

**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

Sorensen for Congress

ADDRESS (number and street)

PO Box 1661

Check if different than previously reported. (ACC)

Boise

ID

83701

2. **FEC IDENTIFICATION NUMBER**

C00410886

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

ID 01

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 10 01 2005 through 12 31 2005

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 Donna Jones

Signature of Treasurer Electronically Filed by Donna Jones Date 01 31 2006

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

Office Use Only

FEC FORM 3
(Revised 02/2005)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Sorensen for Congress

Report Covering the Period: From: M M D D Y Y Y Y To: Y M D D Y Y Y Y
1 0 0 1 2 0 0 5 1 2 3 1 2 0 0 5

	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(a)).....	13384.00	100858.23
(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)).....	13384.00	100858.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	38154.53	129527.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	330.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38154.53	129196.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7661.31	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	35.62	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	36000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2005)

Page 3

Write or Type Committee Name
Sorensen for CongressReport Covering the Period: From: M M Y Y M M Y Y To: M M Y Y M M Y Y
1 0 0 1 2 0 0 5 1 2 3 1 2 0 0 5

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).....	8850.00	68285.18
(ii) Unitemized.....	2034.00	12684.00
(iii) TOTAL of contributions from Individuals..... ▶	10884.00	80969.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	2500.00	19000.00
(d) The Candidate.....	0.00	889.05
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	13384.00	100858.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	9500.00	35964.38
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	9500.00	35964.38
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	330.75
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	22884.00	137153.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38154.53	129527.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	38154.53	129527.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	22931.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	22884.00
25. SUBTOTAL (add Line 23 and Line 24).....	45815.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38154.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7661.31

FEC FORM 3Z-1 (File with Form 3)

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Shelia Sorensen		Candidate ID Number H8ID01144	
Name of Principal Campaign Committee Sorensen for Congress		Committee ID Number C C00410886	
Committee Address PO Box 1661			
City Boise	State ID	ZIP 83701	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	137188.98	0.00	
2. Aggregate amount of contributions from personal funds of the candidate	36889.05	0.00	
3. Gross receipts minus the candidate's personal contributions	100299.93	0.00	

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

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

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

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

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)
Sorensen for Congress

Full Name (Last, First, Middle Initial) A. Mary Gard Jameson		Date of Receipt M / D / Y 10 / 13 / 2005	
Mailing Address PD Box 311		Transaction ID: 0000421	
City Sun Valley	State ID	Zip Code 83353	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Glendair Inc	Occupation Board/Director		300.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼		
Full Name (Last, First, Middle Initial) B. Thomas E. Addis		Date of Receipt M / D / Y 10 / 13 / 2005	
Mailing Address 315 Clayton Avenue		Transaction ID: 0000423	
City Coeur D Alene	State ID	Zip Code 83815	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Dodge Inc	Occupation General Manager		1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼		
Full Name (Last, First, Middle Initial) C. Sam M Phelps		Date of Receipt M / D / Y 11 / 07 / 2005	
Mailing Address PD Box D2084B		Transaction ID: 0000485	
City Tuscaloosa	State AL	Zip Code 35402	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Phelps, Jenkins, Gibson & Fowler, LLP	Occupation Partner		500.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼		

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial) A. Paul W. Bryant, Jr.		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address PD Box 020152		Transaction ID: 0000466
City Tuscaloosa	State AL	Zip Code 35402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greene Group	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Scott M. Phelps		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 1205 Indian Hills Circle		Transaction ID: 0000466
City Tuscaloosa	State AL	Zip Code 35406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Green Group	Occupation Adjunct Professor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Eric L. Wilson		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 1314 Indian Hills Drive		Transaction ID: 0000467
City Tuscaloosa	State AL	Zip Code 35406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coeur d'Alene Racing	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial) A. Ward D. Parkinson		Date of Receipt M / D / Y 11 / 20 / 2005	
Mailing Address 300 Main Street, Suite 111		Transaction ID: 0000489	
City State Zip Code Boise ID 83702	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Overyx, Inc	Occupation VP-Commercial Dev.	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. William Deal		Date of Receipt M / D / Y 12 / 22 / 2005	
Mailing Address PO Box B		Transaction ID: 0000505	
City State Zip Code Nampa ID 83653	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer WW Deal Insurance Agency	Occupation Partner/Agent	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. A. Dale McMurray		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3120 Crescent Rim Drive # 20B		Transaction ID: 0000503	
City State Zip Code Boise ID 83708	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial) A. Gary Michael		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 420 W Main Street, #402		Transaction ID: 0000504
City Boise	State ID	Zip Code 83702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Gary C. Belew		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 599D N Teekem Falls Way		Transaction ID: 0000522
City Meridian	State ID	Zip Code 83642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NiA Company	Occupation Insurance Agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. John D. Hayden		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 2295 Sunset Peak Road		Transaction ID: 0000508
City Boise	State ID	Zip Code 83702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hayden Beverage Company	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial) A. John D. Jackson		Date of Receipt M / D / Y 12 / 27 / 2005	
Mailing Address 1014 N Houston Road		Transaction ID: 0000507	
City State Zip Code Boise ID 83706	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Jacksons Foods Stores	Occupation President	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Russell Westerberg		Date of Receipt M / D / Y 12 / 28 / 2005	
Mailing Address PO Box 328		Transaction ID: 0000508	
City State Zip Code Boise ID 83701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Westerberg & Associates	Occupation Lobbyist	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Pat McMurray		Date of Receipt M / D / Y 12 / 28 / 2005	
Mailing Address 2189 Bluestem Lane		Transaction ID: 0000519	
City State Zip Code Boise ID 83708	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Wells Fargo	Occupation Banker	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial) A. Joel S. Hickman		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 243 W Thornberry Drive		Transaction ID: 0000520
City Boise	State ID	Zip Code 83702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Key Bank	Occupation Banker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. J Michael Gwutney		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 955 S Tranquil Lane		Transaction ID: 0000527
City Eagle	State ID	Zip Code 83616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Political Consultants, Ltd	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Tim T. Gibson		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1200 N Cloverdale Road		Transaction ID: 0000523
City Boise	State ID	Zip Code 83713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cloverdale Funeral Home	Occupation Mortician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	8850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full) Sorensen for Congress	
Full Name (Last, First, Middle Initial) A. American Society of Plastic Surgeons, Inc.	Date of Receipt M / D / Y U / S / A / Y 12 / 13 / 2005
Mailing Address 444 East Algonquin Road	Transaction ID: 0000501
City State Zip Code Arlington Heights IL 60005	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Name of Employer Occupation Receipt For: 2006 X Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial) A. Sheila A. Sorensen		Date of Receipt M / D / Y Y Y Y 11 / 22 / 2005	
Mailing Address 1229 E Brightwater Lane		Transaction ID: 0000479	
City State Zip Code Boise ID 83706	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Candidate's Personal Funds - on demand Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date ▼ 29889.05	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 29889.05		
Full Name (Last, First, Middle Initial) B. Sheila A. Sorensen		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005	
Mailing Address 1229 E Brightwater Lane		Transaction ID: 0000489	
City State Zip Code Boise ID 83706	Amount of Each Receipt this Period 7000.00		
FEC ID number of contributing federal political committee. C		Candidate's Personal Funds - on demand Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date ▼ 36889.05	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 36889.05		

SUBTOTAL of Receipts This Page (optional)	▶	9500.00
TOTAL This Period (last page this line number only)	▶	9500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 50

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)

A. SciTech, Inc.

Mailing Address 802 W Bannock Street, Suite LP102

City Boise State ID Zip Code 83702

Purpose of Disbursement
Office Rent - October

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000430
Date of Disbursement

10 / 01 / 2005

Amount of Each Disbursement this Period

450.00

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

Full Name (Last, First, Middle Initial)

B. Cawley Consulting

Mailing Address 1911 W Tracy Court

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Consulting Services - September

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000427
Date of Disbursement

10 / 01 / 2005

Amount of Each Disbursement this Period

3500.00

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

Full Name (Last, First, Middle Initial)

C. Ninth & Bannock Garage

Mailing Address PO Box 27B1

City Boise State ID Zip Code 83701

Purpose of Disbursement
October Parking

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000428
Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

120.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4070.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Phillips Consulting

Mailing Address 2223 W Glade Street

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Consulting Services - September

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type
001

Transaction ID: D000429
Date of Disbursement
10 / 04 / 2005

Amount of Each Disbursement this Period
2000.00

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

Full Name (Last, First, Middle Initial)
B. Costco

Mailing Address 2051 S Cole Road

City Boise State ID Zip Code 83708

Purpose of Disbursement
Homecoming Parade & Booth

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type
001

Transaction ID: D000431
Date of Disbursement
10 / 08 / 2005

Amount of Each Disbursement this Period
280.63

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

Full Name (Last, First, Middle Initial)
C. American Express

Mailing Address PO Box 360002

City Ft Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type
001

Transaction ID: D000443
Date of Disbursement
10 / 10 / 2005

Amount of Each Disbursement this Period
2036.95

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

ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional) ► **4317.58**

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

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

Mailing Address 750 W Bannock

City Boise State ID Zip Code 83702

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-001
Date of Disbursement
08 / 09 / 2005

Amount of Each Disbursement this Period

599.40

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
B. Office Depot

Mailing Address 8033 W Franklin Road

City Boise State ID Zip Code 83708

Purpose of Disbursement
Cutting of response devices

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-002
Date of Disbursement
08 / 10 / 2005

Amount of Each Disbursement this Period

3.15

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
C. Paper Express

Mailing Address 7550 Fairview Avenue

City Boise State ID Zip Code 83704

Purpose of Disbursement
Envelopes

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-003
Date of Disbursement
08 / 10 / 2005

Amount of Each Disbursement this Period

81.76

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

[MEMO ITEM]
MEMO

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. VictoryStore.com

Mailing Address 5200 SW 30th St

City Davenport State IA Zip Code 52802

Purpose of Disbursement
Stickers

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-004
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period

442.00

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
B. Delta Airlines, Inc.

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airline Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-006
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
C. Delta Airlines, Inc.

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airline Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-007
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]
MEMO

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)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)

A. Delta Airlines, Inc.

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airline Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-008

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

439.60

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

[MEMO ITEM]

MEMO

Full Name (Last, First, Middle Initial)

B. Delta Airlines, Inc.

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airline Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-008

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

44.00

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

[MEMO ITEM]

MEMO

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360002

City Ft Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Airflight Ins Premium

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000443-010

Date of Disbursement

08 / 20 / 2005

Amount of Each Disbursement this Period

4.98

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

[MEMO ITEM]

MEMO

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. American Express

Mailing Address PO Box 360002

City Ft Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Baggage Ins Premium

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General Other (specify) ▼

Category/Type
001

Transaction ID: D000443-011
Date of Disbursement
08 / 20 / 2005

Amount of Each Disbursement this Period
5.75

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
B. American Express

Mailing Address PO Box 360002

City Ft Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Finance Charge

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General Other (specify) ▼

Category/Type
001

Transaction ID: D000443-012
Date of Disbursement
08 / 20 / 2005

Amount of Each Disbursement this Period
21.44

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
C. Anabel Manchester

Mailing Address 1305-1/2 N 8th Street

City Boise State ID Zip Code 83702

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General Other (specify) ▼

Category/Type
001

Transaction ID: 0000433
Date of Disbursement
10 / 10 / 2005

Amount of Each Disbursement this Period
742.58

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

SUBTOTAL of Disbursements This Page (optional) ▶ **742.58**

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000434
Date of Disbursement

10 / 10 / 2005

Amount of Each Disbursement this Period

405.23

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

Full Name (Last, First, Middle Initial)
B. Autosort

Mailing Address PO Box 191025

City Boise State ID Zip Code 83719-1025

Purpose of Disbursement
Service

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000435
Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

702.42

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

Full Name (Last, First, Middle Initial)
C. Thome Printing

Mailing Address 623 12th Avenue Road

City Nampa State ID Zip Code 83886

Purpose of Disbursement
Printing - Newsletters, Invites & Misc

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

008
Category/
Type

Transaction ID: D000436
Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

4847.75

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

SUBTOTAL of Disbursements This Page (optional) ▶

5955.40

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

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

Mailing Address 2223 W Glade Creek Street

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Reimbursements

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000437
Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

328.79

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

ITEMIZATION BELOW

Full Name (Last, First, Middle Initial)
B. Vonage

Mailing Address 2147 Route 27

City Edison State NJ Zip Code 08817

Purpose of Disbursement
Telephone Service for Office

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000437-001
Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

204.65

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
C. Paper Express

Mailing Address 7560 Fairview Avenue

City Boise State ID Zip Code 83704

Purpose of Disbursement
Envelopes for Fundraising Event

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: D000437-002
Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

54.50

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

[MEMO ITEM]
MEMO

SUBTOTAL of Disbursements This Page (optional) ▶

328.79

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Internal Revenue Service

Mailing Address PO Box 660264

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Employment Taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000426
Date of Disbursement

10 / 17 / 2005

Amount of Each Disbursement this Period

1594.42

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

Full Name (Last, First, Middle Initial)
B. Internal Revenue Service

Mailing Address PO Box 660264

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Employment Taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000426
Date of Disbursement

10 / 17 / 2005

Amount of Each Disbursement this Period

45.27

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

Full Name (Last, First, Middle Initial)
C. Idaho Commerce & Labor

Mailing Address 317 W Main Street

City Boise State ID Zip Code 83735

Purpose of Disbursement
3rd Qtr Unemployment Insurance

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000439
Date of Disbursement

10 / 17 / 2005

Amount of Each Disbursement this Period

147.02

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

SUBTOTAL of Disbursements This Page (optional) ▶

1786.71

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

A. Full Name (Last, First, Middle Initial)
Idaho State Tax Commission

Mailing Address PO Box 76

City Boise State ID Zip Code 83707

Purpose of Disbursement 3rd Qtr Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006

X Primary General

Other (specify) ▼

State: District

Transaction ID: D000440
Date of Disbursement
10 / 17 / 2005

Amount of Each Disbursement this Period
332.00

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

001
Category/
Type

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

Mailing Address 750 W Bannock

City Boise State ID Zip Code 83702

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006

X Primary General

Other (specify) ▼

State: District

Transaction ID: D000436
Date of Disbursement
10 / 17 / 2005

Amount of Each Disbursement this Period
11.35

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

001
Category/
Type

C. Full Name (Last, First, Middle Initial)
Anabel Manchester

Mailing Address 1305-1/2 N 8th Street

City Boise State ID Zip Code 83702

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006

X Primary General

Other (specify) ▼

State: District

Transaction ID: D000441
Date of Disbursement
10 / 24 / 2005

Amount of Each Disbursement this Period
742.57

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

1085.92

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000442
Date of Disbursement

10 / 24 / 2005

Amount of Each Disbursement this Period

405.24

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

Full Name (Last, First, Middle Initial)
B. Coeur d'Alene Press

Mailing Address PO Box 700

City Coeur D Alene State ID Zip Code 83816

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D000444
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

300.00

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

Full Name (Last, First, Middle Initial)
C. Fisher's

Mailing Address 5280 Sawyer

City Boise State ID Zip Code 83714

Purpose of Disbursement
Equipment Rental

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000445
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

131.25

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

SUBTOTAL of Disbursements This Page (optional) ▶

836.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Fisher's

Mailing Address 5260 Sawyer

City Boise State ID Zip Code 83714

Purpose of Disbursement
Equipment Rental

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000446
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

131.25

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

Full Name (Last, First, Middle Initial)
B. Paper Express

Mailing Address 7550 Fairview Avenue

City Boise State ID Zip Code 83704

Purpose of Disbursement
Envelopes

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000448
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

72.66

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

Full Name (Last, First, Middle Initial)
C. Wal-Mart

Mailing Address 4051 E Fairview Avenue

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Filing Cabinet

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000451
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

30.18

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

SUBTOTAL of Disbursements This Page (optional) ▶

234.09

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

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

Mailing Address 750 W Bannock

City Boise State ID Zip Code 83702

Purpose of Disbursement
PO Box & Keys

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000447
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

185.00

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

Full Name (Last, First, Middle Initial)
B. Holly Cawley

Mailing Address 1911 W Tracy Court

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Reimbursements

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000448
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

245.85

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

ITEMIZATION BELOW

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

Mailing Address 2147 Route 27

City Edison State NJ Zip Code 08817

Purpose of Disbursement
Office Phone

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000448-001
Date of Disbursement

10 / 23 / 2005

Amount of Each Disbursement this Period

245.85

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

[MEMO ITEM]
MEMO

SUBTOTAL of Disbursements This Page (optional) ▶

430.85

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Holly Cawley

Mailing Address 1911 W Tracy Court

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Reimbursements

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000450
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

35.67

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

ITEMIZATION BELOW

Full Name (Last, First, Middle Initial)
B. Office Depot

Mailing Address 8033 W Franklin Road

City Boise State ID Zip Code 83708

Purpose of Disbursement
Misc Office Supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000457
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

38.65

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

Full Name (Last, First, Middle Initial)
C. Ninth & Bannock Garage

Mailing Address PO Box 27B1

City Boise State ID Zip Code 83701

Purpose of Disbursement
November Parking

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000454
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

195.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

270.52

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Reimbursements

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000453
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

43.18

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

ITEMIZATION BELOW

Full Name (Last, First, Middle Initial)
B. Verizon

Mailing Address PO Box 96089

City Bellevue State WA Zip Code 98089

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000453-001
Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

43.18

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
C. SciTech, Inc.

Mailing Address 802 W Bannock Street, Suite LP102

City Boise State ID Zip Code 83702

Purpose of Disbursement
Office Rent - November

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000455
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

450.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

493.18

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Phillips Consulting

Mailing Address 2223 W Glade Street

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Consulting Services - October

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000456
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)
B. Anabel Manchester

Mailing Address 1305-1/2 N 8th Street

City Boise State ID Zip Code 83702

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000475
Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

742.58

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

Full Name (Last, First, Middle Initial)
C. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000476
Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

405.22

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

SUBTOTAL of Disbursements This Page (optional) ▶

3147.80

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

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

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)

A. Cawley Consulting

Mailing Address 1911 W Tracy Court

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Consulting Services - October

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000477
Date of Disbursement

11 / 09 / 2005

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360002

City Ft Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000474
Date of Disbursement

11 / 11 / 2005

Amount of Each Disbursement this Period

92.00

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

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 660264

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Employment Taxes

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000478
Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

598.72

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

SUBTOTAL of Disbursements This Page (optional) ▶

2691.72

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

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

Mailing Address 2223 W Glade Creek Street

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Reimbursements

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000471
Date of Disbursement

11 / 16 / 2005

Amount of Each Disbursement this Period

288.01

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

ITEMIZATION BELOW

Full Name (Last, First, Middle Initial)
B. Vonage

Mailing Address 2147 Route 27

City Edison State NJ Zip Code 08817

Purpose of Disbursement
Office Telephone Service

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000471-001
Date of Disbursement

11 / 05 / 2005

Amount of Each Disbursement this Period

208.41

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
C. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000472
Date of Disbursement

11 / 21 / 2005

Amount of Each Disbursement this Period

405.24

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

SUBTOTAL of Disbursements This Page (optional) ▶

688.25

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Anabel Manchester

Mailing Address 1305-1/2 N 8th Street

City Boise State ID Zip Code 83702

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000480
Date of Disbursement

11 / 22 / 2005

Amount of Each Disbursement this Period

742.58

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

Full Name (Last, First, Middle Initial)
B. Cawley Consulting

Mailing Address 1911 W Tracy Court

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000482
Date of Disbursement

11 / 22 / 2005

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)
C. Coeur d'Alene Press

Mailing Address PO Box 700

City Coeur D Alene State ID Zip Code 83816

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

004
Category/
Type

Transaction ID: D000485
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2542.58

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

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

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

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360002

City Ft Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000495
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

200.00

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

Full Name (Last, First, Middle Initial)

B. Fisher's

Mailing Address 5260 Sawyer

City Boise State ID Zip Code 83714

Purpose of Disbursement
Equipment Rental

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000485
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

131.25

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

Full Name (Last, First, Middle Initial)

C. Ninth & Bannock Garage

Mailing Address PO Box 27B1

City Boise State ID Zip Code 83701

Purpose of Disbursement
December Parking

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000496
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

195.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

526.25

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Holly Cawley

Mailing Address 1911 W Tracy Court

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Reimbursements

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000497
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

347.31

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

ITEMIZATION BELOW

Full Name (Last, First, Middle Initial)
B. Idaho Candy Company

Mailing Address PO Box 1217

City Boise State ID Zip Code 83701

Purpose of Disbursement
Candy for Boise Holiday Parade

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000497-001
Date of Disbursement

11 / 25 / 2005

Amount of Each Disbursement this Period

80.97

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)
C. Office Depot

Mailing Address B033 W Franklin Road

City Boise State ID Zip Code 83709

Purpose of Disbursement
Paper for Fliers

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000497-002
Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

10.48

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

[MEMO ITEM]
MEMO

SUBTOTAL of Disbursements This Page (optional) ▶

347.31

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)

A. Vantage

Mailing Address 2147 Route 27

City Edison State NJ Zip Code 08817

Purpose of Disbursement
Office Phone

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000497-003
Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

245.85

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)

B. SciTech, Inc.

Mailing Address 802 W Bannock Street, Suite LP102

City Boise State ID Zip Code 83702

Purpose of Disbursement
Office Rent - December

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000492
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

450.00

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

Full Name (Last, First, Middle Initial)

C. Anabel Manchester

Mailing Address 1305-1/2 N 8th Street

City Boise State ID Zip Code 83702

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D000498
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

742.57

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

SUBTOTAL of Disbursements This Page (optional) ▶

1192.57

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 36 / 50

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Phillips Consulting

Mailing Address 2223 W Glade Street

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Consulting Services - November

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000493
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)
B. Cawley Consulting

Mailing Address 1911 W Tracy Court

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Consulting Services - November

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000494
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

1750.00

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

Full Name (Last, First, Middle Initial)
C. Idaho State Insurance Fund

Mailing Address PO Box 83720

City Boise State ID Zip Code 83720

Purpose of Disbursement
Unemployment Insurance

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000487
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

210.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3960.00

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)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)
A. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000483
Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

405.23

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

Full Name (Last, First, Middle Initial)
B. Internal Revenue Service

Mailing Address PO Box 660264

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Employment Taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000513
Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

599.72

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

Full Name (Last, First, Middle Initial)
C. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Reimbursements

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000518
Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

43.18

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

ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

1048.13

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Sorensen for Congress

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 96089

City Bellevue State WA Zip Code 98089

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000518-0D1
Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

49.18

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

[MEMO ITEM]
MEMO

Full Name (Last, First, Middle Initial)

B. Chuck Malloy

Mailing Address 433 N Chatterton Avenue

City Boise State ID Zip Code 83713

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000510
Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

405.24

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

Full Name (Last, First, Middle Initial)

C. Anabel Manchester

Mailing Address 1305-1/2 N 8th Street

City Boise State ID Zip Code 83702

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D000511
Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

742.57

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

SUBTOTAL of Disbursements This Page (optional) ▶

1147.81

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 39 / 50

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

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NAME OF COMMITTEE (In Full)
 Sorensen for Congress

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

Mailing Address 750 W Bannock

City Boise State ID Zip Code 83702

Purpose of Disbursement
 Postage

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: D000509
 Date of Disbursement

12 / 29 / 2005

Amount of Each Disbursement this Period

34.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

34.00

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

37878.53

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / 50
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 479-7

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 1229 E Brightwater Lane			
City Boise	State ID	ZIP Code 83706	
Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	11 th 22 nd 2006 th on demand		None % (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:

SUBTOTALS This Period This Page (optional)	2500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 499-8

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 1229 E Brightwater Lane			
City Boise	State ID	ZIP Code 83706	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period	
7000.00	0.00	7000.00	

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
^M 12	^D 02	^Y 2005	on demand	None % (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:

SUBTOTALS This Period This Page (optional)	▶	7000.00
TOTALS This Period (last page in this line only)	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / 50
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 120-9

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1229 E Brightwater Lane	
City Boise State ID ZIP Code 83706	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 st 19 th 2006 on demand		None % (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:

SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 121-10

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)			Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 1229 E Brightwater Lane				
City Boise	State ID	ZIP Code 83706		
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period		
1000.00	0.00			1000.00
TERMS				
Date Incurred	Date Due	Interest Rate	Secured:	
02 nd 08 th 2005 th	on demand	None % (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:	

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 171-6

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1229 E Brightwater Lane	
City Boise State ID ZIP Code 83706	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	07 th 31 st 2006 th	on demand	None % (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:

SUBTOTALS This Period This Page (optional)	▶	5000.00
TOTALS This Period (last page in this line only)	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 123-2

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 1229 E Brightwater Lane			
City Boise	State ID	ZIP Code	83706

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period	
500.00	0.00	500.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	03 rd 18 th 2006 th	on demand	None % (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:

SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 46 / 50
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 124-3

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1229 E Brightwater Lane	
City Boise State ID ZIP Code 83706	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 th 11 th 2005 on demand		None % (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:

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 162-4

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1229 E Brightwater Lane	
City Boise State ID ZIP Code 83706	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2006 th	on demand	None % (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:

SUBTOTALS This Period This Page (optional)	3000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 48 / 50
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 125-5

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1229 E Brightwater Lane	
City Boise State ID ZIP Code 83706	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 th 03 rd 2005 th on demand		None % (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:

SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 49 / 50
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 122-11

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1229 E Brightwater Lane	
City Boise State ID ZIP Code 83706	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 rd 09 th 2005 th on demand		None % (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:

SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	36000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 50 / 50
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Sorensen for Congress

Transaction ID: 628-14

LOAN SOURCE Full Name (Last, First, Middle Initial) Paul's Market - McCall	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 132 Lake Street			
City McCall State ID ZIP Code 83638			
Original Amount of Loan 35.82	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 35.82	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	07 th 12 th 2005	On Demand	None % (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:

SUBTOTALS This Period This Page (optional)	▶	35.62
TOTALS This Period (last page in this line only)	▶	35.62
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		