <p>City Fairfax State VA Zip Code 22031-4642</p> <p>Purpose of Disbursement Payroll Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p><b>Transaction ID:</b> D1593 <b>Date of Disbursement</b> 12 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 12179.43</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) ..... ▶

12391.80

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D1648 Date of Disbursement 12 / 20 / 2006
	Mailing Address 3060 Williams Dr Ste 200	Amount of Each Disbursement this Period 15430.62
	City Fairfax State VA Zip Code 22031-4642	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D1649 Date of Disbursement 12 / 11 / 2006
	Mailing Address 3060 Williams Dr Ste 200	Amount of Each Disbursement this Period 298.41
	City Fairfax State VA Zip Code 22031-4642	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

C.	Full Name (Last, First, Middle Initial) Daniel Penchina	Transaction ID: D1617 Date of Disbursement 12 / 26 / 2006
	Mailing Address 1904 T Street NE Apt A	Amount of Each Disbursement this Period 12.50
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15741.53</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 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Political C.F.O's, Inc.

Mailing Address 201 King Street, Ste 200

City Alexandria State VA Zip Code 22314-6600

Purpose of Disbursement  
Compliance Consulting Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1611

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

2533.70

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

B.

Full Name (Last, First, Middle Initial)  
Postmaster

Mailing Address 1661 Ringling Blvd

City Sarasota State FL Zip Code 34230-6875

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1586

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

202.71

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

C.

Full Name (Last, First, Middle Initial)  
Publix

Mailing Address PO Box 407

City Lakeland State FL Zip Code 33802-0407

Purpose of Disbursement  
Food and Beverage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1606

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

284.02

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

SUBTOTAL of Disbursements This Page (optional) .....

3020.43

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Publix	Transaction ID: D1641 Date of Disbursement 12 / 19 / 2006
	Mailing Address PO Box 407	Amount of Each Disbursement this Period 10.65
	City Lakeland State FL Zip Code 33802-0407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food and Beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

B.	Full Name (Last, First, Middle Initial) Ray Anthony Printer	Transaction ID: D1666 Date of Disbursement 12 / 08 / 2006
	Mailing Address 413 W Waters Avenue	Amount of Each Disbursement this Period 2221.64
	City Tampa State FL Zip Code 33604-2940	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Expense 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

C.	Full Name (Last, First, Middle Initial) Thomas John Rayson	Transaction ID: D1554 Date of Disbursement 12 / 26 / 2006
	Mailing Address 3262 Espanola Dr	Amount of Each Disbursement this Period 175.00
	City Sarasota State FL Zip Code 34239-4307	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
	Recount	

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2407.29

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Ben Rhorbaugh

Transaction ID: D1567  
Date of Disbursement

Mailing Address 1057 Fulton St

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

City Palo Alto State CA Zip Code 94301-3313

Amount of Each Disbursement this Period

234.40
--------

Purpose of Disbursement  
Travel Reimbursement

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District: Recount

B.

Full Name (Last, First, Middle Initial)  
Scott Ross

Transaction ID: D1620  
Date of Disbursement

Mailing Address 738 Bergeys Mill Rd

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

City Schwenksville State PA Zip Code 19473-2105

Amount of Each Disbursement this Period

175.00
--------

Purpose of Disbursement  
Canvassing

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District: Recount

C.

Full Name (Last, First, Middle Initial)  
Sarasota Commercial Management

Transaction ID: D1572  
Date of Disbursement

Mailing Address 1931 Golf St

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	6

City Sarasota State FL Zip Code 34236-6907

Amount of Each Disbursement this Period

3985.82
---------

Purpose of Disbursement  
Rent

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District: Recount

SUBTOTAL of Disbursements This Page (optional) .....

4395.22
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TOTAL This Period (last page this line number only) .....

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# 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 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)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sarasota Commercial Management

Mailing Address 1931 Golf St

City Sarasota State FL Zip Code 34236-6907

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1599

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

7000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sarasota County Board

Mailing Address

City State Zip Code

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1569

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

208.95

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

**C.** Full Name (Last, First, Middle Initial)  
Sarasota County Board

Mailing Address

City State Zip Code

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1582

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

10.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7218.95

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



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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Damen Shaqiri	Transaction ID: D1600 Date of Disbursement 12 / 02 / 2006
	Mailing Address 664 Cohen Way	Amount of Each Disbursement this Period 2000.00
	City Sarasota State FL Zip Code 34236-4011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

B.	Full Name (Last, First, Middle Initial) Mr. Damen Shaqiri	Transaction ID: D1627 Date of Disbursement 12 / 06 / 2006
	Mailing Address 664 Cohen Way	Amount of Each Disbursement this Period 239.75
	City Sarasota State FL Zip Code 34236-4011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

C.	Full Name (Last, First, Middle Initial) Mr. Damen Shaqiri	Transaction ID: D1653 Date of Disbursement 12 / 20 / 2006
	Mailing Address 664 Cohen Way	Amount of Each Disbursement this Period 2186.71
	City Sarasota State FL Zip Code 34236-4011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4426.46</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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Shutt &amp; Bowen, LLP</p> <p>Mailing Address 301 S Biscayne Blvd 1600 Main Center</p> <p>City Miami State FL Zip Code 33131-2300</p> <p>Purpose of Disbursement Legal Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1645 <b>Date of Disbursement</b> 12 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 35994.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 1000 Nicollet Mall</p> <p>City Minneapolis State MN Zip Code 55403-2542</p> <p>Purpose of Disbursement Office Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1637 <b>Date of Disbursement</b> 12 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 106.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Darvnee Tasamprasert</p> <p>Mailing Address 1376 Andros Complex</p> <p>City Tampa State FL Zip Code 33620-0002</p> <p>Purpose of Disbursement Canvassing Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1615 <b>Date of Disbursement</b> 12 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 175.00</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) ..... ▶

36275.17

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thrifty Car Rental</p> <p>Mailing Address 1150 Rental Car Rd</p> <p>City Sarasota State FL Zip Code 34243-2100</p> <p>Purpose of Disbursement Car Rental</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1640</p> <p>Date of Disbursement 12 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 1602.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 920041</p> <p>City Dallas State TX Zip Code 75392-0041</p> <p>Purpose of Disbursement telephone</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1597</p> <p>Date of Disbursement 12 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 840.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 920041</p> <p>City Dallas State TX Zip Code 75392-0041</p> <p>Purpose of Disbursement telephone</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1598</p> <p>Date of Disbursement 12 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 305.18</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) ..... ▶

2747.99

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Christine Jennings for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 920041</p> <p>City Dallas State TX Zip Code 75392-0041</p> <p>Purpose of Disbursement Telephone Services</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1614</p> <p>Date of Disbursement 12 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 743.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 920041</p> <p>City Dallas State TX Zip Code 75392-0041</p> <p>Purpose of Disbursement Telephone Services</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1650</p> <p>Date of Disbursement 12 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 3.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 920041</p> <p>City Dallas State TX Zip Code 75392-0041</p> <p>Purpose of Disbursement Telephones</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>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1651</p> <p>Date of Disbursement 12 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 23.51</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) ..... ▶

770.07

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Kathleen Vermazen	Transaction ID: D1628 Date of Disbursement 12 / 06 / 2006
	Mailing Address 1614 Jefferson Ave	Amount of Each Disbursement this Period 2255.46
	City Miami Beach State FL Zip Code 33139-7616	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

B.	Full Name (Last, First, Middle Initial) Kathleen Vermazen	Transaction ID: D1635 Date of Disbursement 12 / 20 / 2006
	Mailing Address 1614 Jefferson Ave	Amount of Each Disbursement this Period 2255.46
	City Miami Beach State FL Zip Code 33139-7616	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

C.	Full Name (Last, First, Middle Initial) Kathy Vermazen	Transaction ID: D1577 Date of Disbursement 12 / 15 / 2006
	Mailing Address 203 Ogden Ave Apt 2	Amount of Each Disbursement this Period 1284.17
	City Jersey City State NJ Zip Code 07307-1207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5795.09</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 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)  
Christine Jennings for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathy Vermazen</p> <p>Mailing Address 203 Ogden Ave Apt 2</p> <p>City Jersey City State NJ Zip Code 07307-1207</p> <p>Purpose of Disbursement Reimbursement 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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1660 <b>Date of Disbursement</b> 12 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 1183.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) White Sand Works</p> <p>Mailing Address PO Box 18608</p> <p>City Tampa State FL Zip Code 33679-8608</p> <p>Purpose of Disbursement Direct Mail Program 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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1656 <b>Date of Disbursement</b> 12 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 649.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Zeitz</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement General Political Consulting 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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D1560 <b>Date of Disbursement</b> 12 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</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) ..... ▶

3832.34

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Rico's Pizzeria & Pasta House	Transaction ID: D1929 Date of Disbursement 12 / 03 / 2006
	Mailing Address 1902 Bay Rd	Amount of Each Disbursement this Period 118.00
	City Sarasota State FL Zip Code 34239-6903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D1705 Date of Disbursement 12 / 08 / 2006
	Mailing Address 4940 S Tamiami Trl	Amount of Each Disbursement this Period 58.84
	City Sarasota State FL Zip Code 34231-4354	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Peach Catering LLC	Transaction ID: D1932 Date of Disbursement 12 / 08 / 2006
	Mailing Address 305 Sarasota Center Blvd	Amount of Each Disbursement this Period 10.70
	City Sarasota State FL Zip Code 34240-9382	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Peach Catering LLC

Mailing Address 305 Sarasota Center Blvd

City Sarasota State FL Zip Code 34240-9382

Purpose of Disbursement  
Food and Beverage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1933

Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

224.70

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Expedia.com

Mailing Address 13810 SE Eastgate Way

City Bellevue State WA Zip Code 98005-4417

Purpose of Disbursement  
Airfare

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1707

Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

271.91

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Nature's Way Cafe

Mailing Address 777 S Flagler Dr

City West Palm Beach State FL Zip Code 33401-6161

Purpose of Disbursement  
Food and Beverage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D2006

Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

214.20

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Nature's Way Cafe	Transaction ID: D1934 Date of Disbursement 12 / 08 / 2006
	Mailing Address 777 S Flagler Dr	Amount of Each Disbursement this Period 141.24
	City West Palm Beach State FL Zip Code 33401-6161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Nature's Way Cafe	Transaction ID: D1937 Date of Disbursement 12 / 08 / 2006
	Mailing Address 777 S Flagler Dr	Amount of Each Disbursement this Period 155.87
	City West Palm Beach State FL Zip Code 33401-6161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Nature's Way Cafe	Transaction ID: D1938 Date of Disbursement 12 / 08 / 2006
	Mailing Address 777 S Flagler Dr	Amount of Each Disbursement this Period 179.76
	City West Palm Beach State FL Zip Code 33401-6161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

<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 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 4940 S Tamiami Trl

City Sarasota State FL Zip Code 34231-4354

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1727  
Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

207.56

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 4940 S Tamiami Trl

City Sarasota State FL Zip Code 34231-4354

Purpose of Disbursement  
Office supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1939  
Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

163.14

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Best Buy

Mailing Address 4020 S Tamiami Trl

City Sarasota State FL Zip Code 34231-3624

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1941  
Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

144.43

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Best Buy

Mailing Address 4020 S Tamiami Trl

City Sarasota State FL Zip Code 34231-3624

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1943  
Date of Disbursement

1 2 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

85.59

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 8199 S Tamiami Trl

City Sarasota State FL Zip Code 34231-6849

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1942  
Date of Disbursement

1 2 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

342.36

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
JetBlue

Mailing Address 11829 Queens Blvd

City Forest Hills State NY Zip Code 11375-7203

Purpose of Disbursement  
Airfare

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1945  
Date of Disbursement

1 2 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

209.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) La Quinta	Transaction ID: D1965 Date of Disbursement 12 / 08 / 2006
	Mailing Address PO Box 2636	Amount of Each Disbursement this Period 723.69
	City San Antonio State TX Zip Code 78299-2636	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Lodging 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D1944 Date of Disbursement 12 / 08 / 2006
	Mailing Address 4940 S Tamiami Trl	Amount of Each Disbursement this Period 57.76
	City Sarasota State FL Zip Code 34231-4354	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Kathleen Vermazen	Transaction ID: D1963 Date of Disbursement 12 / 08 / 2006
	Mailing Address 1614 Jefferson Ave	Amount of Each Disbursement this Period 33.09
	City Miami Beach State FL Zip Code 33139-7616	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Mileage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

<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 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D1967 Date of Disbursement 12 / 08 / 2006
	Mailing Address PO Box 660108	Amount of Each Disbursement this Period 145.07
	City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Cell Phone 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D1983 Date of Disbursement 12 / 15 / 2006
	Mailing Address 4940 S Tamiami Trl	Amount of Each Disbursement this Period 64.14
	City Sarasota State FL Zip Code 34231-4354	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Adrienne Filardo	Transaction ID: D1972 Date of Disbursement 12 / 15 / 2006
	Mailing Address 5408 35th St E	Amount of Each Disbursement this Period 23.65
	City Bradenton State FL Zip Code 34203-5244	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Mileage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

<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 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 150 E Pierce Rd

City Itasca State IL Zip Code 60143-1290

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1971  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

32.09

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Nature's Way Cafe

Mailing Address 777 S Flagler Dr

City West Palm Beach State FL Zip Code 33401-6161

Purpose of Disbursement  
Food and Beverage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1970  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

192.60

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
La Quinta

Mailing Address PO Box 2636

City San Antonio State TX Zip Code 78299-2636

Purpose of Disbursement  
Lodging

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1982  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

497.97

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
La Quinta

Mailing Address PO Box 2636

City San Antonio State TX Zip Code 78299-2636

Purpose of Disbursement  
Lodging

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1733  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

204.93

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 4940 S Tamiami Trl

City Sarasota State FL Zip Code 34231-4354

Purpose of Disbursement  
Office supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1980  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

119.13

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Target

Mailing Address 1000 Nicollet Mall

City Minneapolis State MN Zip Code 55403-2542

Purpose of Disbursement  
Office supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1981  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

201.36

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Kathleen Vermazen

Mailing Address 1614 Jefferson Ave

City Miami Beach State FL Zip Code 33139-7616

Purpose of Disbursement

Mileage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1730

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

8.27

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Kathleen Vermazen

Mailing Address 1614 Jefferson Ave

City Miami Beach State FL Zip Code 33139-7616

Purpose of Disbursement

Mileage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D1731

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

47.52

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
JetBlue

Mailing Address 11829 Queens Blvd

City Forest Hills State NY Zip Code 11375-7203

Purpose of Disbursement

Airfare

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D2010

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

279.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
David Kochman

Mailing Address 4315 Buchanan St

City Hollywood State FL Zip Code 33021-5916

Purpose of Disbursement

Mileage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D2024

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

672.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
La Quinta

Mailing Address PO Box 2636

City San Antonio State TX Zip Code 78299-2636

Purpose of Disbursement

Lodging

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D2008

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

68.31

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement

Airfare

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

Transaction ID: D2009

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

224.60

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Cell Phone Service 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D2007 Date of Disbursement 12 / 15 / 2006 Amount of Each Disbursement this Period 364.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/Type 001

<b>B.</b> Full Name (Last, First, Middle Initial) BJ's Wholesale Club Mailing Address 8085 Cooper Creek Blvd City University Park State FL Zip Code 34201-2028 Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1994 Date of Disbursement 12 / 15 / 2006 Amount of Each Disbursement this Period 531.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/Type 001

<b>C.</b> Full Name (Last, First, Middle Initial) BJ's Wholesale Club Mailing Address 8085 Cooper Creek Blvd City University Park State FL Zip Code 34201-2028 Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1997 Date of Disbursement 12 / 15 / 2006 Amount of Each Disbursement this Period 319.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Christine Jennings for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Don's Buttons, Badges and Magnets

Mailing Address 3906 W Morrow Dr

City Glendale State AZ Zip Code 85308-7531

Purpose of Disbursement  
Grassroot Campaign Materials

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1998

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

430.29

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

[MEMO ITEM]

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

Mailing Address 13810 SE Eastgate Way

City Bellevue State WA Zip Code 98005-4417

Purpose of Disbursement  
Airfare

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1991

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

278.60

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

[MEMO ITEM]

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

Mailing Address 8199 S Tamiami Trl

City Sarasota State FL Zip Code 34231-6849

Purpose of Disbursement  
Office supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Recount

Transaction ID: D1995

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

145.22

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
Walgreens

Mailing Address 1947 Fruitville Rd

City Sarasota State FL Zip Code 34236-4203

Purpose of Disbursement  
Office supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1992  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

58.21

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Mr. Samuel J Hewitt

Mailing Address 5618 SE Riverboat Dr

City Stuart State FL Zip Code 34997-1606

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1722  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

51.94

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 150 E Pierce Rd

City Itasca State IL Zip Code 60143-1290

Purpose of Disbursement  
Office supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Transaction ID: D1720  
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

5.34

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Office Max  Mailing Address 150 E Pierce Rd  City Itasca State IL Zip Code 60143-1290 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1721 Date of Disbursement 12 / 15 / 2006  Amount of Each Disbursement this Period 37.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Sprint  Mailing Address 2001 Edmund Halley Dr  City Reston State VA Zip Code 20191-3436 Purpose of Disbursement Cell Phone Service 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1718 Date of Disbursement 12 / 15 / 2006  Amount of Each Disbursement this Period 80.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Sprint  Mailing Address 2001 Edmund Halley Dr  City Reston State VA Zip Code 20191-3436 Purpose of Disbursement Cell Phone Service 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: D1719 Date of Disbursement 12 / 15 / 2006  Amount of Each Disbursement this Period 122.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Publix	Transaction ID: D1978 Date of Disbursement 12 / 15 / 2006
	Mailing Address PO Box 407	Amount of Each Disbursement this Period 56.96
	City Lakeland State FL Zip Code 33802-0407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Publix	Transaction ID: D1979 Date of Disbursement 12 / 15 / 2006
	Mailing Address PO Box 407	Amount of Each Disbursement this Period 227.81
	City Lakeland State FL Zip Code 33802-0407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverage 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: D1977 Date of Disbursement 12 / 16 / 2006
	Mailing Address 60 Massachusetts Ave NE	Amount of Each Disbursement this Period 111.00
	City Washington State DC Zip Code 20002-4285	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Travel Expenses 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
		001 Category/Type

<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 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)  
Christine Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Enterprise Rent a Car	Transaction ID: D1976 Date of Disbursement 12 / 16 / 2006
	Mailing Address 5501 W Spruce St	Amount of Each Disbursement this Period 800.00
	City Tampa State FL Zip Code 33607-1459	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Van Rental 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	Recount	

B.	Full Name (Last, First, Middle Initial) USAirways	Transaction ID: D1973 Date of Disbursement 12 / 16 / 2006
	Mailing Address 111 W Rio Salado Pkwy	Amount of Each Disbursement this Period 309.30
	City Tempe State AZ Zip Code 85281-2880	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Airfare 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	Recount	

C.	Full Name (Last, First, Middle Initial) LTM Party	Transaction ID: D1684 Date of Disbursement 12 / 08 / 2006
	Mailing Address 170 Shopping Ave	Amount of Each Disbursement this Period 54.62
	City Sarasota State FL Zip Code 34237-7124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	Recount	

<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)

PAGE 136 / 138

<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)  
Christine Jennings for Congress

A.

Full Name (Last, First, Middle Initial)  
LTM Party

Mailing Address 170 Shopping Ave

City State Zip Code  
Sarasota FL 34237-7124

Purpose of Disbursement  
Office Supplies  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District: Recount

Transaction ID: D1685  
Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

31.71

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
J. Robert Peterson

Mailing Address 1111 Ritz Carlton Dr., #1501

City State Zip Code  
Sarasota FL 34236-5597

Purpose of Disbursement  
Reattribution of Excess Contribution  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District: Recount

Transaction ID: D151541  
Date of Disbursement

11 / 28 / 2006

Amount of Each Disbursement this Period

2100.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

207442.43



**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Christine Jennings for Congress

Transaction ID: L290

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

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 30 Y Y Y Y 2005		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	10000.00

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

Image# 28932097275

Form/Schedule: **F3A**  
Transaction ID:

Update to satisfy audit findings

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